



**FROM LITTLE THINGS....**

**Indigenous doctors are still a rare breed but as numbers grow, their impact on our health system promises to be profound.**

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# From little things...

Indigenous doctors are still a rare breed but as numbers finally start to grow, their impact on our health system promises to be profound.

**ANNABEL MCGILVRAY**

**T**EN separate family funerals brutally punctuated Tamika Ponton's first attempt to finish high school.

"Being Indigenous, you're not unused to going to funerals and stuff like that. You get used to it."

It was only when her best mate died, that Ponton says she couldn't continue and dropped out.

But she left with the Perth

school's blessing and an invitation to return again when she was ready. There was also the memory of a nameless supervisor at a University of WA seminar for Indigenous kids, who commented that Ponton could suture a pig's foot better than most third-year med students.

After a year of working, Ponton returned. She'd never considered

university as an option — neither of her parents had even finished high school. But second time around, she thought aiming for medicine might be something to consider.

"Being from a community and seeing the poor healthcare and all my family members passing away from things that could have been prevented — I really want to take a



stand and help with closing the gap.”

Now a second-year med student at the University of WA, Ponton credits the pig's trotter comment and the support from her school with inspiring her to do medicine. She can't wait to begin working in Indigenous health.

“That's my passion. I don't think  
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there's anything else I can see myself doing.”

### Landmark

It's less than three decades since Australia's first known Indigenous medical graduate, Professor Helen Milroy, received her degree from the University of WA in 1983.

Today, Professor Milroy is a practising psychiatrist and director of the university's Centre for Aboriginal Medical and Dental Health.

But Professor Milroy's landmark achievement has not exactly been followed by a flood of Indigenous doctors. Today, Tamika is one of just 161 Indigenous medical students on campuses around the country.

“The numbers are still very low, and very much at the junior level as well,” Professor Milroy says. “We haven't gotten up into the upper echelon of medical specialties and medical management yet. We will over time, but given that we started with me — it's going to take a while.”

According to the most recent figures, the number of Indigenous medical students exceeds the number of Indigenous practising doctors, with those 161 students outstripping the 153 doctors. And it will be a long time before parity is reached within the profession as a whole, let alone the specialties.

At least 1000 new Indigenous doctors would be required right now to represent the proportion of Indigenous people within the wider population.

The absolute numbers are creeping up, but the general medical workforce continues to grow at a faster rate than the number of Indigenous doctors, making any sort of parity even more difficult to achieve in the near future.

The bold targets set by the Aus-



From left: Flinders University student Ian Lee with Health Minister Nicola Roxon and his sister, Bilawara Lee, who suggested he apply to study medicine.



New generation:  
 Indigenous medical  
 student Tamika Ponton  
 (left) with Professor  
 Helen Milroy.

tralian Indigenous Doctors' Association (AIDA) as part of the 2005 *Health Futures* report included having 350 extra Indigenous medical students enrolled by 2010. This has clearly not been met.

But the good news lies in Ponton's story, and the stories of others like her, who demonstrate a new momentum in the recruitment, training and support of Indigenous medical students and doctors that many say could finally herald long-term change.

**New pathways**

Efforts by medical schools around Australia — led by Medical Deans Australian and New Zealand in collaboration with AIDA — have seen the development and consolidation of new and innovative pathways for Indigenous students to enter medicine.

There are stronger links between medical schools and Indigenous

children while at school. On campuses, the support provided for students throughout their studies is becoming less fickle with increased funding from both the public and private purses.

And when it comes to medical careers, initiatives to help guide Indigenous junior doctors in choosing specialties and in moving towards management roles are in development.

These programs, policies and philanthropy — from which Ponton and many others have already benefited — have been vital in the increases in both students and doctors over the past decade.

Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner and joint leader of the Closing the Gap Campaign, was among those who initially briefed the Medical Deans on what needed to be done.

Gooda says they were given a

very simple message: 'Your job is to turn out more Indigenous doctors and to turn out more doctors that are sensitive to the needs of Indigenous people.'

"You need the commitment at a really high level in the university system to make it happen — and it is happening," he says.

"There's a circularity to all this. The more we get, the more we get."

Gooda says that ultimately it's all about getting Indigenous people into the highest level of the medical food chain.

"The influence they bring to the table around improvements in Indigenous health are so important because they bring a perspective of having lived life as Aboriginal and Torres Strait Islander people. One, they have a greater understanding of the circumstances in which our mob live. And second, the fact that they're there makes Aboriginal and



Torres Strait Islander people feel a whole lot more comfortable about seeing doctors, about talking about sensitive issues,” Gooda says.

“They play an absolutely crucial role.”

### **Upping the intake**

Earlier this year, amid the February puddles of one of Darwin’s wettest ever wet seasons, 10 Indigenous men and women from across the NT were among the first 24 students to begin a completely NT-based medical program.

Together with four Adelaide-based colleagues in the new Flinders University graduate course, they comprise the largest single Indigenous intake into a medical degree in Australia’s history.

Among the group there’s an IT expert, a teacher, a couple of nurses and a student with a forensic science background.

Their interests in medicine are as varied as their histories. Ian Lee began the pre-med program fresh from running for a senate seat in last year’s federal election. Now he talks about the need to reduce strep throat infections in young children to prevent rheumatic fever and heart damage.

The Darwin-based program has generous Federal Government funding and the recruitment of Indigenous students is a major focus. At the same time, it is hoped this strategy will go some way to addressing ongoing severe doctor shortages in the Top End and Central Australia.

Lee says he’d choose to work from Darwin — but talks of using

his computer science background to practise e-health across the territory.

Lee and all of his fellow Indigenous students in the Flinders NT Medical Program entered via the Indigenous Transition Pathways program in which the Graduate Australian Medical School Admissions Test is optional. Applicants must prove their Indigenous descent (something that causes equal frustration and mirth among many applicants) and undergo a panel interview with an AIDA doctor, an Indigenous academic and a non-Indigenous academic.

The new students are then chosen from the successful interviewees after a three-week pre-med program on campus.

There are variations on this pathway scheme from campus to campus and obviously between undergraduate and graduate degrees, but the Medical Deans and Indigenous Transition Pathways directors around the country are adamant they are as rigorous as any general entry selection.

“We don’t want to set anybody up to fail, so we only let them in if we think they can do well,” says Professor Peter Smith, dean of medicine at the University of NSW, where there are 35 Indigenous medical students enrolled this year.

Thirty-five medical students in a single medical school is another Australian record, notes Professor Smith.

The numbers are really still far too small to boast about, but speaking with those involved, there appears to be a healthy dose of cre-

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ative tension between medical faculties around the country, which are seeking to promote their efforts to recruit and support Aboriginal and Torres Strait Islander medical students.

### **Fierce advocate**

Virtually all of this change is being generated out of AIDA’s offices along the hallowed halls of Old Parliament House in Canberra.

What began as a collegiate group over a couple of days in Salamander Bay on the NSW’s coast in

1997 with a cohort of just 15 doctors, including Professor Milroy, has become a fierce advocate for increasing numbers.

“We haven’t reached a turning point, but it’s been progress in the right direction and that doesn’t happen serendipitously,” says AIDA chief executive Romlie Mokak.

Among today’s AIDA directors is Dr Kali Hayward, an Adelaide GP, who’s first serious encounter with the medical world was being told by a Mildura GP at 16 years old that she should be ashamed for



## Forging a path

Almost 30 years after Professor Helen Milroy became Australia's first Indigenous doctor, today's students can use the experiences of those who came before them.



**PROFESSOR HELEN MILROY**  
Director of UWA Centre for Aboriginal Medical and Dental Health, graduated 1983 from the University of WA

"I think it's important to have a bit of humility in the way you approach work and to recognise that you are still just one of the mob. Our strength should come from knowing that we are part of a tradition of healing that has been practised for thousands of generations and that we continue in the healing path of our ancestors."

— *Journeys into Medicine*, AIDA, 2009



**DR LOUIS PEACHEY**  
Founding president of AIDA, graduated 1990 from the University of Newcastle

"Early in your career, get past that idea that sameness is just to do with race or geographical cultures," he says. "If you're able to see that sameness is something bigger than that, then you might find [a mentor] who is an unlikely partner ... and might have a good understanding of and be able to offer you some advice and some protection."

— *Australian Doctor*, 2006



**DR MARLENE KONG**  
GP, graduated in 1996 with her sister Marilyn from the University of Sydney

"The courage, determination, and resilience of Aboriginal people is why we are the oldest living culture in the world."

— *Lancet*, 2009



**ASSOCIATE PROFESSOR NOEL HAYMAN**  
Clinical director of the Inala Indigenous Health Service in Brisbane, graduated 1990 from the University of Queensland

"I actually enjoyed being a student again [after working for Edgell for a decade], but it was hard on family life. At that stage I was married with one child, we had another in my second year and a third while I was an intern. Financially it was also very hard and stressful."

— *Journeys Into Medicine*, AIDA, 2009



being teenage and pregnant.

“‘You should be ashamed of yourself and what you’ve done to your father,’ he said,” says Dr Hayward. “As a GP now, it makes me understand that my words make a difference, so you have to be careful what you say.”

Dr Hayward, now a mother of four and working at the community-controlled Nunkuwarrin Yunti centre, as well as in private practice, received her fellowship in September last year. She says that while fireworks didn’t go off at the time, it was a very proud moment, and not the last.

“A couple of weeks ago, one of the elders in our community said to me, ‘You make me feel proud to be an Aboriginal woman’ — and that’s why you do it. You want to be able to inspire Aboriginal people and make them feel proud about who they are because we get so many bad reports.”

Practice can be hard work and it often doesn’t stop at the clinic door, but it’s that opportunity to work face-to-face in the community that appeals to Dr Hayward.

### **Primary motivation**

Like Dr Hayward, most Indigenous doctors — up to three-quarters — choose to work in primary care, many of them embracing the opportunity to work in Indigenous health.

In 2008, the Indigenous General Practice Registrars Network was established to link increasing numbers of registrars around the country and last year the RACGP established the National Faculty of Aboriginal and Torres Strait Islander Health, which is headed by Indigenous GP Dr Brad Murphy. Dr Murphy speculates that in the not-too-distant future an Indigenous doctor may lead the college.

By contrast, the other specialties struggle to attract trainees and Indigenous fellows at any of the colleges are at best in single figures.

**In the not-too-distant future, an Indigenous doctor might lead the RACGP.**



— Dr Brad Murphy  
*RACGP National Faculty of  
 Aboriginal and Torres Strait  
 Islander Health*

Those such as surgeon, Dr Kelvin Kong and psychiatrist Professor Milroy are prominent leaders and role models for many of the students coming through now, but there is also a particular need for Indigenous endocrinologists, obstetricians, ophthalmologists and cardiologists among others.

To address this, the specialist medical colleges are following the lead of the Medical Deans to ensure that not only is Indigenous health an integral part of their curriculum, but also their mentoring and similar programs provide clearer links for junior doctors into specialities.

Against a background of personal adversity like so many other Indigenous students, Tamika Ponton’s journey to medicine has been guided by the recently established initiatives to reach into schools and encourage Indigenous students to consider medicine, the alternative pathways being provided to enable access, and by the improved support for those on campus.

It’s a far cry from Helen Milroy’s annual phone call from an anonymous bureaucrat to check she’d passed her exams.

However, to spark the dramatic increase in numbers across the medical profession that parity would require, and to create a strong group of Indigenous leaders — the people at the top of Mick Gooda’s medical food chain — everyone *Australian Doctor* spoke to agreed the problems to be solved remained upstream with improved education, health and housing for all Indigenous children.

“It would be nice in the future to not have to get through so much adversity just to get to university,” Professor Milroy says. “That’s what I’m hoping for in the longer term.

“And if we can get more of our mob through medicine, I think the health of the nation will be in safer hands.” ●