

# JOURNEYS INTO MEDICINE



volume 2

The Australian Indigenous Doctors' Association



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volume 2



Australian Government  
Department of Health



Australian Indigenous Doctors' Association

## JOURNEYS INTO MEDICINE, VOLUME 2

THE AUSTRALIAN INDIGENOUS  
DOCTORS' ASSOCIATION LTD.

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# FOREWORD

It is with great pleasure that I introduce you to the Australian Indigenous Doctors' Association's (AIDA's) second edition of *Journeys into Medicine*. The first edition, published in 2009, was a big success for AIDA, it highlighted our history and celebrated the success of the growing numbers of Indigenous doctors. We hope this edition will be equally well received. We thank all the doctors and students who trusted us with the stories of their journey into medicine.

In 2017, AIDA celebrated 20 years as an organisation; a milestone of which my fellow Indigenous medical professionals and I, are very proud.

During these 20 years, our numbers have grown and now stand at 450 Indigenous medical professionals and more than 330 Indigenous medical students across the nation. It is also reassuring to know that these numbers are steadily increasing each year.

AIDA has over 600 members which shows that our organisation is highly valued by Aboriginal and Torres Strait Islander people, communities, as well as non-Indigenous health professionals and associates.

AIDA has always been about family, culture, support, inspiration and celebration. The support that AIDA and its members provide to our fellow peers and those who wish to pursue a career in medicine is invaluable. We want to give as many of our people as possible the opportunity to graduate as an Indigenous doctor and contribute to the health and wellbeing of our communities.

Although I graduated as the first Indigenous doctor in Australia in 1983, we have always had our Traditional Healers to look after us and still do today. AIDA has always acknowledged our healers as we work alongside each other into the future.

A journey into medicine is not an easy one, but I hope that with the help of AIDA and those of us who have walked that path it will be an inspirational one. There are so many different paths that you can take to get a degree in medicine and so many different fields in which you can specialise.

You will find that there are many support programs for Aboriginal and Torres Strait Islander medical students and that universities, medical colleges and medical professions are becoming more inclusive, understanding and culturally safe.

I hope this book will inspire you to pursue a career in health. It's a journey worth taking and the end result is a rewarding career that can lead you back to your Country, your community and allow you to contribute to the health and wellbeing of all of our families.

**Professor Helen Milroy**

*MBBS; FRANZCP; CATCAP*






# Dr Danielle Arabena

MBBS; FRACGP; Bachelor of Nursing; Bachelor Business Communications

Medical Educator, General Practice Training Queensland; GP  
AIDA director 2011–15





I grew up in Brisbane, but I'm a descendant of the Meriam Mer Clan groups, from Murray Island (Mer) in the Torres Strait. Healing has been a part of my life for a long time, although my journey into medicine was quite unconventional.

I did pretty well academically at high school; I was very good at public speaking and English. I loved biology, but I didn't do any of the hard sciences, and so I was encouraged to study an English-related course at university. I ended up getting into a Bachelor of Communications at QUT, majoring in Public Relations, and Film and Television.

Being drawn to healing, I also trained as a massage therapist. I loved the work, but I felt that a formal qualification would help connect my work as a healer with a larger group of people. I was particularly drawn to work with pregnant women, so I started a Bachelor of Nursing with the intention of becoming a midwife.

Not long after starting that degree, I received a call from the University of Queensland, asking if I'd be interested in training to be a doctor. But as I'd already enrolled in nursing, I didn't follow through; but the seed was planted.

Sometime before this, Spirit started whispering in my ear about a 'one-stop shop' for women. I could see how it would be an integrative practice to hold healing clinics and teaching workshops, however I never envisioned that I'd be the doctor! I had two young children by this stage and was in the middle of my nursing studies, so I just wanted that to be my focus.

As a nurse, I loved being able to talk to patients and their families, but as a healer, I found myself constantly challenged by the hospital system. Aside from the long shift-hours, I felt incredibly sensitive to the different energies around me. I think I was just too aware of other people's pain.

The call to study medicine was incessant. It took me a while, but I eventually listened, and I was accepted into medicine at UQ. But when I started studying medicine, I felt like I had to hide

my healing side. On the first day of my course, I remember the lecturer saying, 'if you believe in homeopathy, you might as well leave'. After taking so long to step onto this path, I wasn't about to leave; so, I tied my shamanic drum under my bed and forgot about it.

However, Spirit didn't let me walk away so easily. I discovered this when I attended my first medical conference with AIDA in Alice Springs. It was there I listened to a presentation by two remarkable Ngangkari (Aboriginal healers). I was amazed to hear them speak of the things I could do!

They had been raised in ritual and ceremony, where this healing modality was openly acknowledged and well-respected. But as I was taught by Spirit, I didn't have any structure around what I could do. Meeting these Elders helped me find that framework, and also gave me the opportunity to develop a special connection with them as my teachers.

Through this experience I found renewed confidence in my ability to heal, but I was determined to stay focused on my goal to become a doctor.

It was only when I was preparing for my Fellowship exam, that I really started to understand the importance of my healing powers. The stress of studying was compounded by some complex family issues I was managing at the same time. Unfortunately, I ended up failing one of my Fellowship exams by 0.6 per cent.

I realised that by ignoring my work as a healer, I was doing myself a disservice – both personally, and as a doctor. I decided to start letting the magic back in and be open with my healing gifts. In doing so, I found greater clarity around my studies as I prepared to re-sit the Fellowship exam.

I thought that if I didn't pass the second time, that I'd be done with medicine. I was so stressed waiting for the results, that I went to a spiritual women's gathering, and met a Shaman who recognised me as a healer. The next day I unwrapped the drum under my bed – it was time to reclaim my healing powers. And thankfully, I passed the exam.

I now have a healing centre in the scenic hills west of Brisbane, where I conduct alchemic 'women's business' workshops and sessions on healing, menstrual wellness and childbirth. Western medicine is still an important part of my work, and while there many intersecting points, I view it as being separate to my role as a healer.

Feeling drawn to stories of Aboriginal and Torres Strait Island women birthing on country, I recently qualified as a doula, and I'm looking forward to bringing ritual and ceremony back into birthing. I also work part-time as a medical educator with GPTQ, which manages GP registrar training. Part of my role is to build relationships with communities to encourage registrars to work in Aboriginal Medical Services.

AIDA has always played an active part in growing the number of Indigenous doctors through mentoring and role modelling, something I was active in as the organisation's student director and subsequent board director. Like me, my eldest daughter, who is a junior doctor herself, received a great deal of support through AIDA with a lot of strong mentors.

My youngest daughter also works in health services, as an Aboriginal Health Worker. I couldn't be prouder of them both – it's beautiful to see a lineage of healers continue in my family.



# Racquel Ball

Student, James Cook University



Growing up on Queensland's Sunshine Coast with my parents and three siblings, I was the model student with dreams of going to university to create a future for myself. My father Rick is a Kombumerri man, from South East Queensland.

In 2004, at the end of year 11, my mother Jackie, was diagnosed with breast cancer, turning our family's life upside down. It was a difficult time and it affected my studies.

I barely scraped through year 12 and tried to redeem myself by repeating the year, but Mum lost her battle and I was grief-stricken, so I dropped out of school.

My life, all of a sudden, felt out of control, but there was a defining moment among all the grief and sadness where I knew I had a choice to make and I had to pick myself up and force myself onto a path toward change. In an effort to get my life back on track I joined the military.

I moved to Townsville to join the 10<sup>th</sup> Force Support Battalion, going to Iraq in 2008, undertaking humanitarian aid in Papua New Guinea in 2009 and then serving in Afghanistan in 2010.

While I was in Afghanistan, I started to research different ways to get into university because I knew I wouldn't be able to keep up the physical side of being in the armed forces, as a back injury from a motorbike accident was becoming a problem.

I also felt like I had given up on my dreams too easily. I have always wanted to help people and decided to pursue a career in health care, so I knew I had to find another way into university.

I applied and got knocked back from pretty much all of the universities, then in 2012 I got a phone call from James Cook University asking me to participate in the Indigenous Health Careers Access Program. I was accepted into a Bachelor of Nursing and couldn't have been happier. I wouldn't have got into university otherwise. How I look on paper with my school results compared to how I am as a person looks like two different people and they gave me an opportunity to show which person I can be.

My friend and mentor Trisha Murphy helped me with my nursing studies and settling into university life. Eventually my confidence was built up and I applied for medicine.

Although I have been plagued with thoughts that I don't belong in medicine, I remain inspired by my mother's community spirit and her tireless efforts to set a good example for us, to raise us right and her unwavering strength. It is the thought and memory of her that keeps the fire burning within me. I am determined to be someone she is proud of and couldn't think of a better way than dedicating my life to helping others.

Studying medicine has also helped me process the grief of losing my mother. I went to Nepal as a placement elective in my first year of medicine and found it phenomenal. The people and their culture are so beautiful with an amazing respect for each other. Something inside me changed a little and I accepted for the first time that I wouldn't see my mother again. That was seven years after Mum passed and it was a very big step in the grieving process.

I was given another opportunity when I received the Wood Scholarship for Indigenous students in medicine and health at James Cook University. I was working two part-time jobs and was struggling financially. The scholarship has made a massive difference as I don't have to spend all my spare time working. I can take the time to exercise and cook good food to keep me healthy. I am so grateful to the Wood family and the selection committee for affording me this opportunity to have a work life balance that will reflect in my grades.

Another opportunity came through the Australian Indigenous Doctors' Association. As a student representative council member for two years, I was on the student panel for the Leaders of Indigenous Medicine Education conference in Townsville in 2015. I never thought my opinion was worth that much but being a medical student has changed that and it was a great honour to be a part of that panel.

As for the future, I'm leaning towards emergency medicine.

I'd like to work in retrieval and potentially specialise in paediatric emergency medicine. One thing is for certain though, and that is I would like to use my knowledge and professional expertise to help as many people as possible.




A portrait of Dr. Vinka Barunga, a woman with dark hair, smiling and standing in a hospital hallway at night. She is wearing a black lab coat over a maroon turtleneck. A stethoscope is around her neck, and an identification badge is clipped to her belt. The background is a blurred hallway with warm, yellowish lights.

# Dr Vinka Barunga

Bachelor of Medicine; Bachelor of Surgery (UWA)

Critical Care HMO at Monash Health, Melbourne



I have always been interested in health – as a child I enjoyed taking out splinters, recording temperatures and putting on band aids. As I got older I realised I was passionate about medicine because it could also provide an opportunity for me to give back to my community.

I am a Worrora woman. My country is on the north-west coast of the Kimberley – my people are of the salt water. I come from two worlds: my father was a culturally strong Indigenous man and my Mum was a non-Indigenous woman who grew up in Perth. They named me Vinka after the Vinca flower that can blossom in the baking heat of northern Western Australia.

I was raised in Mowanjum Aboriginal community and the town Derby in the Kimberley. Growing up in the Kimberley I was made aware of issues including poverty, suicide and alcoholism. Despite this, I feel fortunate that I grew up amongst culture, tradition and my large extended family, and I pined for Kimberley life while I was away.

Like many Aboriginal children I had frequent ear infections and am lucky I don't have permanent hearing loss. While moving to Perth for my education was always part of the plan, my health and 'Vinka's ears' were also important factors that prompted the move.

I attended high school at Kolbe Catholic College near Perth. For a long time I felt out of place as a country kid in the big city, away from extended family and what I was used to. I graduated from high school as the only Aboriginal student in my year, a vast difference from my earlier education years at a school in which Aboriginal students made up nearly 90 per cent of the entire cohort.

My parents expected that after high school I would complete some form of higher education, regardless of whether this was tertiary or not. I am grateful that I inherited their outlook and views regarding the importance of education.

I cannot attribute my success at university or my career aspirations to myself alone. I have had considerable help and unwavering support along the way. My Mum became unwell in my final year of high school and passed away during my first year of university. During my time at Kolbe Catholic College, Lisa Dann (Aboriginal Liaison Officer) and Robyn Miller (now Principal) were my two biggest advocates. I was accepted into UWA but not into medicine, so I undertook a pre-medicine program before commencing my medical studies.

The journey throughout my medical studies was fraught with obstacles – both personally and academically. I failed my second year and was required to repeat it, I failed assignments, I sat supplementary exams, and I lost my father in my fifth year. But with every setback, I had wonderful role models and supports who encouraged me to never lose sight of what was important.

I have only praise for the UWA School of Indigenous Studies – the commitment of their staff, and the support and care for their students is nothing short of exceptional.

In addition to family and friends, I have been incredibly lucky to have had the support of a number of mentors within the medical community, including Fremantle GP Dr Catherine Brooker and paediatrician Dr James Fitzpatrick, head of the Telethon Kids Institute's Alcohol and Pregnancy and Foetal Alcohol Spectrum Disorder research team.

My maternal grandfather Ambrose Cummins (dec) was a dentist in Perth. My paternal grandfather, Albert Barunga (dec), Mowanjum Elder and prominent Aboriginal leader on the national stage, was recognised for his social activism and advocacy for Aboriginal rights and arts. He was passionate about our people and culture, but was also very outspoken about his views on how Aboriginal people would survive and move forward in this new Australia. He felt that education was a crucial aspect of survival, and the sacrifice of culture was not needed for this to be achieved – and I feel the same.

Throughout my university study I have found ways to return home. I elected to complete medical placements in third and sixth year at Derby Aboriginal Health Service and Derby Hospital, and in fifth year I was a recipient of a 12-month placement in Derby with the UWA/ Notre Dame Rural Clinical School.

The Kimberley is my home – it's in my bones, my blood and my dreams. I have no doubt that I will one day return to practice medicine, raise my family, work with my community, work towards improving Indigenous health and to ultimately give back to the people and country who have taught me so much about who I am, and where I belong.



# Dr Kiarna Brown

MBBS; FRANZCOG

Staff Specialist in Obstetrics and Gynaecology, Royal Darwin Hospital  
AIDA director 2014–16





After years of being away, due to education and career opportunities, it's good to finally be home. Home is Darwin, where I now work as a Staff Specialist in Obstetrics and Gynaecology at the Royal Darwin Hospital.

I started my medicine degree in 2000, when I moved to Western Australia after completing the University of Western Australia's Premedicine program. It sometimes feels like I've been on the move ever since.

Returning home to work where I was born has really been the icing on the cake. We had been moving annually for several years, but it was always my hope to return home. I have a big family here including my grandmother. She's 91 and it's important to me that my children have a relationship with her. She has a very rich heritage. My grandmother grew up in Darwin and has been through all sort of events including the bombing of Darwin and Cyclone Tracy. My grandfather was from the Torres Strait.

We're home now, my two children will go to school here and my husband has settled into the beautiful Darwin lifestyle.

The Royal Darwin Hospital services the Top End, including very regional and remote communities. One of the aspects of my job is to do outreach clinics to some of these communities. I feel so lucky that I get to visit Aboriginal women in their homelands. Often they are confident and happy, much more so than seeing me in a big cold tertiary hospital. I get to witness some of what their life is like. It also gives me a better appreciation of the challenges these women face when they have to come to town to have babies or for surgery.

Developing a meaningful relationship early with Aboriginal women and gaining trust is very important in maternal healthcare. It's important that women feel involved and in control of their healthcare as much as possible. Gone are the days where the medical profession tells Aboriginal people what they should and shouldn't be having or doing because we know that doesn't make any inroads in to good health outcomes.

Being a part of AIDA has been vital to my success in medicine. I have gained so much including mentoring and networking with amazing people. I was a student director of AIDA, and a director from 2014 to 2016.

It's my turn now to do some mentoring and I love the role I have in teaching medical students, supervising junior doctors and training obstetrics and gynaecology registrars.

When I visit remote communities and see the challenges that some communities face, including the lack of access to resources, I sometimes feel disheartened. There is still a long way to go in terms of health equality. But we can't lose hope. We must believe that we can close the gap, that one day Aboriginal and Torres Strait Islander children will be born expecting the same health outcomes as the rest of the Australian population.

The discrepancies between Indigenous and non-Indigenous health is very apparent in the Territory and that is part of the reason I want to be here. It is important to have a strong Indigenous workforce here, which is why I love seeing so many Indigenous doctors in my workplace.



# Dr Marilyn Clarke

MBBS CLASS II HONS (Syd); GradDipClinEpi (New); FRANZCOG

Private practice owner, Clarence Specialist Clinic



## On my first day of medical school, I remember thinking, 'What have we got ourselves into?'

My twin sister, Marlene and I wanted to break the barrier at Australia's oldest university and it was daunting to do this in such a conservative, white, male dominated environment. We were the first Aboriginal students to enrol and graduate with a medical degree at Sydney University. We walked into that auditorium as complete outsiders, but with our heads high. We were a really good support for each other.

In many ways I guess, I've continued to break barriers and 'glass ceilings', becoming Australia's first Aboriginal obstetrician and gynaecologist.

The thought of becoming a doctor hadn't really occurred to me until I was in year 11. There was a program that took Aboriginal kids from high school to Newcastle University for a few days to expose us to university life. I remember Dr Louis Peachey and Professor Sandra Eades were going through medicine at the time and it really planted a seed in my mind that there was a possibility I could do this. It is a testament to the saying, "You can't be what you can't see".

Growing up with mum, a single parent and nurse working long hours, also had a profound influence on us pursuing a health orientated field. My mother was a really great role model – a hard worker, doing her best to support us. She specialised in women's health and became one of New South Wales' first independent women's health practitioner.

After finishing my internship at Westmead Hospital in 1998, I considered becoming a GP, but soon realised I loved, and was good at, hands on procedural work. My decision was also consolidated by working for a year in Papua New Guinea. So I went on to specialise for another six years in obstetrics and gynaecology through the John Hunter Hospital in Newcastle.

I found I really loved working with women. When I was in medical school, my sister and I became good friends with Sister Alison Bush, a very well-known Aboriginal midwife at King George V Hospital. She became a mentor for us, and inspired me to continue my study in obstetrics.

I would often observe women in a powerless position, and not equal partners in the choices about their health. I see it as my job to pass my knowledge onto women in a way that is accessible to them and to empower them to make decisions about their health. This still gives me a great deal of satisfaction.

The 'old boys' are dwindling in the obstetrics and gynaecology field, although they still dominate senior positions. It is fast becoming a feminised speciality. I'm excited to see the next generation of Aboriginal and Torres Strait Islander obstetricians and gynaecologists coming through. We currently have three Aboriginal obstetrics and gynaecology specialists, and five in the training program, with more medical students and JMOs expressing a strong interest, and who will hopefully follow through.

You have to love your job and the work. If you don't, then it will just become hard with a lot of long hours and no reward. The potential in job satisfaction is huge, but you have to be sure it is what you want to do.





# Dr Danielle Dries

BPhy (CSU); MChD (ANU)

GP Registrar, College of Rural and Remote Medicine



Soccer, futsal and baseball; my plan, as a young girl, was to have a future in one of these sports. But a devastating knee injury in my final year of school put an end to that dream.

So instead of a career as an elite athlete, I channelled my love of sport into a professional career as a physiotherapist.

I was only 17 when I started studying at Charles Sturt University in Albury. While this is typically a four-year undergraduate degree, it took me seven years to complete. I lost my father and uncle during this time, which was very hard, I had two further knee operations, and as a result I failed a subject and had to take personal leave.

My family, mentors and teachers helped me through. I persisted, and it definitely paid off.

While I was studying, I was fortunate to be able to work in the field in rural communities.

I was the only student in my academic year to do an elective in Indigenous health and I was shocked to learn about the differences in health for Aboriginal and Torres Strait Islander people.

The statistics were confronting. There were even many health problems in my own family that I discovered. Nan, who is now 81, has had diabetes since she was 29, and has lost five of her six siblings to the disease. Three of my uncles have diabetes and another passed away at the age of 53. These realities motivated me to take my first steps towards medicine.

I sat the Graduate Medical School Admissions Test and didn't think I'd get an offer, but I did, and I began my medicine degree at the Australian National University in Canberra.

My passion for rural and Indigenous health grew and I soon learned why many people in the health professions have a lack of understanding of Indigenous health. Surprisingly, it is not compulsory for some health students studying in an allied health field to learn about Indigenous health, despite the government releasing the Aboriginal and Torres Strait Islander Health Curriculum Framework for health degrees in February 2016, to address the inadequacies and close the gap in the system.

I hope to bring about change in the education system, for health professionals and in health policy. Education and health are inter-related and should not be treated in silos.

After graduating as a Doctor of Medicine and Surgery in 2016, I was offered an internship in the rural generalist pathway in North Queensland. While my passion for rural health remains strong, I decided to base myself in Canberra to be close to family. I am currently working as a resident medical officer at Canberra Hospital working towards my rural GP fellowship with rotations in paediatrics, obstetrics and gynaecology, and emergency.

I will definitely work in rural health and I look forward to taking up the opportunity when the time is right. I also have political ambitions so being in Canberra allows me to learn more about leadership, politics and health policy.

I'm currently a board director of Indigenous Allied Health Australia (IAHA), a peak body organisation created to improve the health and wellbeing of Indigenous people by increasing the Indigenous allied health workforce and creating cultural responsiveness. I'm passionate about my role as a board director at IAHA and I value the opportunity to provide direction on allied health and contribute to achieving positive health outcomes for Indigenous people.

I am a Kurna woman, from the Adelaide region. When I talk to students about health careers, I talk to them about our culture as a strength and tell them how we can make exceptional health professionals because of our indigeneity. We have strengths in our kinship, family values and bring a unique perspective of wellbeing and holistic health.





## Dr Stephanie Trust

MBBS; FRACGP

Principal GP, Kununurra Medical  
AIDA director 2012–15

## Dr Catherine Engelke

MBBS; FRACGP; DCH

District Medical Officer, Kununurra District Hospital; Lead Medical  
Coordinator Rural Clinical School, University of Western Australia  
AIDA director 2012–14





## My journey into medicine is really a story of 'our journey'.

**Dr Stephanie Trust**

It's incredible to think a cup of tea, with my Gidja sister Catherine could change the course of our lives when we decided, over that cuppa and a chat, that we would study medicine.

In 2009 my GP Registrar training was interrupted by a diagnosis of ovarian cancer and family and my own health became a priority for a while, which meant moving to Queensland where my husband Lawrence Hagan was working. I completed my training and entered the workforce as general practitioner.

After about 12 months I moved back to Western Australia where I was appointed deputy director and later the medical director of the Kimberley Aboriginal Medical Service Council in Broome.

After two years, I had the opportunity to return

to Kununurra where my brother Ian Trust had set up Wunan, an Aboriginal development organisation focusing on education, employment, accommodation and housing, welfare reform and leadership. In 2015, Wunan bought the local private practice and asked me to be the principal GP.

We now have two GPs, three registrars and four nurses with 20 percent of our patients Aboriginal. We have a stable doctor and nurse population on our staff and can offer continuity of care, which is really important.

We are finding a change with Aboriginal people coming in for preventative health care rather than for an ailment. I now have women coming in for pre-pregnancy planning and it is really nice to be able to do that.

Being able to refer patients to Wunan's employment, education, housing, financial and driver training support services is another rewarding aspect of the unique private practice

as we also look at the social determinants of health. I really like working in this space. It's also great to be home, living in the small Aboriginal community of Wuggubun, next door to my widowed mother and close to my large extended family.

In between treating patients, Catherine and I work together on research projects including pre- and postnatal depression and an easier diagnosis method for gestational diabetes.

Of course, we hope our work will improve the health outcomes for Aboriginal people.

History has recently repeated itself when I had an opportunity to meet and encourage two wonderful Indigenous nurses from Carbal Medical Services in Toowoomba to consider becoming doctors. They both got accepted into medical training in Darwin and Catherine and I had a chance to catch-up with them over a cuppa in Darwin.

They have now both graduated as doctors.



## Studying medicine, becoming a doctor and returning home to practise has been a fulfilling and exciting journey.

**Dr Catherine Engelke**

As a district medical officer in Kununurra, I do weekly remote area clinics in addition to working on-call, in-patient/ward and emergency work. I also spend time teaching and supporting medical students, working for the Rural Clinical School based in Kununurra. This aspect of my work is rewarding as it enables me the opportunity to share the wonderful experience of returning home to work in Indigenous health.

I find the challenges working with small communities and in particular Indigenous health rewarding. There are certainly far more great days than bad, and I continue to be surprised at how little understanding there is with

regard to providing culturally safe and sound health care services. Cultural safety includes communicating effectively with Aboriginal people, so they will continue to access health care and make informed decisions about their ongoing management and treatment. If they don't understand, they will say no.

For example, recently I noticed a patient well known to me, hesitating when an ophthalmologist said they needed lens replacement surgery. It appeared they did not want the operation when, in fact, they were hesitant because they thought the surgery had to be done immediately and they were

also obligated to attend an important meeting the following month. They were unaware they could negotiate the date of surgery and were concerned by saying no they would offend the doctor who could correct their sight. I was able to advocate for the patient for a date for surgery which was more suitable, while informing the specialist the reason for the patient hesitance in agreeing to the surgery.

The research work I do with Stephanie is important to us and we both believe it will make a difference to mothers and their babies.

And like Stephanie, I too needed to return home to practise medicine. I'm home grown – I grew up in Halls Creek and I'm a Gidja girl through and through. Aboriginal people understand, they think where else would she be, she has to come back home.

A portrait of Jasmin Hammond, a young woman with two braids, smiling. She is wearing a black top, a white cardigan with a black floral pattern, and a pink stethoscope. A gold necklace with her name 'Jasmin' is visible. The background is a wall covered in many small, colorful photographs.

# Jasmin Hammond

Student, Western Sydney University



## My name is Jasmin, I am a proud Indigenous woman from the Ngemba Tribe of Brewarrina, a small remote Indigenous community in New South Wales.

I am 23 years old and in my fourth year of medicine. I decided to pursue medicine as I have seen the inequalities my people face in the healthcare system which has caused a devastating health gap between Indigenous and non-Indigenous Australians. It is important that there are more Indigenous people working in healthcare to create culturally safe environments for our people.

Hong Kong is a long way from where I grew up in the New South Wales outback town of Brewarrina. But it was Hong Kong that gave me the confidence in myself and my academic abilities to take on a degree in medicine.

I was lucky enough, in 2014, to be the first Indigenous Australian and one of the first of 40 highest achieving undergraduate students to receive the prestigious New Colombo Plan Scholarship to study at the Hong Kong University of Science and Technology (HKUST). While at HKUST I studied chemistry and environmental science for one semester.

At the age of 15 I decided to leave school and attend TAFE to study business. I knew that it was important to further my education as in the long run, I wanted to go to university.

I always wanted to become a doctor since I was five years old. After completing a Certificate II and III in Business at TAFE I applied to study natural science at Western Sydney University. At the age of 17 I was accepted into university to study natural science.

During my studies, I worked full-time as a trainee environmental health officer with the Cowra Shire Council for two years while studying part-time.

The New Colombo Plan was an opportunity of a lifetime and it led me to believe in my academic abilities to apply to study medicine. On my return from Hong Kong in 2013, I applied and began a full-time Bachelor of Medicine and Bachelor of Surgery at Western Sydney University, while completing the natural science degree on a part-time basis.

I've had some amazing opportunities and accolades in addition to being the first Indigenous person and among the first 40 cohort of students to receive the New Colombo Plan Scholarship. I was also a finalist in the NSW Woman of the Year awards in 2015. In 2017 I was also named the National Indigenous Ambassador for the New Colombo Plan to increase Indigenous student participation in the New Colombo Plan program. Through the New Colombo Plan I also met the Foreign Affairs Minister, Julie Bishop. During Question Time in Parliament, Minister Bishop praised my efforts to both transform my life and give back to the community.

I would like to go back home to Brewarrina and work to improve the health of my people by trying to prevent medical problems like cardiac and respiratory disease. I would also like to return to my school and encourage others to attend university.

University opens a lot of doors and I believe education is the key to success for Indigenous people. Most of my grandmother's children attended university and they told us that education was the key to improving your life and the lives of others.

My mother has always been very supportive of my studies, telling me that I could achieve

anything in life if I had an education and has always pushed me to try my best and work hard for success.

I am from Brewarrina's Gordon family who are part of the Ngemba tribe.

I was raised by Mum, my great grandmother and great grandfather. My great grandmother and my grandmother still live in Brewarrina. My grandfather Ernest Gordon was an Aboriginal rights activist who opened the Brewarrina Local Aboriginal Land Council and my grandmother Grace Gordon continues his work today. She is an amazing person; she ran a refuge for women for 10 years and is a manager at TAFE.

Studying medicine was much more challenging than my previous university course, especially in the first year when I realised that I had an extraordinary volume of course content to know. Luckily, mentoring assistance through AIDA ensured I coped with the workload and didn't lose faith in myself.

Indigenous doctor Artiene Tatian, who is a graduate of Western Sydney University, continues to help me with the academic side of things, making sure I know course content and am prepared for exams. In the first year, it is especially good to have a mentor and tutor to help when guide you through medicine.

I recently completed nine weeks in paediatrics and am now inclined to pursue a career in paediatrics after graduating from university.

I want to mentor other Indigenous medical students and tutor some in the future. I'm a big believer in giving back; many people have helped me along the way and I am happy to return the favour.





## Prof. Noel Hayman

BSc APP; MBBS; MPH; FRACGP; FAFPHM (RACP)

Prof. Griffith University; A/Prof. University of Qld;  
Clinical Director, Southern Qld Centre of Excellence  
in Aboriginal and Torres Strait Islander Primary  
Health Care; AIDA director 1998–2008

## Dr Gemma Hayman

BJus (CriticalCrim); BBehavSc(Psych); Dip. Public Safety, Policing (Qld  
Police Service); MBBS; Psychiatric Registrar (RANZCP)

Inala Indigenous Health Service GP Liaison/RAS  
Bayside Ed Psych Assessments and Acute Care Team;  
Metro South Addiction and Mental Health Service

Professor Noel Hayman and his daughter, psychiatric registrar Dr Gemma Hayman – settled on their respective careers in medicine and became Queensland's first intergenerational doctors.

He was a food scientist at the Edgell peas and beans factory, a man of Wakka Wakka descent from South Queensland and Kalkadoon descent from North-West Queensland.

She was a counsellor at a women's prison, then a warden and a police officer.



## Professor Noel Hayman

It was a newspaper story in 1984, that changed the direction of my life. I was a young husband and father with a Bachelor of Science degree. Like most Indigenous people, I was well aware of the health problems in our communities.

In that story, published by Brisbane's *Sunday Sun*, the University of Queensland Dean of Medicine John Briggs said there had been no student of Aboriginal descent who had graduated from the Queensland School of Medicine.

I thought about my brother who had had a heart attack at 50, and of other family members with diabetes. You always hear about the ill health of Aboriginal people and I decided I wanted to work to make a difference.

Two places were available for Indigenous students. Six years later, in 1990, together with Christine Woolgar, we became the first Indigenous doctors to graduate from UQ.

Working as an Intern at Princess Alexandra Hospital confirmed my belief in the need for a

dedicated Indigenous health service in urban areas.

Working in emergency it was easy to see Aboriginal people had poor access to services – if they arrived first they would be the last seen. Then they didn't turn up to outpatients for follow-up for a lot of reasons, like racism, transport difficulties and family business.

In 1994, I was offered a senior medical officer position at Brisbane's Inala Community Health Centre. One year later, I established the Inala Indigenous Health Service, now the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care. When we started we had 12 patients, that has grown to 10,000 registered patients, 6,000 of them regular, and the staff, including GPs, nurses, allied health and Aboriginal health workers have increased to more than 60. As clinical director, I've instituted visiting specialist clinics, ensuring patients can have specialist care and better health outcomes.

We've just completed a development of

the service, which will house research and community teams. Now I am going out hounding for another \$20–\$25 million so we can include dental care, surgery and maybe renal dialysis.

The service is also dedicated to teaching and research and has published around 50 papers on improving Indigenous patient health. I've been privileged to be able to present papers at the World Health Summit in Montreal and World Health Organisation in Geneva and in 2011 I was named Queensland's Australian of the Year for services to Indigenous health and improving the life expectancy of Aboriginal and Torres Strait Islander Australians.

When I was young, Indigenous sports stars like the Ella brothers and 'Artie' Beetson inspired me to strive for excellence. Now, I hope I can inspire others. My daughter Gemma was two years old when I started studying medicine, and she came with me to lectures while my wife Judy worked as a doctor's receptionist. We had two more children and lived on not very much at all. I was determined to make a difference – I hope I have.



## Dr Gemma Hayman

I completed medical school at the University of Queensland and commenced my residency at Logan Hospital in 2014. I'm currently a psychiatric registrar with Queensland Health, Metro South Addiction and Mental Health Services and have just commenced a rotation split 0.5 between working at my Dad's work, Inala Indigenous Health as an Indigenous GP Liaison psychiatry registrar, and Redland Hospital's Emergency Department's Psych Assessments and Bayside Acute Care Team.

When I was a police officer, Dad was always saying, 'you should do medicine, it's only four years post-grad'. I grew up watching Dad study, so medicine is really a part of me.

I was always interested in mental illness as some

family members suffered from it. I had a double degree but I didn't have the biological sciences background. However, the Indigenous studies unit at UQ provided access to tutoring from more senior students which was a help in the first year, and I asked Dad for a bit of help.

I am proud of him and he was probably one of the driving forces for me to do medicine, seeing the good work he does for the community. He is my role model.

I find that being Indigenous makes for a more relaxed and open communication with Indigenous patients, improving rapport and therefore leading to a thorough formulation, which influences treatment and improving outcomes. We see quite a lot of Indigenous people who come from low socio-economic backgrounds where there is abuse, unemployment and substance abuse. Being

able to relate to them and make them feel comfortable is really important. If rapport isn't able to be built they may not disclose some very personal underlying problems.

The more Indigenous people interested in and studying medicine, the better it will be for Indigenous people to seek culturally appropriate, informed treatment and encourage improved access, retention and treatment of patients which in turn leads to improved health outcomes.

Go for it – it's a good career choice if you don't mind the study and long hours, you get to make a difference in people's lives. Work can be stressful at times and in mental health you are privy to peoples extremely personal information, you sometimes hear and witness traumatic occurrences. But on the flip side, you get to see the positive changes people can make to their lives with your help.



A woman with dark hair and glasses, wearing a green polo shirt, is focused on examining a patient's arm. She is holding a black handheld device, possibly a dermatoscope, against the patient's skin. The background is a blurred clinical setting.

# Dr Kali Hayward

MBBS, FRACGP

Senior GP Medical Consultant, Noarlunga Aboriginal Family Clinic;  
GP, Nunkuwarri Yunti; medical educator, GPEx  
AIDA president 2015–18





## Wanting to help mothers cope with postnatal depression was one of the motivators for getting into medicine.

I was working as a kindergarten support officer, and I came into contact with a lot of mums who were struggling and I wanted to do more.

But like so many people, I questioned myself. Would I be good enough? Could I do it? Would I even be accepted? How could I juggle family with study?

Ultimately though, the desire to help others was deep-rooted and the decision to study medicine was made.

I was 24 and a mum of four when I enrolled in the science foundation course run through Wirrtu Yarlur at University of Adelaide. I knew I had an additional six years as a medical student to go. During my foundation year I met four inspirational Aboriginal women who were current medical students who gave me the courage to say out loud that I wanted to be a doctor. It was rare back then for Aboriginal people to go into medicine, let alone have four absolutely inspiring female role models to look up to.

Medicine is hard work, that's no secret and the University of Adelaide offered a unique support network for Indigenous students as part of their medical program, and to this day, I am so grateful. I was a mother, wife and full-time student. Fortunately, I had the support of my husband and parents. My parents ended up moving in to help.

They parked their motorhome in our driveway and I would sleep out there after doing night shift at Queen Elizabeth Hospital where I was completing my internship, while my mum was inside watching the kids.

Treating my study like a job was what worked for me. When I was at uni, I was studying 9am to 5pm. I would then come home, cook tea, go through the bedtime ritual and then when everyone went to bed, I would pick up the books and study some more.

While I was doing my intern years I set my goal on becoming a general practitioner; it was the grassroots medicine that I loved, helping the entire community, while offering a wholistic approach to health and medicine.

I'm a Warnman woman, we're from the Pilbara region of Western Australia. I'm currently working on Kaurna land in Adelaide, South Australia and I see a lot of the community struggling with mental health issues, which tends to be closely tied to chronic disease. Understanding the cultural beliefs of Aboriginal people and making sure body, mind and spirit are considered in their care and treatment, is very important.

I graduated in 2005 and since that time have gained experience in obstetrics and paediatrics. I've also been recognised with the GPET Aboriginal and Torres Strait Islander Health Training award, the Premier's NAIDOC award and I was the inaugural winner of the Tirkapena Indigenous Alumni award for the University of Adelaide. It was very humbling.

My goals now include inspiring and educating the next generation of Aboriginal GPs through my role as a medical educator for GPEx, the South Australian GP training provider.

I became a member of AIDA in 2000 and in 2015 became the president. AIDA exists to support Indigenous medical students and doctors and I'm so pleased to be able to be a part of that.

It is rewarding to work with GP registrars here in South Australia. I hope they know they can come to me if they have any issues, even if it's just to sit down and have a yarn. As senior doctors, we need to make ourselves approachable so that our junior doctors and students know it is okay to ring or text if they have any questions or concerns. We have been in their shoes, and now it is our turn to support them on their journey.

I work with a lot of Aboriginal people from different communities and I think it's important to recognise and understand that we are not all the same. It's incredibly important that there are Aboriginal doctors working within community as that understanding of culture is just as vital as the years of university.

It is a privilege and honour to work with community and I encourage anyone with a dream of becoming a doctor, to not give up.

Be disciplined, set your goal. It is possible.

A photograph of Associate Professor Kelvin Kong, a man in light blue scrubs and a blue surgical cap, smiling broadly while holding a young child. The child is also wearing a blue surgical cap and scrubs. They are in an operating room, with large surgical lights visible in the background. The image has a teal and green color overlay at the bottom.


# Associate Professor Kelvin Kong

BSc; MBBS (UNSW); FRACS (ORL-HNS)

Conjoint Associate Professor, University of NSW

Conjoint Associate Professor, University of Newcastle

AIDA director 2002–04, 2007–08



One of the aspects of improving Indigenous health, is to reduce inequalities that occur within specialist health professions. We need to have not just one or two Aboriginal surgeons or specialists, but rather 200, so it becomes so common, that it is just normal to see.

I'm a Worimi man and I graduated from medicine at the University of New South Wales in 1999. During my internship at St Vincent's Hospital in Darlinghurst, I decided to embark on a surgical career. I was fortunate to be accepted into advanced surgical training and was awarded my fellowship with the Royal Australasian College of Surgeons in 2007, becoming the first Australian Aboriginal person to achieve the honour.

I undertook further training in paediatric ear, nose and throat surgery, completing an advanced fellowship at the Royal Children's Hospital (Melbourne) in 2007–08. I'm now practising on Awabakal Country in Newcastle as Paediatric and Adult Otolaryngology, Head and Neck Surgeon (ear, nose and throat surgeon).

Paediatric medicine is extremely rewarding. We are very lucky to live in a society where we have so much opportunity in medical and surgical care. Ranging from the restoration of hearing through cochlear implantation to airway reconstruction, we are truly fortunate at the medical environment we currently work within.

Hearing is a particular passion that resonates in my practice. The long-term impacts on children with hearing impairments are profound. If children can't hear properly, their learning is impaired, and before we know it, this silent disease has caused children to lose language, vocabulary and education, putting them intellectually behind, and in some cases leading to a life time of behavioural issues. They're missing out on songlines, on dancing, on singing, missing the engagement of life.

To be able to change a kid's life is so much more than just 'closing the gap'. It is changing life trajectories, giving back quality of life, where it can be enjoyed, not just survived.

I grew up being surrounded by health issues in our community. Close family and friends would seek help for their medical needs from our mum, a registered nurse. My older twin sisters, Marilyn and Marlene, who are also doctors would fight with me over who would help Mum.


When I was in high school I started having selfish thoughts. It was hard for Mum, working long hours and having to juggle her time. When I talked to my non-Indigenous friends and compared lifestyles, the dichotomy between our lives was obvious. Here we were living in the same place, going to the same school, and yet we had very different lifestyles and access to health care.

It was a school visit to the University of Newcastle to hear Professor Sandra Eades and Dr Louis Peachey (at that stage both were medical students) speak, that gave me the push I needed. I had previously never thought of having a tertiary education – our heroes were sports people – but to see these two incredibly smart, articulate, deadly people, embarking on amazing professional careers, really demonstrated that we didn't have to be what society thought we were supposed to be.

My grandfather understood the importance of education and being a contributor to society, particularly for those who have never been given opportunities. This was really telling of my grandparents power, passion and humility – traits also passed on to my mother and sisters.

I am fortunate to be afforded educational opportunities that many of my family never had. I feel privileged to be able to contribute through medicine and surgery to the wider community and to advocate for more professional equality. We need greater diversity in specialist colleges, greater research to improve health outcomes, greater training in Indigenous health and better recognition of Indigenous excellence in the health profession. It takes a community to train a specialist, and as a community we need to encourage excellence.



A portrait of Dr. Tamara Mackean, a woman with dark curly hair and glasses, wearing a black blazer and a colorful patterned scarf. She is smiling and sitting at a white table with her hands clasped. The background is a blurred office or clinical setting with warm lighting.

# Dr Tamara Mackean

MBBS; BSci (MED); Dip RANZCOG; Master of Public Health

Fellowship with the Australasian Faculty of Public Health Medicine  
AIDA president 2007–09



## I'm a Waljen woman and my Country is in the Eastern Goldfields region of Western Australia.

I currently have a research position across two institutions – the Southgate Institute for Health, Society and Equity at Flinders University and George Institute for Global Health – and it's here where I will look deeply into health equity by examining the way in which health systems respond to Aboriginal and Torres Strait Islander needs.

I will be working at the interface of two knowledge systems. My research will look at decolonising methodologies and where two paradigms of thinking can come together for mutual benefit. It is about changing the way in which Aboriginal and Torres Strait Islander people are presented to the world. We need to move from deficit modelling to strength-based thinking in how knowledge is valued.

Since graduating in 1999 with a Bachelor of Medicine and Bachelor of Surgery, I've seen the number of Indigenous doctors grow. Teaching methods have evolved to include Aboriginal and Torres Strait Islander viewpoints and first-rate primary health care models have been developed in communities.

Bringing about cultural change in the hospital health care system is the next step. It is a battle that will benefit not just Aboriginal and Torres Strait Islander people, but whole cohorts of people accessing emergency and acute care services. These services need a more holistic approach for many groups, for example ageing people with chronic complex disease. We have to learn to better manage patients with complex conditions and social situations.

There are pockets where models of primary health care have grown up within the Aboriginal Community Controlled Health Sector and, while

this has taken a long time, these are first rate and innovative, so they are being seen for their value across the entire primary health care sector, nationally and internationally.

I served as AIDA president from 2007 to 2009. AIDA plays an important role in ensuring change. The organisation has been grappling with Indigenous medical education by looking at the way curricula are developed, the way to build an Indigenous health workforce, and the way the medical schools and colleges need to enshrine Indigenous perspectives on health and healing.

The work that has been happening in medical education is producing significant gains in the health workforce which will start to feed into the hospital space leading to major reforms in thinking and attitudes and this is truly the way forward.

We are starting to see it. The Australasian College for Emergency Medicine recently said emergency departments need a massive cultural overhaul to provide cultural safety for Aboriginal and Torres Strait Islander people so they can use those services effectively.

For the majority of my professional life I have endeavoured to blend 60,000 years of knowledge around wellbeing and healing for individuals and communities with a health system based on western, biomedical views. It's a big task, but very important.

I always think back to my great grandmother who escaped internment at the Moore River Settlement three times and on the third time ran from Western Australia to South Australia. If she could do that, then surely, I can keep my backbone straight and stand against a sea of

colonial discourse and say as loud as I can 'this isn't good enough, we as a profession, as a society and as a nation on the global stage can do better'.

As Aboriginal doctors we have to find the means within ourselves and our support network to cope with sorry business and to play a liaison role at critical times with our family. This can be a real challenge. While I was working towards my Fellowship with the Australasian Faculty of Public Health Medicine, I was involved in a challenging case relating to stolen generations and childhood trauma.

Tackling this cost me relationships and some of my sanity for a period of time, but we succeeded as convictions were achieved. Would I go back and do it again? Yes, because we have to make a stance against oppressors in whatever shape or form they arrive in. It took a lot of blood, sweat and tears – literally and metaphorically – but I am quite proud when I look back as I got my Fellowship and was awarded RACP Trainee of the Year in 2015 during this difficult time.

I've been blessed with a beautiful son who brings much love and light into my world, and much of my work is aimed at ensuring his future aspirations, and those of other Aboriginal children, can be realised in our society.





# Dr Sarah McEwan

Bachelor of Medicine; Diploma Child Health; Advanced Diploma of Obstetrics;  
Graduate Diploma in Clinical Education; FACRRM; FRACGP; FARGP

District Medical Officer in Obstetrics and Gynaecology and Emergency,  
Hedland Health Campus  
AIDA director 2018





## In the small community where I grew up in Mudgee there weren't high expectations about what Aboriginal people could achieve.

Although I was always interested in health, I hadn't considered medicine. Some poor career advice in high school meant I chose subjects that didn't enable me to get into some university degrees, even though I had studied hard and applied myself.

When I saw two Indigenous ladies at a local high school careers fair I introduced myself. They told me about the University of Newcastle and its Indigenous entry programs and I was inspired enough to apply. I started medicine in 2000 with the plan not to expect too much from myself, but five years later I had graduated.

I did my internship and residency in Sydney at the Royal Prince Alfred Hospital, then moved north to Tweed Heads to do GP training. I developed skills in emergency medicine and did an Advanced Diploma in Obstetrics and Gynaecology, while working part-time at Sunnybank Private Hospital in Brisbane as an intensive care medical officer.

Having grown up in a country town, working as a rural GP was especially rewarding for me and I really liked the multidimensional aspects of the job. I also enjoyed an elective in Port Hedland in Western Australia where my brother was working in the mining industry. I worked at the Aboriginal medical service, the Royal Flying Doctor Service and the hospital, and just loved it. From then on, I had that kind of role in mind for my future and aligned my studies to it.

I went back to the Pilbara in 2010 to work at the Hedland Health Campus, a small public hospital with less than 50 beds and an emergency department. Variety in my work life is very important to me and so is the ability to work with our people. Port Hedland has a high

Indigenous population where the culture is still alive and intact, which was also very important to me when I choose my career path and where I am going to practise medicine.

About five years after graduating I was honoured to receive two awards that focused on rural medicine and the work I'd been doing. I was awarded the Royal Australian College of General Practitioners' National Rural Faculty Registrar of the Year for 2009 and the Australian College of Rural and Remote Medicine Registrar of the Year 2010.

It was a major driver for me to make sure I thrived and succeeded in my field because I never want to be viewed as someone who got into medicine through a special entry program and haven't earned my place. Indigenous people have the ability, the intelligence and the determination to succeed where opportunities are afforded them. Until recently such opportunities have been sparse. I am forever grateful that such avenues existed for me to pursue a career path such as medicine which traditionally had not been easily accessible.

I'm now the district medical officer in obstetrics and gynaecology and emergency at Hedland Health Campus, and I enjoy not knowing what each day's work will bring. I've also had the opportunity to run the hospital when my boss is away and I am improving my administrative and leadership skills with a Masters in Health Administration.

I've been a member of AIDA since starting medical school in 2000 and I value the relationships I've built through the organisation and the opportunities it has presented to mix with strong Indigenous role models. Now

I feel it is my turn to give back to the next generation of doctors. I can do this through several roles, including the John Flynn program where medical students work closely with a rural doctor in a variety of health settings and situations. As conjoint lecturer for the School of Medicine and Public Health at the University of Newcastle, I've hosted three Indigenous female medical students for health equity placement.

Hedland Health Campus is a rural clinical school so I can mentor students one-on-one daily in a rural setting. This includes medical students, junior medical officers and GP registrars. I have built up strong relationships with quite a few of the female Indigenous and non-Indigenous medical students, whereby I am collecting more and more mentees which is both enjoyable and rewarding.


It brings enormous personal satisfaction to have an influence on the doctors of the future and a major influence in cultural education, safety and awareness. I really press home to my students and peers that cultural safety and awareness is integral to improving the health outcomes of our people. It helps being an Indigenous doctor as it gives a general understanding and true empathy for people, their context and their conditions. There are many non-Indigenous doctors who are equally as effective because they have taken the time to learn cultural awareness, but the difference is that I've lived it.

A photograph of a man sitting on a beach. He is wearing a dark blue sweater and plaid shorts. He is smiling and looking towards the camera. The background shows a sandy beach and the ocean with waves. A teal overlay is at the bottom of the image.

# Dr Paul Mills

MBBS; FANZCA

Provisional Fellow in Anaesthesia, Sunshine Coast University



I grew up in the Torres Strait and I look forward to the day when I can return home and help my community. Culture in the islands is everything and growing up on Thursday Island was an awesome and unique experience, setting the foundations for my learning.

Our way of life was generally passed down from our Elders and family and it was these life skills that really got me to where I am today, from being able to cope with being away from home for extended periods while at boarding school in Cairns and later completing university in Townsville.

I have a fellowship with the Australian and New Zealand College of Anaesthetists and a Bachelor of Medicine and a Bachelor of Surgery from James Cook University, graduating in 2007. A scholarship from News Corp Australia helped me cover living and education expenses while I was studying. After graduating I took on various attachments at Redcliffe Hospital, Princess Alexandra Hospital, Mater Mothers' and Children's Hospital and the Gold Coast University Hospital in South East Queensland before returning to Far North Queensland to work at the Cairns Hospital in the final year of my fellowship.

I returned to Cairns to be close to family. Exams are really tough and I needed to go back home where I felt grounded. The Cairns anaesthetic department was amazing. They were so supportive, and I definitely wouldn't have got through if it wasn't for them.

I'm now putting more than 10 years of medical education and training into practice.

I never pictured myself doing anaesthetics, but once I had the work experience as a medical student and then resident, I became interested in taking it further. I never thought that it was a career path for me, but it was quite a turning point when the people I looked up to in this line of field said, why not?

I am one of only seven Indigenous Australians to be completing the highly competitive specialty program. Every day I go to work and I get to do something different, learning from my peers, and it challenges me. It really is a unique field within medicine, whereby we incorporate our comprehensive knowledge of physiology and pharmacology into our everyday practice and procedures in theatre.

Anaesthetics is an incredibly rewarding and interesting job. Our patients and their families depend on us to be at our best, and place their faith in us to get them through safely. It is this aspect of the job that I really love. It is humbling to be able to build a rapport with patients, establishing that trust and ensuring they are as calm as they can be in the perioperative setting.

In the operating room I care for patients when they cannot care for themselves. When they wake, it is about taking care of their pain relief, nausea and managing any other issues associated with general anaesthetics and following up to make sure their recovery is uncomplicated and they are on the fast track home.

I also enjoy my volunteer role on the Indigenous Health Committee for ANZCA. The committee was set up to address and improve patient safety and quality care to all Indigenous Australians and New Zealanders. They are doing a very good job in New Zealand, but here in Australia we still need to push for improved clinical and cultural safety, and we need more Indigenous trainees and specialists.

Only then will be able to expand a practitioner's ability to understand, appreciate and interact with Indigenous people from cultures and/or belief systems other than their own. Acknowledging language differences and providing safe care is so important. Rather than treating patients differently, it is about understanding how their belief and customs will impact their health outcomes.

I'll continue to advocate for improved education programs, clinical practice, policy, research and leadership. I really enjoy being a student mentor and teacher and I love the diversity that anaesthesiology brings to my life. I enjoy going to work every day and cannot see myself doing anything else. I guess that is how I know a career in medicine was the right one for me.




A portrait of Professor Helen Milroy, a woman with long, wavy blonde hair and bangs, smiling warmly. She is wearing a black blazer over a black and white patterned blouse. She is seated in a grey wicker armchair with a teal blanket draped over her lap. The background is a lush green garden with a lattice fence and several birdhouses.

# Professor Helen Milroy

MBBS; FRANZCP; CATCAP

Child And Adolescent Psychiatrist; Professor University of Western Australia; commissioner National Mental Health Commission; commissioner, Royal Commission Into Institutional Responses To Child Sexual Abuse 2013–17  
AIDA president 2004–05



I am a descendant of the Palkyu people of the Pilbara region in Western Australia. I was, however, born in Perth and have spent all my growing up years here with my family. My grandmother lived with us and often talked about her homelands around Marble Bar.

I didn't get a chance to visit our country until I was an adult, but the experience will stay with me forever. Standing on the land of my ancestors was a deeply moving experience that gave me such a strong sense of connection. Going back to Country is an ongoing source of resilience today.

I grew up in a very supportive Aboriginal family but there was always the fear of removal present, so we had to keep our head down and just get on with life. My own mother had been forcibly removed from my grandmother but fortunately for them, they had been able to maintain a connection. I enjoyed going to school, but I also learnt a lot staying home with my grandmother. I learnt more about caring for people and country from my mother and grandmother than I did at university.

I studied medicine at the University of Western Australia from 1977–1982. At that time, there were very few supports for Aboriginal students, so I really had to create my own path. I did have some financial support through the ABSTUDY program which was very helpful. After graduation, I worked as a GP and consultant in childhood sexual abuse at Princess Margaret Hospital for Children for several years before completing specialist training in child and adolescent psychiatry.

Throughout my career I have always advocated for change to improve outcomes for everyone but especially our mob. I have supported the pathways for Aboriginal and Torres Strait Islander students to study medicine and graduate as doctors. I have worked at a policy level to ensure equity and inclusion of Aboriginal and Torres Strait Islander mental health and ensure the wellbeing of children. More recently I was able to

collaborate with Michael Mitchell in setting up the Specialist Aboriginal Mental Health Service in Perth which has grown in strength.

My work in mental health and tertiary education has highlighted the resilience of some children but also the disparity within communities.

On the one hand, I was working at university seeing the brightest Aboriginal and Torres Strait Islander young people come through and graduate with health degrees. On the other hand, I was working in an Aboriginal mental health service with families who had very disabling and distressing conditions, but sometimes they were the same families. Even with adversity you would see kids from families achieve, yet still see others who were lost. We shouldn't give up on those families struggling, because all kids have the potential to grow up strong when given the right opportunities and support.

Although we still have a long way to go, looking back, we have also achieved a lot. We need to be able to celebrate some of those achievements. I was looking around at a Kimberley workshop some years ago and realised several Aboriginal doctors from the University of Western Australia and other universities were working in the Kimberley. There was a time when people wouldn't have thought that possible.

Not only do our Indigenous doctors work to improve health services, they are also role models for the community and their children. There are multiple benefits. Health and mental health is a leading area for Aboriginal and Torres Strait Islander people to become involved in because it is a natural fit. We have an innate capacity to involve culture and creativity in the

way they think and do things which provides a holistic approach to health. As well, we are involved in community events and other cultural practices that keep us healthy and resilient and incorporate knowledge, connection and understanding.

As a recent commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse, I was struck by the accounts of generational removal, trauma and disruption. The impacts of that trauma are still felt today by multiple generations and have not been adequately addressed. Although we need to look at how we provide opportunities for healing, we also need to focus on the strengths that have allowed Indigenous people to survive despite the trauma and adversity our communities have experienced.

There is still a lot of work to be done. I would like to be able to use my expertise from the many learnings throughout my career to benefit all children, and particularly Aboriginal and Torres Strait Islander children, so they have happy and healthy lives. I would love to see Australia as the safest place in the world for children to grow up strong in culture and take their rightful place in society.





## Dr David Murray

FRACS; MBBS (New)

Consultant Oesophagogastric and Weight Loss Surgeon, Launceston General Hospital and St Vincent's Hospital; Chair, Indigenous Health Committee, Royal Australian College of Surgeons




## Dr Anthony Murray

MBBS (JCU)

Orthopaedic SET 1 Trainee,  
Prince of Wales Hospital





Dr David Murray and Dr Anthony Murray are brothers from Yeppoon in Queensland. They are proud descendants of the Dharug people. The brothers carry with them a huge sense of duty to family and community but mostly they're passionate about increasing the numbers of Indigenous surgeons.

### Dr David Murray

100 Indigenous surgeons – that's my goal. But isn't my vision – the vision comes from Dr Kelvin Kong; I met him while I was at medical school, he was an ENT registrar and soon to be Australia's first Indigenous surgeon.

I read an article where he said he wished he was Australia's 100<sup>th</sup> Indigenous surgeon. That stuck with me. Dr Kong has worked tirelessly in the Royal Australasian College of Surgeons to promote Indigenous health and medical professionals. I have taken over as Chair of the Indigenous Health Committee of RACS, a committee Dr Kong started. It is now my goal to achieve that vision of 100 Indigenous surgeons.

My parents told me I never went through a phase of wanting to be an astronaut or tradie or fireman, it was always surgeon.

I devoted myself to the dream of doing medicine. I was fortunate to achieve the results to enter the undergraduate medical program at the University of Newcastle, but it was a massive

culture shock and it took a while to find my feet.

Two excellent resources helped me – the Wollotuka Unit in the School of Health, and the Durungaling Hostel, where I lived. Both provided support, from how to learn in the university context, to someone friendly to talk to when things got tough. But I was too proud or shy or shamed to fully utilise them – I had always been independent and didn't want to appear vulnerable.

I am proud to say that I'll soon be Australia's first Indigenous general surgeon and I hope there are many more to come.

These days I tell students to engage with as many people and services as they can, as they are invaluable.

Culture plays a big influence on Aboriginal doctors. There is a huge sense of duty to family and community, and I have no doubt this is a major factor in the numbers of us going into general practice.

The nature of many surgical specialties means they require the facilities of major tertiary hospitals. But there is a large, well established body of evidence that Indigenous outcomes in surgical disease, especially cancer, are significantly poorer than the rest of the population, so we have a key place in addressing this disparity.

When Anthony was accepted into medicine he applied an intensity I have rarely seen. He says I have been a role model; but watching his journey has been an inspiration to me. To overcome the burdens placed in front of him – he doesn't mention even a small percentage of them – and to achieve what he has, motivates me.

His getting a training position in orthopaedic surgery is a major achievement – it is incredibly competitive. I am proud he is my brother, and it is humbling to be called a role model for him.



### Dr Anthony Murray

I consider myself blessed to be in the position of, in a few short years, becoming Australia's first identifying Indigenous orthopaedic surgeon.

I won't pretend university was easy – I am not a natural student and studying was foreign to me, but a drastic knee injury had dashed my hopes for a career playing AFL, so I made the best of it.

Though not the sharpest tool, I persevered and put in the huge efforts required to pass my exams. I relied on fellow Indigenous students going through the same process, sharing study notes and helping each other in little ways.

I chose not to have a computer or social media the first few years of university to avoid distractions – I knew, for me, it was a slippery slope to failure.

My junior and resident medical officer training was completed at Gosford in New South Wales, and I then transitioned into the Royal Australian College of Surgeons' Surgical Education Training in Orthopaedics through the Australian Orthopaedic Association.

I work at the John Hunter Hospital in Newcastle which is a major trauma centre. I'm particularly interested in upper limb, trauma, and hand surgery.

It would be remiss not to mention my brother – he'll love it that I do. Although a clear foot shorter than me and much less handsome, he has been my mentor, father figure, and best mate. Having another Indigenous doctor, not just my brother, for mentorship and guidance was critical for me.


Another resource in friendship, mentorship and assistance has been AIDA – which has helped me foster close bonds with many wonderful people. I hope everyone has someone close, it's really important. If you don't, give me a call and I will always have a chat.

A portrait of Associate Professor Peter O'Mara, a middle-aged man with grey hair and a goatee, wearing a black t-shirt with a blue and white Indigenous Australian design. He is sitting at a wooden table in an office setting with bookshelves and computer monitors in the background.

# Associate Professor Peter O'Mara

B MED; FRACGP; FARGP; GRAD DIP RURAL

Tobwabba Aboriginal Medical Service, Forster; Werin Aboriginal Corporation Medical Service, Port Macquarie; Associate Professor, Indigenous Medical Education; Head of Discipline – Indigenous Health, University of Newcastle  
AIDA president 2009–12



I'm honoured that my work now includes helping to shape the next generation of indigenous doctors, nurses and health care professionals so they can have a positive impact on people's lives.

It is slowly getting easier for indigenous students to find a path into medicine. I left school in year 10 and found a job in the coal mines in the Hunter Valley. I had always had an interest in how the human body worked, but I thought medicine was only for wealthy people or doctors' children. I never thought someone like me could do it.

But after I was injured in a vehicle crash I was unable to continue heavy work and I had to look for something else. I did a matriculation course and then a Bachelor of Arts at the University of Newcastle, where I studied psychology, sociology and biology with a plan to become a clinical psychologist. One day I saw the first two Indigenous medicine graduates from the University of Newcastle being interviewed on TV. Louis Peachey and Sandy Eades seemed really normal and I wondered if I could do what they had done, so I applied and was accepted. After graduating I completed my internship in Mackay in Queensland, where rural general practice enabled me to experience critical care, emergency medicine and retrieval, before returning to rural New South Wales.

One of the many highlights for me was about 10 years ago when I helped set up a bulk-billing clinic at Port Macquarie, the Werin Aboriginal Corporation Medical Service. It was the first Aboriginal medical service there and I became its first doctor. It was something I wanted to do for a long time, but it wasn't until an opportunity became available for a partnership for Aboriginal care at Port Macquarie that the funding for a practice manager could be obtained and everything fell into place. There was an outstanding response when it opened and the centre has gone from strength to strength with over 20 staff there now. I still work there once a fortnight as a specialist in Aboriginal health.

I also have a long connection with the Tobwabba Aboriginal Medical Service at Forster and I work there one-and-a-half days a week.

When I began working at the University of Newcastle as an associate professor in 2007 there were only three Aboriginal students studying medicine. Now there are more than 60. It snowballs as one student tells their friends they should do it, that they are having a good time, learning heaps and receiving support. In the indigenous space, the black grapevine is always going to be a strong way to get a message across and attract other people to the profession.

There is also the amazing work that AIDA does. Role modelling is the key to encouraging Indigenous people into the medical profession. Culturally we are set up for the mentor model and our kids really respond to positive role modelling as it enhances a sense of pride in us as a people.

I went to a country town recently to see a young Aboriginal girl in Year 11 who has wanted to be a doctor since she was a little kid. It wasn't so long ago when my generation thought there was no way we could be a doctor. When I was a kid we were taught Australian history started 200 years ago – that was what the schools said. Now Australian history dates back 46,000 years. Changes are occurring, certainly at university level and within the medical colleges where they are running continuing medical education programs for doctors to be more culturally receptive to Aboriginal people.

I chair the Royal Australian College of General Practitioners' National Aboriginal and Torres Strait Islander Health Faculty. I'm confident the

day will come when there is no longer a need to have a conversation about whether there are enough Indigenous doctors in Australia, but for now there is more to be done. We have about 280 Aboriginal and Torres Strait Islander doctors in Australia now, but that is nowhere near the critical mass of Indigenous doctors we need for our three per cent of the population, especially when many of our people have multiple morbidity cases. We will get there, but in the meantime we will rely on good non-Indigenous people to be advocates for our people.

It's also important that we make sure non-Indigenous health professionals are competent in dealing with Aboriginal people. That training makes them better doctors and gives them a deeper understanding of people outside their own cultural sphere.

The one thing we can all do is to stop racism. It has such a detrimental effect on every individual and their families. You can provide Aboriginal people with access to services at a hospital, but if that hospital treats you in a hostile manner why would you go there? Fortunately, there are a lot of good people lobbying the system for change in an attempt to stamp out institutional racism.

I love my work and don't ever want to retire. Maybe I wouldn't mind working three days a week and having long holidays, but I would never stop. I do need to recharge sometimes because my work involves a lot of travel. I do this by going home to central New South Wales to the country of my people, the Wiradjuri. Being on Country gives me a real sense of being. On the way back from being there I was thinking of a way to put it into words and I can't.





# Dr Marjad Page

MBBS; FACRRM; FRACMA; Advanced Diploma Obstetrics and Gynaecology; Diploma Palliative Care; BAppSc(HMS)

Senior Supervisor GP, Gidgee Healing



I'm a black fella from Mount Isa; I thought I'd end up working in the mines, not as a doctor. I always wanted to become a doctor, but I didn't think I could do it.

Other people questioned it also... after all, most of my family didn't finish high school. I've been told that at the age of three my great grandmother, a full-blood Aboriginal woman, said 'that kid is going to be a doctor'.

But along the way there were a few obstacles – especially my fear of hospitals.

I grew up in Queensland's western mining town of Mount Isa, where I witnessed many aunts, uncles and family members going into hospital and not coming out.

My perception was that if they went into hospital they were gone, so I never wanted to be sick in case I went to hospital. I did get very sick when I was young, and the doctors thought I would die, but I was one of the lucky ones who got out and so very early on in life I knew I wanted to help my mob, but I wasn't sure how.

My mob are the Kalkadoon of Mount Isa and the Waanyi and Ganggalidda people from the Gulf of Carpentaria.

No one from my family had gone on to higher education and I didn't really enjoy school. To be honest, I only read one book in primary school and another one in high school. My talent was basketball, and it gave me many opportunities, including getting me to Canberra where I began a university degree in Human Movement Science.

In my second year, I enrolled at Central Queensland University in Rockhampton where my cousin and a mate lived. The move was really important, as it was there that tutors drilled me in study and assignment techniques. My work improved, and I was approached by James Cook University asking if I was interested in applying to do medicine.

But after just a week, I was sick with worry. I was worried that I wouldn't complete my first degree and also not be able to finish medicine, so I deferred. A year later, I happily started on my studies to be a doctor.

When I started medicine in 2002 it was a whole different level and in my first year of medicine, I felt like I just scraped through. Then it clicked, and I was in fifth gear all the way. After that I started excelling, especially from third year.

During the first week of medical school they asked what we wanted to be, and I think I was the only one who put my hand up to be a GP. I want to be on the ground with my people and a GP is the first point of call.

After a stint as a junior health officer in Ipswich, which took me to the Aboriginal community of Cherbourg and introduced me to palliative care, I was finally able to return home where I worked in the Mount Isa Hospital as principal health officer.

Hospital still scares me, I don't feel comfortable there and don't know if I ever will, but a lot of people made sacrifices for me to play sport and get an education and this was my sacrifice for them.

While I was at the hospital, I spent time in obstetrics and gynaecology. I didn't want to do women's business because it is taboo for us as Aboriginal men, but some of my Elders urged me to keep going.

And now some women's business is part of my working week, after setting up a Mums and Bubs program at the community health service, Gidgee Healing. In 18 months, the service grew to cater from five people to 45.

I am now an ACCRM Fellow/rural generalist with advanced skills in obstetrics and anaesthetics; extended skills in palliative care and medical administration. I also have a special interest in Foetal Alcohol Spectrum Disorder.

I'm currently the assistant director of medical services at North-West Hospital Service and am training with the Royal Australian College of Medical Administrators.

I've stepped back from my GP duties now, but I'm confident another local Aboriginal person will one day follow in my footsteps.

My wife Ryoko and I are foster parents and these kids call me Uncle Muddy. They don't care that I'm a doctor, they think they are better than me and that's great, because if they believe they are better than a doctor then big dreams will come from that.





# Dr Louis Peachey

B MED; FACRRM

Senior Medical Officer, Atherton District Memorial Hospital; Senior Medical Officer, Lotus Glen Correctional Centre; Senior Fellow, James Cook University  
AIDA founding president 1998–2004





I am a Girimay man from the Djiribaligan Language group (Rainforest People) from Far North Queensland, and I have had a wonderful journey through medicine over the last three decades. When I was at school, there were no Indigenous Australian doctors that were known of.

When I began my journey at medical school, there was one Indigenous Australian doctor. When we created AIDA, there were 20 Indigenous Australian doctors, and now there are more than 400 Indigenous Australian doctors.

After I finished my medical degree, I began my internship in 1990 with the Hunter Area Health Service in Newcastle. I had a number of good registrars and consultants who taught me about how to be a doctor, not just the knowledge, but how to help the patient in front of me get the care that they needed. Medicine does have some very big highs and desperately low lows at times, but I have had the good fortune to have wonderful mentors to lean on during the hard times.

In mid-1991, I went to New Zealand and worked for a year at the Wanganui Health Service. It was interesting to note the similarities in the health of the Maori people to my own people back home. I was interested to discover how much effort the health service there put into cross cultural training. There was a very large manual describing Maori history and culture which was required reading before I was even allowed to start work, we have slowly been catching up here in Australia over the last quarter of a century.

When I came back home to Australia in mid-1992, I began work around the Toowoomba area in South East Queensland, and began my training to become a Rural Generalist. Through the Cunningham Centre at Toowoomba, I was introduced to a number of very senior rural doctors, who have been my mentors over the last 25 years. In 1994, I went to work at the Lyell McEwin Hospital in the City of Elizabeth, a satellite city of Adelaide. I spent two years there

training in anaesthetics to prepare me for my time as a rural generalist anaesthetist. Dr Rupert McArthur was the director of anaesthetics at Lyell McEwin, and became a very important mentor to me. He was every bit as kind and generous, as he was smart and witty. He had faith in me, when I was still full of self-doubt. To add to this he was also one of the most humble of men it was ever my pleasure to work with.

In 1996, I began work as a senior medical officer at the Beaudesert Hospital an hour drive south of Brisbane. It was a busy little rural hospital, and I was giving around 350 anaesthetics a year, while helping to run a busy 38 bed ward and our emergency department. The medical superintendent was Dr Michael Glover, a very accomplished rural generalist surgeon. I learned much from Dr Glover, as he too prepared me for my future career.

In 2004, I shifted with my wife and children to Mount Isa, in Western Queensland, and worked at the Mount Isa Centre for Rural and Remote Health with Prof Dennis Pashen. I was teaching medical students and junior doctors of the area. During my time there, with Prof Pashen's support, I was able to develop a medical simulation lab, to teach our students and the teams of medical and nursing staff at the Mount Isa Hospital, and the surrounding smaller hospitals and remote area nurse clinics. This allowed people to train for dealing with difficult emergency scenarios with their own teams, and in their own environment. It was my great joy in that time to become a mentor to a number of medical students and junior doctors, and have been able to watch their careers develop.

In 2009, I went back home to the Atherton Tablelands in the rainforest country of Far North Queensland, where I have been working at

Atherton District Hospital, as a senior medical officer. I continue to have the opportunity to teach medical students and junior staff, the many lessons I have learned during the last three decades of my career. Just recently Dr Renee Cremen was named the Rural Doctor of the Year 2018. I was Dr Cremen's supervisor during her rural generalist training with the Remote Vocational Training Scheme. It made my heart swell with pride to see her receive this well-deserved award, acknowledging the amazing work she has done at the Babinda Hospital, for the people of her district.

These days, when the federal government produce the yearly Closing the Gap report, it would be easy to be downhearted about the poor statistics which are used to describe the plight of our people. But when we look to the success our people have enjoyed in such a short time, we can see increasing numbers of our people finishing secondary schooling, getting good trades, others going to university, and now we have ever growing numbers of Indigenous Australians who are graduating with law and business degrees, and large numbers with degrees in the health professions.

In life's journey, it is easy to notice the crowd who is present when we fall over and skin our knee, but I would encourage you to focus on the one person in the crowd, who stretches forth their hand to help you back to your feet. These are the people who will help you to achieve your success, and the lessons you learn from them, you will share to the generations who come after you.

A portrait of Dr. Kristopher Rallah-Baker, a man with dark hair, smiling, wearing a black t-shirt and light-colored trousers, standing outdoors with his arms crossed. The background is a blurred landscape with a sunset sky.

# Dr Kristopher Rallah-Baker

B MED (New); AMA(M); MAICD; FRANZCO

Consultant Ophthalmologist; Federal Board Director, Royal Flying  
Doctor Service; Federal Councillor, Australian Medical Association  
AIDA president 2018



## I am a proud Yuggera/Warangu/Biri-Gubba/Wiradjuri man, born in Canberra in the original Royal Canberra Hospital, not far from Parliament House.

Remarkable people have surrounded me my whole life, including my maternal grandmother – Australia's first Indigenous arts curator; my mother – a One People of Australia League (OPAL) beauty queen and one of the Country's first Aboriginal health workers; and my father – a hard working scientist and public servant whose tireless endeavour to protect the environment through legislative mechanisms has secured significant environmental protections. I have three brothers, two of whom are dentists.

One unforgettable person who knew me from birth was the late Senator Neville Bonner AO, a fellow Yuggera man and good friend of my mother. Mum knew Uncle Neville through OPAL in Brisbane and the Aboriginal Development Commission in Canberra and recalls many wonderful stories of him holding me as an infant, carrying me in his arms around Old Parliament House and out onto the steps of Old Parliament House overlooking the Tent Embassy and Lake Burley Griffin.

It was in this progressive Canberra environment that I thrived in my early years, an academically gifted child who was recommended to bypass first grade to enter second grade immediately after kindergarten. That, however, was all to change when we moved to Queensland when I was four.

Queensland was a different place, where Murriss were oppressed and racism rife. Instead of moving directly into second grade I was placed in first grade and sent to a supplementary class called English as a Second Language (ESL). Of course, at the time I did not realise what had happened but did wonder why I had to regularly leave my friends in normal class to go to what I found to be a very easy class. It was only many years later that I asked Mum why I had been taken out of my regular classes and she revealed that the school had presumed I could not speak fluent English because she was not Caucasian. The school had presumed I had learning difficulties and language issues because my mother was dark, so I spent six months in ESL.

After the bumpy start to year 1, school progressed, and my academic talent was encouraged to flourish by my parents. I entered a private all-boys school in year 5 and remained there to complete my final year.

In year 12, I moved out of our small and overcrowded weatherboard home and moved in with one of my uncles, a cousin and my grandmother. This was a quieter environment to study, and a home filled equally with love and culture as my parents' house. It was a necessary and important move to allow me to study in year 12 and was in retrospect a valuable preparatory year for my move to Newcastle to do medicine immediately after leaving school. I was one of few Indigenous school leavers to complete my schooling with grades of excellence. My success was an enormous team effort and a combination of dedicated family, hard work and the good fortune of being placed in the perfect petri dish of life to allow me to cultivate my mind and dream the impossible.

Upon completion of year 12 I was accepted to Medical School at the University of Newcastle and on finishing my Bachelor of Medicine I returned to Queensland to undertake my Internship and residency at the Gold Coast and Princess Alexandra hospitals. Wanting to broaden my experience beyond clinical medicine, I then moved across to establish and manage the Indigenous Health Unit in the Logan-Beaudesert Health Service District, followed by the successful development of the business case to extend the Deadly Ears Indigenous Hearing Health Program from South East Queensland to cover the whole of Queensland. That program was later adopted by the federal government as the National Indigenous Hearing Health Program. My move out of clinical medicine was to the horror of my colleagues and I was warned that it would be the end of my career in medicine. Exactly the opposite occurred. Having extended my policy development and management experience I decided to return to clinical medicine and was unexpectedly

invited to apply to the ENT Training Program, commencing the following year. In that moment of offer I thought I was about to either make the greatest or worst career decision of my life and in the absence of any other decision-making framework I decided to be guided by the truth; *vincit veritas* was, after all, my old school motto. To the surgeons' great shock, I declined the offer and stated that I wished to pursue my interest in ophthalmology. After the initial shock of polite rejection had subsided, the surgeon picked up his phone and telephoned a senior ophthalmologist in Brisbane to request he assist me with my career choice – again a remarkable instance because a remarkable person propelled me into my dream career of ophthalmology. I returned to full-time medicine to undertake two years of ophthalmic residency at the Princess Alexandra and Mater hospitals before successfully being accepted on my first application to undertake the Vocational Training Program with the Royal Australian and New Zealand College of Ophthalmologists. My training was gruelling, and unfortunately, I experienced institutionalised racism, which many of our Indigenous doctors do. However, we have now made significant progress in addressing these matters. Success however, is about dedication, the ability to compartmentalise issues and the support of family. I am proud to say I am Australia's first Indigenous ophthalmologist and the product of hope and unwavering support from family. I am also a founding member of AIDA, current president of AIDA, AMA federal councillor, director on the Federal Board of the Royal Flying Doctors' Service and sit on RANZCO's Federal Selection Board and Indigenous Committee and Reconciliation Action Plan Committee. I have always harboured dreams of entering federal politics and again walking the corridors of Parliament House, although this time not as an infant in arms but as an independent and proud man. Life is about the humility of simplicity whilst reaching to achieve the impossible dream. I encourage anyone reading this book to follow your dream.





# Dr Blair Rasmussen

MBBS; Bachelor of Nursing; Bachelor of Aviation

Junior Medical Doctor, Toowoomba Hospital



## Becoming a doctor has brought a reward I had never considered; it's brought me close to my mother's Country and family.

After I completed my internship at Concord Repatriation General Hospital in Sydney in 2015, I took on a residency at Toowoomba Hospital, where my partner Jemma Nokes is a resident medical officer.

My mother is one of nine and most of her extended family are from the Toowoomba west region. I plan to tour Mum's Country with her one day but in the meantime, it's been so interesting seeing people at the hospital that I'm related to. Some I had met before and others I didn't know and probably wouldn't have met otherwise.

Our first child Charlie, a descendant of the local Gunggarri people, was born in Toowoomba in February 2017.

I've enjoyed the change from a big city hospital to a smaller hospital where I know all the staff. As a junior doctor I rotate through the various specialties at Toowoomba Hospital every 10 weeks or so and I am getting a wide variety of experience. I like the hospital and the people I work with. Everyone is friendly and knowledgeable and they know each other and are keen to help, which means you get more involved in the work.

One example of how this close community works is a case from 2017 that involved a group of doctors and nurses going to play our regular social game of netball. As we arrived a young woman was on the floor after collapsing during a game. She'd suffered a cardiac arrest and it was just lucky that we happened to be there and able to start working on her immediately. Fortunately, there was a defibrillator at the centre and she survived.

As a child I'd had a lot of thoughts about becoming a doctor, but life took a few detours before it brought me back to it.

We're all shaped in some way by our experiences and we all bring different aspects of life to our medical practice. My journey has allowed me to see the profession from different perspectives and it's given me a range of skills that I'm proud of.

I was born and raised in a country town in New Zealand. After going on my first flight I fell in love with flying and I trained to be a pilot. Then I moved to Australia and, as the airline industry had been affected by the September 11 attacks, I found a job as an orderly at St George Hospital in 2003. Being in that environment rekindled the interest I'd had in medicine as a kid, so I studied nursing.

I worked for four years as a registered nurse before deciding it was about time to take on the challenge of getting into medicine. For a long time, I hadn't been sure if I had the ability to study or that I would be able to put in the effort I needed to, but when the time is right you just go for it. You don't want to look back and wish you had done it.

I was accepted into the University of Sydney in 2011 and found that it was very different to nursing and my earlier studies. It's a different way of learning with so much information and knowledge to grasp and retain. There is more classwork and theory until the final years when your study is integrated with the hospital system. Having worked as an orderly and a nurse was beneficial in my transition to learning in the hospital because I knew the system.

I signed up with AIDA in my first year of medicine and it put me in contact with other Indigenous students at the University of Sydney. But it wasn't until I went to my first AIDA symposium in 2012 that I could really appreciate what AIDA was about. Becoming part of AIDA was one of the best things I've done because

it has enabled me to network with my people and like-minded people. The peer support from other students at the same level was helpful as we could talk through any problems with medical school. The volume of work is enormous, so it is good to talk to other people about ways to process the information and retain it.

Going to my first AIDA symposium at Alice Springs was a great learning experience. I have since been involved in a number of AIDA symposiums and attended the Pacific Region Indigenous Doctors' Congress. I was a member of the Student Representative Council for the 2013–14 year representing the University of Sydney, while mentoring other Indigenous students from the Sydney medical program.

Although most of my early medical training was in Sydney, I was fortunate to have several opportunities to work in north-western New South Wales communities with large indigenous populations. When I was still a medical student the Poche Centre for Indigenous Health offered me the opportunity to fly out with a cardiologist for a clinic at Brewarrina. I also did a short rural term at Wilcannia, where I was a medical student at a tiny hospital run by nurses. I was involved with triaging patients and working with the Royal Flying Doctor Service, which was an invaluable experience.

I've experienced ophthalmology, dermatology, anaesthetics and other fields and have really enjoyed the diversity. Medicine as a whole is very interesting and for now I'm happy with my current rotations. Being here in Toowoomba, means I am experiencing a variety of training and I have time to spend with my family too.



A photograph of Dr. Andrew Sampson, a man with short brown hair, wearing a blue and white checkered button-down shirt. He is sitting in a black office chair, smiling and looking towards a person whose back is to the camera. The person is wearing a grey jacket and has their arm resting on a wooden chair. The background shows a bookshelf with various binders and books. A white text box with rounded corners is overlaid on the bottom left of the image.

# Dr Andrew Sampson

B. MED, UNSW

Registrar, Melbourne





## In my intern year I was offered a placement at a drug and alcohol centre, and that sparked a passion.

I had thought it would be the worst job in the world, but from day one I loved it. People in that field are so dedicated to their job and for me it felt like one of first times I was actually making a difference in someone's life. People would come to you for follow-up appointments and you would see that they were out of jail, the next time they would be looking for a job and then for a house to live in. You could see them moving forward.

There's no clear path towards entering the field of drug and alcohol rehabilitation so I decided general practice would be a valuable stepping stone.

With drug and alcohol patients, they would ask you to look at other things such as a spot on their arm because you were the only doctor they saw. It was fluid to think of general practice as an entry to that area as there is a lack of primary care for those people. It was a fantastic building block and very interesting.

Looking back, I think the actions of our GP who treated me when I lost my hearing stuck with me. I was 11 years old and had contracted meningitis.

It's a weird coincidence, but my sister was born deaf and she was getting by, so I knew I would be okay as well. It was stressful, but she was my bright star of hope. Our GP was so helpful. He was the one who found out all the information about cochlear implants, so I could hear again.

I grew up in the tiny New South Wales town of Quirindi, about 45 minutes south of Tamworth. In my early years I wanted to be a teacher. It wasn't until the last few years of high school that I even thought of medicine. My small school had only ever had two students who had gone on to become doctors and one, Casey Wadwell, was Indigenous.

After sitting the Undergraduate Medicine and Health Sciences Admission Test, I was invited to study medicine at the University of New South Wales and the University of Newcastle. I was the first member of my family to go to university and I chose Newcastle because it was much closer to home and many Indigenous doctors had studied there.

I started university in 2006 and I went from a year 12 class of 30 students to being one of around 100 first-year medical students. It was a big culture shock. Suddenly my peer group included some of the best of the best from Sydney schools, students who had grown up with had a lot of privilege, whereas I was just from a small general high school. I also struggled with my hearing in lecture theatres and wasn't sure how to approach it after coming from a small classroom where everyone knew everything about me.

I found support in the University's Wollotuka Institute for Indigenous students. They organised lecture notes for anything I had missed. The Indigenous medical students had a common area where we could hang out and they recommended I get involved with AIDA as soon as I started medical school. I was on the student representative council in my third year. That year my father, a Kamilaroi man, died suddenly. He died too young, and that made me determined to become a doctor.

As a junior doctor, I remained involved with AIDA, assisting at meetings to set up mentoring opportunities and offering younger students the opportunity to join me on my after-hours shifts to experience the work environment of a resident. I enjoyed hanging out with them and going through things such as preparing for exams and tutorials with them.

As a registrar, I've spent time at the Victorian Aboriginal Health Service, where I found many of my patients have substance abuse issues. Indigenous patients are so over-represented in that area.

I've also been undertaking six-month placements at general practices around Melbourne which has exposed me to different demographics in the community.

My heart lies in helping those with the greatest need. I think I'll probably work in the drug and alcohol area because that's where I believe I can make a meaningful contribution.


A woman with long brown hair and glasses, wearing a black blazer over a red patterned top, stands in a hospital room. She is smiling and holding a stack of papers. In the background, there is a surgical light, a sink, and medical equipment.

# Dr Dana Slape

Bachelor of Medicine/Bachelor of Surgery (Hons)

Dermatology Registrar, Australasian College of Dermatologists

AIDA director 2011–15, 2014–18



As the only Indigenous student that I knew of at my schools it was sometimes hard to fit in, let alone announce that I wanted to become a doctor.

I was discouraged by some people who didn't think I had much potential, but I ultimately found my way into medicine and now a specialty where I believe I can make the most difference.

I am a Larrakia woman. Like many people, my background was not a straightforward one; there was exposure to mental illness, drugs and violence. Having a family that was ill-equipped to appropriately address it was just the norm and we all made it work as best we could. I surprised everyone, but mostly myself, when I became dux of the local public high school.

Despite years of talk of wanting to be a doctor, this idea was always quickly shut down as a sweet and fanciful thought but not achievable for the likes of me, mainly because it would be 'too stressful'. Looking back on this now, I think how absurd it was that the dux of the school was told to settle for less than her dreams based on the awareness that home was tough.

I did go to university straight from high school but I felt isolated and my heart was not in my second choice of teaching so I dropped out. Putting my thoughts of a life in medicine aside again, I ended up with an unexpectedly successful career in the high-end cosmetics area of a department store. This job that I thought would last a year or so lasted eight and was becoming harder to extricate myself from.

Eventually, through the pathways for Indigenous people, I applied to medical school. I figured that if I failed and returned to retail I would be no worse off for having tried.

Needless to say, I got in and out the other side without any major difficulties. I was fortunate to receive significant mentorship and support from those I worked under. I linked in with AIDA very early on in my first year, found the support and, by being around these people, gained the implicit belief that I could get through.

I had long felt that medicine was something that called to me, so graduating was a proud moment for me. I am the only Indigenous student to gain honours from Western Sydney University for my research work in paediatric atopic dermatitis.

I've been fortunate to have the support of many people and that strength helped me on my very first day as a junior doctor. My husband woke up unable to walk and was ultimately diagnosed with an idiopathic spinal cord injury. I started work as a doctor the same morning I dropped him in the emergency department: he was effectively a paraplegic. Had I not been faced with adversity growing up, I don't think I would have coped with the transition of becoming a carer and a doctor simultaneously. These experiences gave me a greater empathy and connection with my patients and their families – a determined drive to support those enduring great suffering. Things have improved significantly for him, although recovery was slow and incomplete.

Working as a junior doctor in a big hospital was the best experience. There are people from all backgrounds – from very underprivileged to very privileged – and there are patients from all over the world, including Aboriginal communities. That exposure to such diversity in people and backgrounds has helped me to connect with all kinds of people.

I think my training to be a specialist has allowed me to continue as a square peg in a round hole. Dermatology is an area I love dearly and am so humbled to be a part of. One of the most rewarding aspects of working with people with skin disease is that you can often ease the burden of suffering relatively quickly, helping people to reclaim their lives and confidence. The impact on one's confidence and sense of self, the ability to get about the day-to-day things like

engaging with community, school, work, and feeling comfortable within your own skin – all of that is not possible when you're battling the stigma and symptoms of skin disease.

I am undertaking the dermatology training program with the Australasian College of Dermatologists and loving every minute of it.

There is a deep chasm of disease burden across urban, regional and remote Indigenous communities. We see Aboriginal and Torres Strait Islander children and adults facing preventable death and disability directly caused by the downstream effects of inflammatory, malignant and particularly infectious skin disease. Even though there is an inextricable link between renal and cardiac disease with preventable skin infections, there is still a tendency to de-escalate and trivialise skin health in the context of more serious and imminently threatening conditions.

I think we need to change the way Indigenous communities across Australia access healthcare. This includes addressing the supports that keep people healthy, including the social, economic and environmental determinants of equitable health outcomes. A major part of this puzzle is the development of an Indigenous health workforce of doctors across all specialities. With the growth of a large network of Indigenous medical and surgical specialists will come greater access to, and engagement with, healthcare that will contribute to improved health and wellbeing for our communities.

I look forward to being the conduit between dermatology and Indigenous public health to bridge the gap in morbidity and mortality from connective tissue diseases and infectious skin diseases, particularly in remote Australia. It's also an area of future research for me. I'm incredibly lucky to get to do this for a living and even though there's lots of work to be done, I can't wait to finish my training and get out there and effect some change.

We are well short of population parity in the Indigenous health workforce and I look forward to contributing to solutions in this space.



A man with short dark hair and glasses, wearing a light blue and white striped button-down shirt and dark blue trousers, is sitting on a large dark rock. He is smiling and looking towards the camera. The background shows a beach with waves, a sandy shore, and a blue sky. A teal-colored rounded rectangle is overlaid on the bottom right of the image, containing text.

# Associate Professor Shannon Springer

MBBS; FRACGP; BAppHSc (Indigenous Primary Health Care)

Director, Aboriginal and Torres Strait Islander Health, Bond University, Gold Coast  
AIDA director 2007–09, 2018



## It took a year of general practice training before I felt confident to return to Mackay, where I was raised.

But what I didn't anticipate was that during the six years at the Aboriginal and Torres Strait Island Community Health Service, I would learn so much about myself from the people I treated.

I always planned to work in my own community, but the timing had to be right as I needed to feel confident as a medical practitioner. At the end of 2009 I completed one year of my GP training and felt I had enough knowledge to be a meaningful doctor. I knew it would be a big deal for the community, but nothing can prepare you for it.

I have Aboriginal and South Sea Islander heritage and I found I was treating my second and third cousins, aunts and uncles.

Being the best doctor and Aboriginal and South Sea Islander person at every moment was a personal obligation and a responsibility to the community that I constantly felt, both at work and when in the community. It was always a difficult balance between those obligations and my personal family.

There is a sense of trust and expectation not invested in anyone else, which means you always have to go above and beyond. I don't have an issue with that because it was what I wanted to do. It's the whole point of being a black doctor. As a result, I gained an understanding of my own big family, my history and family connections – things my own immediate family didn't talk about. I learned about different cultural protocols and how to apply medicine in a practical, culturally safe way. I reckon I gained a lot more from my own community than I felt I ever provided, and it has made me a better doctor.

I would absolutely recommend other Aboriginal and Torres Strait Islander doctors return to work in their own communities, but they have to feel comfortable about their medical knowledge as you are put in situations that other doctors may never have to face. It is through these challenges that we grow and thrive. The community must trust that you are a competent doctor, not just a black doctor, that you are capable of handling their complex medical problems and being objective. I had to keep at arm's distance from the politics and be a doctor for every family, not just my own immediate mob and that was really important for me.

With a Bachelor of Health Sciences in Indigenous Primary Health Care and Bachelor of Medicine, Bachelor of Surgery from James Cook University, I was keen to pass on my knowledge. In 2011, I was given the opportunity to fly in and out of Mackay to Bond University to teach medical students about Indigenous health, on a part-time basis.

At the end of 2014, Bond University appointed me as an associate professor and discipline lead for Indigenous health. My wife Farnaz and daughters Sophia and Misha moved to the Gold Coast where I led a team developing an Aboriginal and Torres Strait Islander curriculum in the medical program, an Indigenous pathway into the program and identified scholarships for Indigenous students.

Our flagship is Bond's cultural immersion program which takes all first-year medical students into the hills overnight to teach them about themselves and how this affects their ability to promote a concept of health in cultural diversity. We also dive into Aboriginal history

and explore Indigenous health. It is a stepping stone for the rest of our curriculum, having those principles embedded early.

As well as participating in research, I teach across the Health Sciences and Medical Faculty into physiotherapy, occupational therapy and dietetics and nutrition. I also teach into the general practice program and population and public health to ensure I'm not pigeon-holed as a 'doctor for Aboriginals'.

Together with the Indigenous health team, we're in the process of embedding cultural awareness in all the health disciplines. My goal is to introduce this program across all disciplines at Bond University. In 2016 I was fortunate to win the 2016 Outstanding Alumni Award from James Cook University which was unexpected and special.

When I moved to the Gold Coast, I did clinical work at Kalwun Health Service to improve the partnership with Bond, the Aboriginal health service and the community. Since then I've developed remote Indigenous health placements at Apunipima Cape York Health Council and Charleville's Aboriginal medical centre and Port Hedland health campus in the Pilbara Western Australia.

In 2017, I bought into a practice, the Broadbeach Medical Centre, while my wife, a pharmacist, bought into Gold Coast pharmacies. I'm trialling being a practice owner, so I've cut down my clinical practice work, flying into and out of Charleville Aboriginal Medical Centre to work on the Gold Coast. It's an interesting learning curve. I am currently the vice-president for the Australian Indigenous Doctors' Association.

I miss Mackay, the place, the people and the medicine. It was a really important stepping stone in my journey and I am sure that I will return.





# Dr Alicia Veasey

MBBS; Bachelor of Nursing; Masters of Health Management; Masters of Public Health

Registrar Obstetrics and Gynaecology, Queensland Health  
AIDA director 2012–14





Once you find something you love, it's all you want to do. For me, that love is obstetrics and gynaecology. I find it is a beautiful mix of emergency medicine, surgery and medicine.

I enjoy working with, and empowering, women to ensure the safe arrival of their new baby, but when things don't quite go to plan there is no better feeling or more of an adrenalin rush, than an emergency delivery. It is an honour to be able to play such an integral role during a critical period in people's lives.

My father inspired my chosen career; at first nursing and then medicine.

As a young girl, I grew up watching Dad work tirelessly to improve the health of our local community. He is an Eastern Torres Strait Island descendant and he dedicated his working life to Aboriginal health and was a community advocate for Indigenous people living in our home town of Toowoomba.

Studying medicine was always something I had thought about, but it didn't seem achievable until I met with Dr Noel Hayman, who was Queensland's first Indigenous doctor. He talked to me about the admission process, what support was available and how other Indigenous students were using this to assist with their studies.

I attended the University of Queensland medical school, and initially it was a bit of a shock. It was academically taxing and unlike anything I had done before. Luckily, I had the support from Aboriginal and Torres Strait Islander students in the years above me, these women were my mentors and now friends. I was fortunate to receive a Puggy Hunter Memorial Scholarship which allowed me focus on my studies, while the Indigenous Tutorial Assistance Scheme helped with the academic side. During the third and fourth years of medicine, I was in my element as it was a lot more practical and I was

in a familiar environment thanks to my nursing history. Throughout my entire time in medical school, a key factor in my success and ability to keep going even when it was hard, was my involvement with the Australian Indigenous Doctors' Association. I joined the AIDA Student Representative Council and then became the student Board member.

While I was studying, I co-founded DreamTrack, an Aboriginal and Torres Strait Islander youth club that provides mentoring to Indigenous youth in south-east Queensland. DreamTrack is a special program that promotes our culture and aims to build our kids' resilience and life skills. For me, I enjoyed the friendships with the kids and watching them grow up. It has been particularly rewarding to see some of my mentees now interested in healthcare and others embarking on that pathway.

I spent my junior doctor years at Mater Hospital in Brisbane, where I dipped my toes in a number of specialities. Initially I was interested in paediatrics, as I was a paediatric nurse already, but then my interest shifted to general practice. But once I completed an obstetrics and gynaecology rotation, I had found my passion.

To ensure I was certain about this pathway, I completed a non-accredited registrar year in obstetrics and gynaecology in Hervey Bay. I was then fortunate to be accepted on the training program and have since lived and worked at the Gold Coast, Toowoomba and currently Mackay. I enjoy moving to different communities seeing how other hospitals are run and getting involved with the community.

Obstetrics and gynaecology training takes six years, but I have taken some time out from training while I had our son, Louis Malu. I am very proud to have passed my specialist exams and to be over half way through training. In the long term, we are hoping to work in a regional area and I plan to continue working with Aboriginal and Torres Strait Islander communities wherever we end up.

I realised very early on in my training the importance of effective advocacy and the impact policy plays on Aboriginal and Torres Strait Islander communities. My involvement in AIDA both in medical school and as a Board director, helped me see the big picture. As an Indigenous doctor, we are in a unique and important position, so to develop the skills and knowledge to advocate for my people effectively, I am at the tail end of a Masters of Health Management and a Masters of Public Health.

This has given me the confidence to become involved in consulting on Australia's new antenatal guidelines and their impact on Aboriginal and Torres Strait Islander women, Queensland's maternity care for Aboriginal and Torres Strait Islander women and advocating for culturally appropriate birthing services and birthing on country.

Advocating for change at a higher level allows you to have a wider impact and a greater improvement for my Aboriginal and Torres Strait Islander patients.

A photograph of a middle-aged man with a shaved head, smiling warmly. He is wearing a dark blue polo shirt and dark blue trousers, sitting in a green armchair. His hands are clasped in his lap. The background is a living room with a wooden floor, a guitar leaning against a dark wooden shelving unit, a window with a red cabinet below it, and a white cabinet on the right.


# Dr Mark Wenitong

BMED; Assoc Dip Clinical Laboratory Techniques

Public Health Medical Officer, Apunipima Cape York Health Council

Professor (Adjunct), QUT

AIDA president 2004–07



If someone had said to me when I was 15 that I would become a doctor, I would have laughed at them. The way I got there was not straightforward. But it is attainable. Believe in yourself and stick to it. There is plenty more work to be done.

I began as a lab technician and now I've worked in medicine and public health for more than 40 years. I'm from the Kabi Kabi tribal group of South Queensland and I grew up in Gladstone, Central Queensland, but most of my family were in Cairns in Far North Queensland, and it will ultimately become my home.

When I finished high school my application to study biology at the University of Southern Queensland was turned down. Instead, I was offered an associate diploma in laboratory sciences. I did so badly in grade 12, as a lot of Indigenous kids do, I wasn't surprised by this. I honestly didn't know what the course was about, but I took the opportunity, and once in the system I knew I could swap between courses and figure out what I liked best. I think a lot of young people don't realise how smart they are until they find what is relevant to them.

For 11 years I worked in pathology and saw first-hand the endemic issues facing Aboriginal and Torres Strait Islander people. So, when I was 32, my then-wife and I, and our four children, packed up and moved to New South Wales so I could study at the University of Newcastle's School of Medicine.

This was one of the biggest challenges I faced. The daily reality was hard, putting food on the table when you didn't have a job. Then there were the children, who were all becoming teenagers and needed time with me. I had to work at night playing music to pay for food and rent, which didn't always work well for study, particularly when I finished at 4am.

There were several times when I considered giving up, but letters from family pushed me on. There was one letter in particular from my uncle, saying how proud he was of me. He had put \$15 in the envelope to help and the thought of that kept me going.

In 1995 I became only the third Aboriginal male doctor to graduate from the University of Newcastle. I wanted to help as many people as possible, so I joined World Vision working in Papunya, Central Australia and then headed to Canberra to work in health policy. Then I returned to Cairns, where I had clinical roles in Indigenous health services, including Wuchopperen Health Service and Apunipima Cape York Health Council.

My reason for doing medicine was to make a difference for our people. For me, one-on-one medicine was never going to be enough, which is why I became involved in policy, research and program implementation. My trajectory has gone more towards public health, policy and research translation – making sure research is done the right way and applied in practice.

One of the things we have found is that without good social and emotional wellbeing programs, Aboriginal people are not going to prioritise their chronic disease issues. Why prioritise taking chronic disease medications, if they are having bigger social problems such as housing, police and adolescent issues in the home?

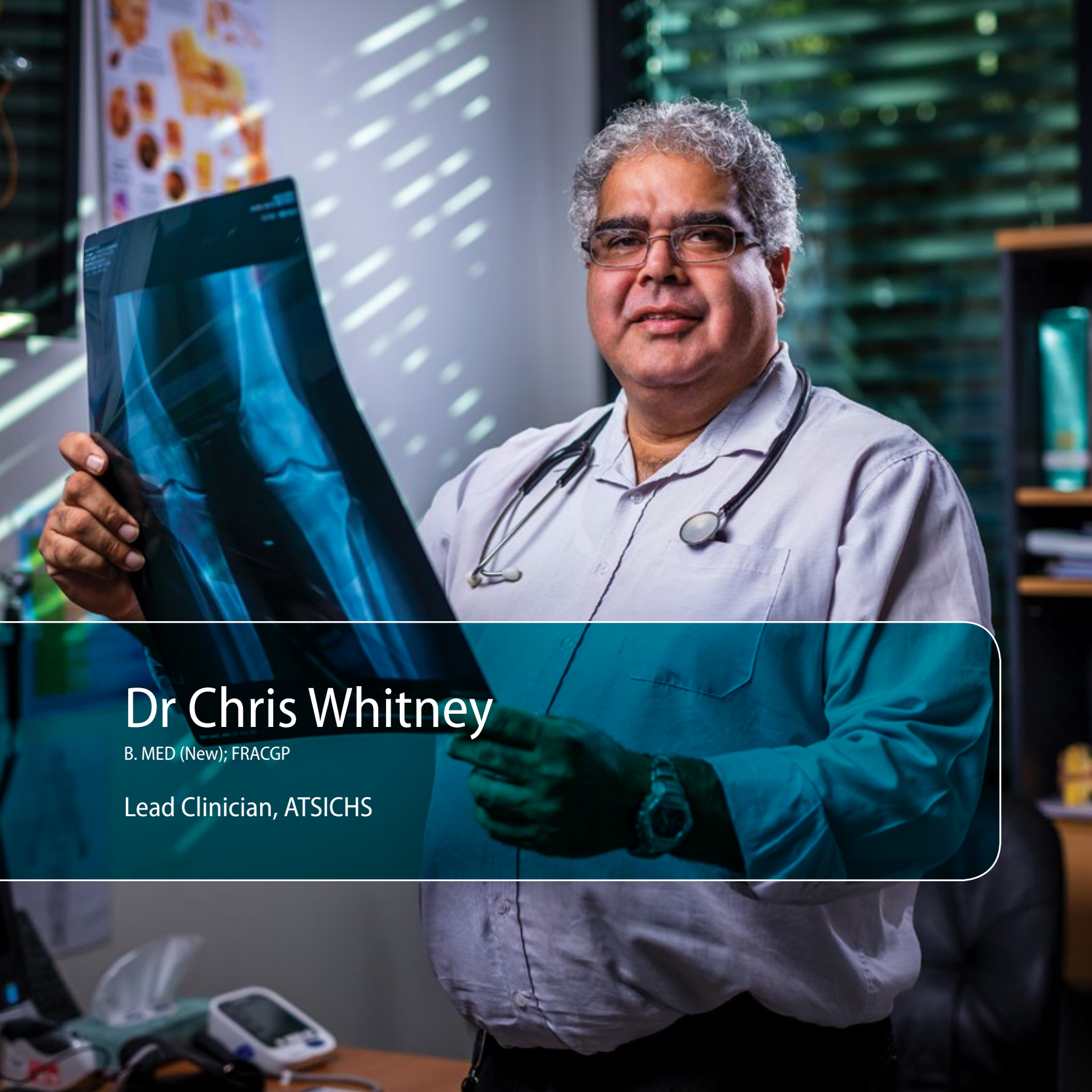
There are layers of trauma in most families in Cape York and we need to start addressing those things to support and partner with people to improve their health. If we don't approach this from a broad community Indigenous knowledge perspective, we just end up doing another research paper into diabetes and chronic illness, which ultimately won't change people's lives.

Changing the narrative of Aboriginal and Torres Strait Islander health is important to me as 'Aboriginality' is NOT a risk factor but a proactive factor for us. Two hundred years of colonisation is the driver for poor health, not culture.

Becoming a doctor has been incredibly humbling. I still have high expectations of myself. I do think about slowing down, but responding to community need is an honour. I also have multiple federal and state advisory positions.

My advice to those seeking a career in medicine – including my son Joel, who recently graduated as a doctor – is to believe in yourself.






# Dr Chris Whitney

B. MED (New); FRACGP

Lead Clinician, ATSICHS



My journey into medicine had a few false starts as I studied in various fields and tried different jobs. I was interested in learning and I had ambitions, but I suppose I was feeling unfulfilled and still searching for the right fit.

I grew up on a dairy farm outside Casino in New South Wales. When I was young, I thought I'd like to become a doctor but I didn't do too well at school and the principal even called me into the office to let me know I had received the lowest HSC score in the school's history. To say I was disappointed was an understatement.

I am passionate about working with Indigenous people to improve their health, but I didn't know I was Aboriginal until I was a teenager. Being one of the Stolen Generations, I didn't know who I was. It wasn't until the government released our birth certificates that I knew the name of my mother. And it was only a chance encounter with my mother's first cousin at a conference in Sydney that I learned about my mob - the Wiradjuri people of Dubbo.

When I was 17, I ended up working for a while as a lab assistant in a prawn laboratory – probably not the ideal job for someone with an allergy to crustaceans!

I then studied business, macroeconomics and computer science at various colleges and universities, as well as working. It was only after I was offered a place in the University of Queensland's applied health science degree for Indigenous health that things really fell into place. My grade point average went from fail to 6.75 and suddenly everything made sense. A lot of it was finding what I wanted to do; it just took me a bit longer to get there.

I was 30 years old when I was accepted into the University of Newcastle's School of Medicine. We had four children and we packed up and relocated south of the Queensland border. Being a father, husband, full-time student and having to work part-time was challenging but I thrived on it. We started there with four children and came back with seven, and now we have 10. The eldest is now 30 and the youngest is 10 and three of them are studying to become doctors.

I undertook my internship at the Princess Alexandra Hospital in Brisbane. Although I had a strong interest in surgery and palliative care, I decided to specialise in general practice because it had a good mix of work, which I liked. Later, though, I began to feel that working full-time in private practice could be a bit like Groundhog Day. You could see 25 people just in the morning. It was very quick medicine and not very fulfilling.

I did a six-month placement as registrar at the Aboriginal and Torres Strait Islander Community Health Service Brisbane (ATSICHS) in Woolloongabba and I ended up staying. I was the lead clinician at this base clinic for ATSICHS which has a large catchment area of more than 12 000 Indigenous patients. The clinic provides holistic health care and treats a lot of chronic care cases, including diabetes, renal disease and heart disease. The clinic approach is very different to private practice; no big lists allowing the doctor to spend quality time with the patients, discussing treatment options and their ongoing care. Culture and respect are intrinsic.

Since leaving the Aboriginal medical service, I have moved to Tasmania where I now work in a remote area as a GP and a visiting medical officer to the emergency department here.

I'm 50 now and sometimes I am still amazed at where I have ended up. When I was younger I wouldn't have expected I'd turn out to be a workaholic, but I love my work and my family and I still have plenty of energy.

# GLOSSARY

## Fellow

In medical training, a Fellow refers to someone who has completed the additional specialist (after completing their undergraduate medical degree) medical training requirements of a particular medical college. The training undertaken to achieve Fellowship is intended to further deepen expertise in a particular area, including the necessary skills and methods to be called a specialist. Specialists or Fellows can belong to number of medical colleges such as the Royal Australian College of General Practitioners (RACGP) or the Royal Australasian College of Physicians (RACP). Fellows of the RACGP are called general practitioners or GPs.

## Undergraduate course

Undergraduate means no previous (relevant) qualification and is the course you can enter straight from high school or without any other previous Bachelor degree or qualification.

## Postgraduate course or graduate entry

Postgraduate means you already have a previous tertiary (university) qualification. To enter a graduate entry course (postgraduate course) you have to have a previous Bachelor degree. Most universities don't have a preference of what discipline the previous degree is in, only that it is completed. They will also generally check your academic record (transcript).

## UMAT

UMAT stands for the Undergraduate Medicine and Health Sciences Admission Test. This is the test most people need to sit if they want to enter medicine straight out of high school or when they apply for an undergraduate medicine course. The test is developed by the Australian Council for Educational Research (ACER) on behalf of the UMAT Consortium universities. The test is used specifically to assist with the selection of students into the medicine, dentistry and health science degree programs at undergraduate level.

## GAMSAT

The GAMSAT stands for the Graduate Australian Medical School Admission Test. It is available to any student who has completed a Bachelor degree or who will be in the penultimate or final year of study for a Bachelor degree at the time of sitting the test.

GAMSAT is designed to assess the capacity to undertake high level intellectual studies in a demanding course. The test is offered once a year only and is usually held around March.

The GAMSAT developers state that it 'evaluates the nature and extent of abilities and skills gained through prior experience and learning, including the mastery and use of concepts in basic science as well as the acquisition of more general skills in problem solving, critical thinking and writing'.

If your first degree is in a non-scientific field of study, you can still sit GAMSAT and succeed in an application for admission to one of the graduate-entry programs. A science degree is not a prerequisite. The GAMSAT developers also state 'it must be stressed that success in GAMSAT is unlikely without knowledge and ability in the biological and physical sciences, however this is acquired'.

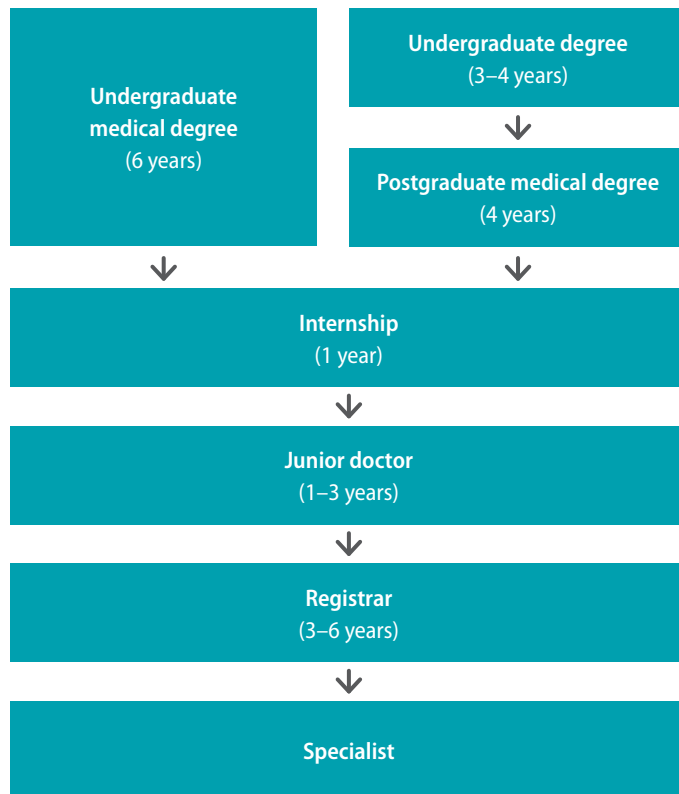
GAMSAT results show a score for each of the three test sections and an overall score. Tertiary institutions including ANU, Deakin, Flinders, Griffith, Melbourne, Monash, Notre Dame, Queensland, Sydney and UWA rank applicants using the overall score (with required minimum section scores normally around 50). The acceptable GAMSAT scores may be different for each of the universities and may vary from year to year.



## Intern (resident) junior house officer or junior medical officer and registrar

Below is a flowchart of the process from university student to specialist:

### Typical Pathways to Becoming a Medical Practitioner



## Intern year

Following the completion of medical school, doctors are required by the bodies responsible for the registration of medical practitioners to complete one year of supervised hospital-based practice, referred to as an internship, before they are eligible to receive their full medical registration.

The internship year is broken up into rotations (or terms) of generally 8 to 10 weeks each. In most Australian states and territories there are compulsory terms (core terms) in medicine, surgery and emergency medicine. These core terms need to be completed by interns to meet the requirements set by the state medical boards for gaining full medical registration. These core terms provide interns with a balanced generalist experience that prepares them well for their future medical careers.

## Junior house officer or junior medical officer or resident

Following the completion of the intern year, doctors are referred to as junior house officers, junior medical officers or residents. This is usually the period of work or additional training where doctors either decide on an area to undertake further study and specialise in a particular area or choose to stay working as career medical officers – doctors who make a career out of working in hospitals or clinics.

## Registrar

In medical education and training, a registrar refers to someone who is undertaking specialist medical training. See *Fellow* for more information.



Australian Indigenous Doctors' Association