



**Victorian Aboriginal Health  
Education Summit  
August 2017  
Report**

**Weenthunga Health Network  
and  
Victorian Aboriginal Community  
Controlled Health Organisation**



***“ To build a culturally safe health system, we need a new generation of health professionals committed to their cultural safety journey – that’s where the education system has such a part to play in driving generational change. ”***

**- Jill Gallagher AO, CEO VACCHO.**

***“ I want to compliment Weenthunga on their tremendous work and great spirit of collaboration. Their mission to improve the cultural knowledge and the working relationships between Victorian health practitioners and Aboriginal peoples and their communities – is absolutely vital. ”***

**- Honourable Jill Hennessy MP,  
Minister for Health.**

***“ I’m not here for us to make nice statements – I’m here to start a revolution. ”***

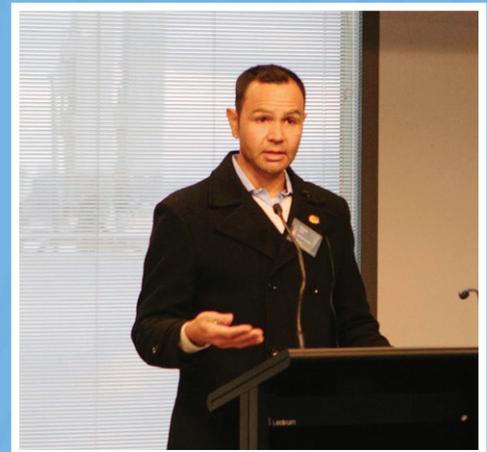
**- Associate Professor Greg Phillips,  
facilitator.**



Jill Gallagher AO, CEO VACCHO



Honourable Jill Hennessy MP,  
Minister for Health.



Associate Professor Greg Phillips, facilitator

## Acknowledgements

Weenthunga Health Network and VACCHO are very grateful to all participants who made time to attend the Summit and share their ideas and knowledge.

We would particularly like to give thanks to the following people who presented at the Summit:

**N'Arweet Carolyn Briggs.**

**The Honourable Jill Hennessy MP**, *Minister for Health.*

**Jill Gallagher AO**, *CEO, VACCHO.*

**Kevan Horder**, *Weenthunga Health Network Vice President.*

**Professor Dawn Bessarab** and **Sue Jones**, *co-writers, Aboriginal & Torres Strait Islander Health Curriculum Framework.*

**Donna Murray**, *CEO, Indigenous Allied Health Australia.*

**Ali Drummond**, *CATSINaM Member & Lecturer, School of Nursing, Queensland University of Technology.*

**Candice McKenzie**, *LIME Reference Group Member & Academic Coordinator, Indigenous Medical Education.*

**Associate Professor Joanna Zubrzycki**, *Australian Catholic University.*

**Shawana Andrews**, *Lecturer in Indigenous Health; School of Health Sciences; Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.*

**Professor Liz Cameron**, *Director, Institute of Koorie Education, Deakin University.*

**Aunty Kerrie Doyle**, *Associate Professor (Indigenous Health) & School Indigenous Health Coordinator, RMIT.*

**Petah Atkinson**, *Chair Indigenous Health Curriculum Committee, Lecturer Medicine, Nursing and Health Sciences, Gukwonderuk Indigenous Unit, Monash University.*

**Professor Mark Rose**, *Executive Director Indigenous Strategy and Education, La Trobe University.*

**Professor Andrew Gunstone**, *Executive Director, Reconciliation Strategy and Leadership and Professor, Indigenous Studies, Swinburne University.*

**Professor Christine Bennett AO**, *Dean, School of Medicine, Sydney, the University of Notre Dame Australia.*

**Stephanie Armstrong**, *Health and Education Consultant* and **Lin Oke**, *Executive Officer Weenthunga Health Network.*

Special thanks to **Associate Professor Greg Phillips**, for his fantastic facilitation of the Summit, for succinctly and effectively summarising key themes and ideas, and for prompting engaging conversation throughout the day.



A grant from the Victorian **DHHS** enabled the Summit to be held. Victoria University's provision of the venue was greatly appreciated as was the Council of Victorian Deans provision of copies of the National Aboriginal and Torres Strait Health Curriculum Framework.

Weenthunga is indebted to the members of the Summit Advisory Group – listed in Appendix 1.



This report on the Victorian Aboriginal Health Education Summit held on 7th August 2017 was drafted by Weenthunga's Communications Officer Luisa Hope and Executive Officer Lin Oke. It was finalised after seeking and receiving feedback from the presenters at the Summit.

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VACCHO and Weenthunga acknowledge the graphic design work by Bayila Creative - Dixon Patten (Yorta Yorta and Gunnai) [dixon@bayila.com.au](mailto:dixon@bayila.com.au)

Artwork represents community members and organisations, academics coming together during the summit to talk about teaching Aboriginal health.

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## Introduction

On 7 August 2017 Weenthunga Health Network, supported by Victorian Aboriginal Community Controlled Health Organisation (VACCHO) held a ground-breaking Summit at Victoria University which focussed on Aboriginal health outcomes through health education and curricula in Victorian universities.

The aim of the Summit was to improve Aboriginal health education in Victorian universities by promoting collaboration and sharing across courses and universities as well as Aboriginal academic leadership, Aboriginal community engagement, and professional development for academics.

The Summit, facilitated by Associate Professor Greg Phillips, provided an important opportunity to bring experts together to discuss strategies to enhance their shared objective of improving health outcomes for Aboriginal people in Victoria through Aboriginal health education, in the light of the fact that the escalating number of health students is at risk of overloading the limited essential resource of Aboriginal academics, advisers, and clinical placements. The experts were mainly academics in tertiary courses in medicine, nursing and allied health in a variety of roles: Deans, Professors, Lecturers, Academic Coordinators, but there were also Indigenous health association leaders contributing their insights too.#

The day long Summit was attended by over 80 participants most of whom were academics involved in tertiary health courses in Victorian universities and a few invited health students along with interested health professionals.

The scene was set with the address by Jill Gallagher AO, CEO VACCHO that highlighted “to build a culturally safe health sector, we need culturally safe graduates well supported by a coordinated and strategic cultural safety graduate program, a culturally safe health system and the work of the future being informed by research that is ethically conducted with Aboriginal cultural ethics central to their development.”

# Refer to Appendix 3 Summit Program

FOOTNOTE: In this report Aboriginal refers to Aboriginal and/or Torres Strait Islander people



## Main proposals from the Summit

The Summit heard from a number of experts about the pressing and important challenges, and possible potential solutions to be implemented.

This report will explore six key themes which emerged from the Summit:

1. Strategies for encouraging institutional change at government and university level.
2. How to best facilitate clinical placements at ACCHOs for students studying health courses.
3. The importance of Aboriginal pedagogy in teaching of health courses.
4. How to best support Aboriginal students.
5. How to best support Aboriginal staff in universities.
6. How to best work two-way, how to foster good working partnerships between Aboriginal and non-Aboriginal academics.

The report also provides details on Weenthunga's plan, the value of which was endorsed by participants and Minister Hennessy in her speech, for the establishment of a Victorian network to improve the teaching of Aboriginal health in Victorian universities.

## Key strategies which resonated with participants:

Establishment of an online Victorian network to improve the teaching of Aboriginal health in Victorian universities, by facilitating discussion, connection and the sharing of resources between academics, community members and health professionals.

Victorian universities to endorse, commit to, and resource the National Aboriginal and Torres Strait Health Curriculum Framework implementation with a timeline.

Locate at VACCHO a centralised clinical placement body, funded by the universities to manage all Aboriginal clinical placements in Victoria.

Teaching resources developed by Aboriginal staff then shared amongst all Victorian universities which would support non-Aboriginal staff contributing to the teaching of Aboriginal health.

***“ It’s a journey from knowing to doing  
- need a new generation of health  
professionals who are committed to their  
journey...”***

**- Jill Gallagher AO,  
CEO, VACCHO**





## 1. Strategies to encourage institutional change

As Jill Gallagher AO, CEO of VACCHO succinctly said in her opening address: “To build a culturally safe health system we need a new generation of health professionals committed to their cultural safety journey, that’s where the education system has such a part to play in driving generational change.”

The Summit heard about a number of issues deeply embedded in the culture of university education and the health sector which require change. It was recognised that top-down change is needed in order to be effective.

### A Seat at “Our” Table

Jill Gallagher quoted Premier Dan Andrews: *“At the moment, our definition of leadership is giving Aboriginal Victorians a seat at our table. But real leadership is about making it their table, too.”*

Summit participants agreed that there is a lack of Aboriginal leadership in higher education, and also resistance from universities to the inclusion of Indigenous knowledge.

The view is that universities will not make changes to their leadership or curriculum until the change is deeply embedded by the universities adopting the National Aboriginal and Torres Strait Health Curriculum Framework (the Framework). Donna Murray, CEO IAHA commented that transformational leadership within the education environment is critical for cultural change.

Currently the hiring of Aboriginal staff and inclusion of Indigenous teaching relies on ‘special’ funding, rather than the core funding of the every-day running of the university. This only furthers the ‘othering’ of Aboriginal people in higher education, by excluding them from the ‘normal’ state of affairs. Professor Liz Cameron of Deakin University said that universities need to be held accountable for hiring Aboriginal people at all levels within the institution.

*“It is recognised, that where there are Aboriginal people working in an area, others will come, follow and believe that they also can achieve success.”*

### Collaboration across courses and campuses

Associate Professor Joanna Zubrzycki spoke of ACU’s School of Allied Health Aboriginal and Torres Strait Islander curriculum working group which includes academic staff members from a range of professional courses. This group aims to support the development and implementation of Aboriginal and Torres Strait Islander Curriculum across the School of Allied Health, build cultural responsiveness of the academic staff, and build relationships with the Aboriginal and Torres Strait Islander communities. The working group facilitates sharing of resources, mentoring and joint grant development.

Participants acknowledged the value of such collaboration across courses and across campuses to efficiently effect change.

## Recommendations

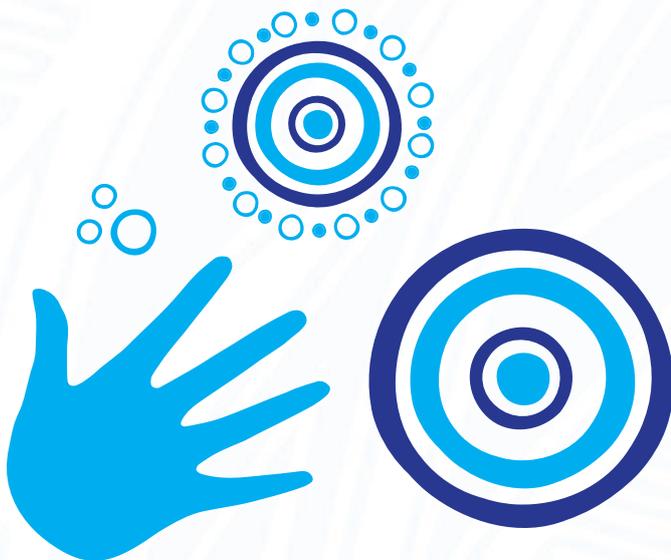
The Summit participants endorsed the following actions and priorities in relation to strategies to encourage institutional change:

- 1.1 Endorse, commit to, and resource the Framework implementation with a timeline.
- 1.2 Funding must be core, not special.
- 1.3 Development and rollout of the National Aboriginal and Torres Strait Health Curriculum Framework – a core model for all to access, but implementation looks different in various regions.
- 1.4 Partnership agreement between universities and communities on education and relationships.

***“ We need top-down change, not bottom-up -we need the commitment on the top to make the changes at the bottom... ”***

- Dawn Bessarab

Director Professor, Centre for Aboriginal Medical and Dental Health, University of Western Australia



## 2. Better facilitating clinical placements

There is a growing number of enrolled tertiary health students (medical, nursing and allied health), who are all seeking clinical placements. The Summit recognised that services are struggling with the demand being placed upon them, and the pressure on the ACCHOs is growing.

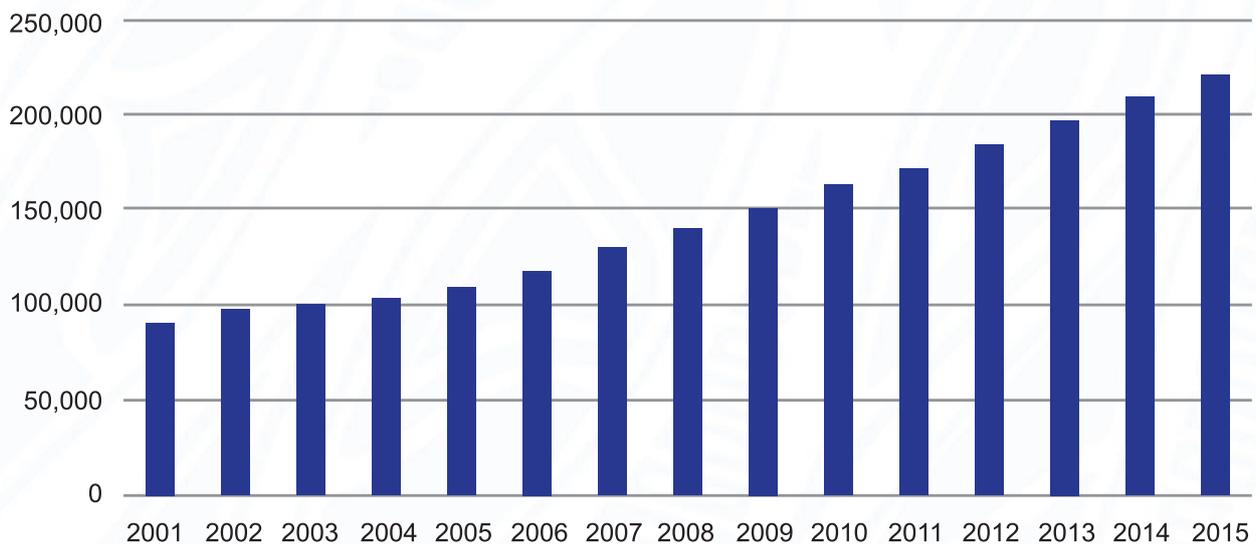
It was reported that VACCHO Members greatly appreciate student placements, as they enrich the organisations with ideas, enthusiasm and new skills. However, regardless of their size, the coordination efforts required with multiple universities and training institutes can be burdensome and difficult to manage.

*“The ACCHOs... don’t want to stop the placements. In fact, it’s quite the opposite – they just want some strategies, coordination and understanding from the university sector. We are calling on the university sector to develop strategies to address the growing demands.”* - Jill Gallagher AO, CEO VACCHO

The need for a Victoria-wide coordinated approach could address not only the overload on ACCHOs but also achieve some equity between universities and the various health courses and prioritise Aboriginal students.

Other strategies to address the impact of student placements which were mentioned were the utilisation of simulation training in universities as well as the value of using telehealth technology to provide a great many students (off-site in their lecture theatres) quality clinical observation and learning opportunities.

### Number students enrolled Victorian university health courses



With appreciation to Universities Australia for this data  
Health students = Medical, Nursing and Allied Health

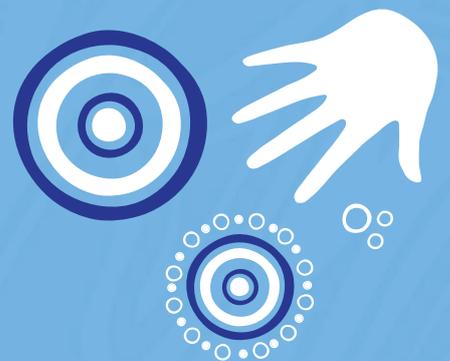
## Recommendations

The Summit participants endorsed the following actions and priorities in relation to strategies to addressing the overload on ACCHOs:

- 2.1 Create a centralised clinical placement body to control placements funded by the universities.
- 2.2 Scope what Aboriginal clinical facilities are in the state/country, assess their requirements and capabilities, and match with the needs of the universities.
- 2.3 Paid placement for students through an Aboriginal clinical placement fund (similar to Rural Health).
- 2.4 Aboriginal students to have first option of clinical placements.
- 2.5 Utilise simulation training and clinical learning via telehealth for students who were unable to get a placement in an ACCHO.

***“ Universities need to ensure that non-Aboriginal students don’t ask culturally unsafe questions. ”***

**- Petah Atkinson,  
Chair Indigenous Health Curriculum Committee,  
Monash University**



### 3. Aboriginal pedagogy in teaching of health courses

#### Education Divided

Summit participants acknowledged the gap that exists between Aboriginal people and those creating the curriculum, and the urgent need for improvement in this regard. Mainstream education occurs in disciplinary silos, and Summit participants acknowledged the issues that arise from trying to teach Aboriginal perspectives within these disciplinary silos. Currently, the universities dictate how curriculum is created and taught. This does not necessarily match the needs of the community, nor the capabilities of Aboriginal teaching. Aboriginal perspectives are most useful when they are holistic.

The Summit called for the need to create courses around what communities want, not what the universities dictate. Large student numbers do not facilitate reflection – as in yarning circles.

#### Capabilities of Teaching Staff

Ali Drummond, CATSINaM Member & Lecturer, School of Nursing, QUT, called for greater Aboriginal participation in tertiary education as lecturers and sessional staff. Ali and his fellow panellists noted the importance of improving the capabilities of non-Aboriginal teaching staff. There is a lack of Aboriginal teaching staff, and also a lack of confidence amongst non-Aboriginal staff in their abilities to teach Indigenous curriculum.

While it is necessary to improve the teaching capabilities of non-Aboriginal staff, Dawn Bessarab of UWA stressed the importance of ownership of Aboriginal knowledge. Dawn noted that there must be a clear divide between content that can be taught by non-Aboriginal staff, and content that must be taught by Aboriginal staff.

#### Cultural Immersion

Part of Aboriginal pedagogy is acknowledging local knowledge. Shawana Andrews of the University of Melbourne, spoke about Billibellary's Walk – a walking tour of the university's Melbourne campus that provides a cultural interpretation of the campus, and acknowledges the connection the Wurundjeri people had, and continue to have to country. Shawana praised the Walk, as it has given staff, students and visitors an opportunity to learn an alternative history of a campus overwhelmingly named after "white men with questionable histories". She noted that the walk had given Aboriginal students a sense of ownership over the university, and a right to be there, as well as giving them the opportunity to become a tour guide.

Summit participants agreed that cultural immersion experiences, such as Billibellary's Walk and having cultural spaces, engaged students and staff outside of the classroom. This immersion is an important part of teaching and learning from Aboriginal perspectives, rather than aligning with mainstream disciplinary silos.

## Recommendations

The Summit participants endorsed the following actions and priorities in relation to strategies to supporting Aboriginal pedagogy in health courses:

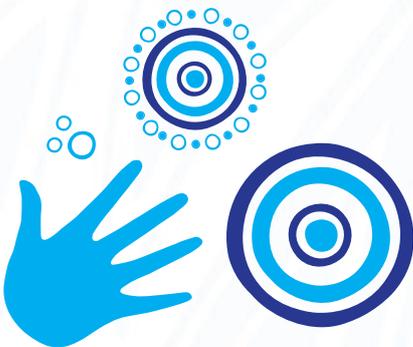
- 3.1 Create Aboriginal spaces on campus, and engage in cultural immersion experiences.
- 3.2 VACCHO to be engaged to provide cultural safety training at all universities.
- 3.3 Discreet training unit available to students.
- 3.4 Weave content and Aboriginal pedagogy into curriculum and the way Aboriginal people teach such as Yarning circles, getting on country.
- 3.5 Scale up staff and improve teaching abilities and confidence.
- 3.6 Clear distinction between what can be taught by non-Aboriginal staff, and what must only be taught by Aboriginal staff.

***“ Transformational leadership within the education environment is critical for cultural change. ”***

**-Donna Murray,  
CEO IAHA**

***“ Billibellary’s Walk has given staff and students an opportunity to learn an alternative history. ”***

**- Shawana Andrews,  
Lecturer in Indigenous Health,  
Melbourne University**



## 4. Supporting Aboriginal students

### Student Experts

An issue raised by many Summit participants was the pressure on Aboriginal students to be experts on all things Aboriginal. Ali Drummond spoke of his personal experience as a student, with the intense pressure he felt to be the expert on anything Aboriginal, and just how culturally unsafe his experience was. He acknowledged the need for changing attitudes and practices, so future students don't have the same culturally unsafe experience he did. "There is an assumption from non-Aboriginal staff and students that Aboriginal and Torres Strait Islander students and staff can speak in absolute authority on Aboriginal and Torres Strait Islander matters. As individuals, we have perspectives only, and are not holders of absolute truth."

Dawn Bessarab noted the need to brief Aboriginal students in the challenges they may face within their universities, and help them build resilience. She said it was important that students know that they do not need to defend their Aboriginality to anybody.

Petah Atkinson noted that while it is important to prepare Aboriginal students for the questions and situations they may face, the universities must also be responsible for ensuring that the high population of non-Aboriginal students don't ask culturally unsafe questions, or say anything ignorant and damaging. She stressed that cultural development is as important as academia, for both Aboriginal and non-Aboriginal students.

### Alternate Pathways

It was acknowledged that a jump straight into a health degree can be daunting for some Aboriginal students. Some universities, such as La Trobe, UWA and ACU, have programs or Diplomas that provide support and alternate pathways into health degrees. Summit participants agreed that programs such as these are successful, and should be more widely implemented.

### Holistic Support

There is a lack of recognition or support within universities for the challenges faced by Aboriginal students outside the field of academia.

While students overwhelmingly pursue health careers in order to help their communities, the lateral violence within some communities themselves is a difficult barrier for students to overcome. Western education is sometimes not valued, or is seen as a tool of oppression, and students are shamed and not assisted by their family and communities to pursue higher education. Often universities do not engage with communities and thus there is a lack of information of the possible courses and students support services.

Generally it is easy for universities to recruit Aboriginal students, but retention requires much more than what the student can access within the campus. Students may face potential difficulties with finance, travel and accommodation, competing life priorities, and relationships with university staff. Summit participants agreed that it is important for university staff to be attentive, to reach out and be available and involved.

Universities must also recognise the wider issues faced by students, and provide support by engaging with the Aboriginal community. By including the community, universities have a chance to counter any lateral violence the students may experience. Non-Aboriginal staff are encouraged to liaise with

Aboriginal support staff and contribute strategies designed to provide a holistic approach to student support and retention.

## Shifted Focus

Professor Mark Rose of La Trobe spoke of seven universities making the journey to Swan Hill, to encourage Aboriginal students to attend their courses. This occurred seven years before the first Aboriginal student in Swan Hill completed Year 12.

It is identified that the majority of the growing Aboriginal population is under 15 years. To work with this younger age group, the focus needs to shift away from the transition from school to university, and towards schooling and aspirations to attend higher education. Professor Rose's anecdote about Swan Hill outlines the issues with focusing solely on the transition into university, while neglecting earlier schooling and the needs of a community. Weenthunga's 'Girls Resilience Program' in Bendigo with senior school girls has such a focus.

There are challenges associated with connecting to local communities, but the connection is absolutely necessary if structural change is to occur.

## Recommendations

The Summit participants endorsed the following actions and priorities in relation to strategies to appropriately support Aboriginal students:

- 4.1 Holistic approach to Aboriginal student support that involves and engages the community.
- 4.2 Pooling resources across universities to engage with Aboriginal students in communities.
- 4.3 Universities to invest in support and liaison staff to aid Aboriginal students with the transition into university.
- 4.4 Prepare students for the pressures of being considered an expert on all Aboriginal-related matters.
- 4.5 Ensure universities prepare non-Aboriginal students and staff to not expect Aboriginal students to be experts.
- 4.6 More universities to offer alternate pathways into health degrees, such as the 12-month orientation course pre-Bachelor's degree.
- 4.7 More cadetship programs for Aboriginal health students.





## 5. Supporting Aboriginal staff in universities

The Summit recognised that there is a lack of Aboriginal presence in higher education. This impacts upon voice, cultural practice and understandings within universities.

### Staff Experts

Similar to the problems faced by Aboriginal students, Aboriginal staff are expected to be experts on all Aboriginal matters.

Liz Cameron spoke of the lack of Aboriginal staff within Deakin University, which puts the burden on her and her colleagues to be the Aboriginal experts. This is time-consuming and overwhelming for staff who already have a full workload, and creates a culturally unsafe workplace.

Summit participants recognised the need for culturally capable staff, in order to create culturally safe graduates and workplaces. More resources (financial, human, and time) need to be invested to achieve this, and to support genuine community engagement.

To create culturally capable staff, universities must provide support and appropriate debriefing for the staff. Sue Jones emphasised that the process is much more important than the content itself, and that top-down change and education is key.

### “Grow Our Own”

Conversations about “growing our own” academics have become more frequent, but there is still a lot of work to be done to make this happen.

Currently, there are not many Aboriginal academics, and very few support networks in place to aid their journeys. The Summit raised the questions of how to grow our own, and how they can be supported through their journeys.

It was commented that there is a low proportion of Aboriginal people in the state of Victoria thus adding to this challenge.

There needs to be career pathways clearly outlined for Aboriginal academics, and support for those taking their own journey through the beginning stages of academia to help to grow people into their roles.

The Summit called for support throughout the lower tiers of education to begin to build this pool, and begin to “grow our own”.

### Inter-professional Education

There is a culture of competitiveness between universities that prevents the sharing of knowledge and resources. Summit participants agreed on the need to dissolve this competitiveness. Emphasis was placed on the importance of inter-professional education, and the sharing of experience, wisdom and resources, in order to create culturally capable staff, and culturally safe graduates.

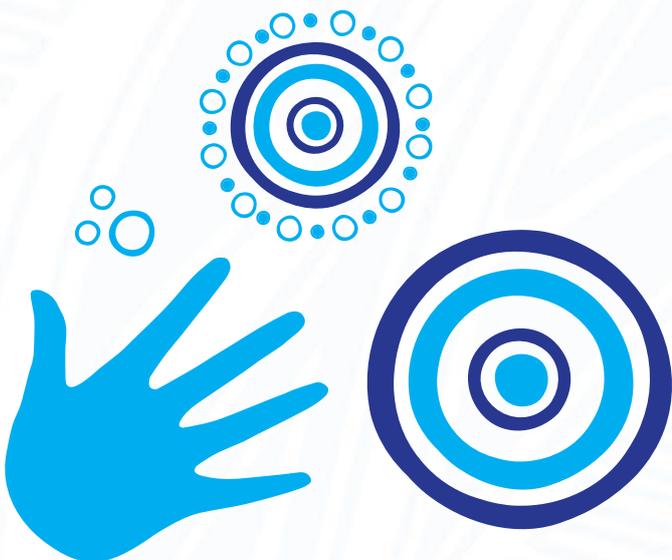
## Recommendations

The Summit participants endorsed the following actions and priorities in relation to strategies to support Aboriginal staff:

- 5.1 Acknowledgement of the workload and complexity of the role as an Aboriginal academic, as well as not expecting to be an Aboriginal “expert”.
- 5.2 Employment of sufficient Aboriginal staff, to take the pressure off the current small numbers.
- 5.3 Early career development positions, supported through an ongoing funding network.
- 5.4 Providing pathways to grow budding Aboriginal academics into their roles.
- 5.5 Offer debriefing, support for PhDs, and professional development opportunities.

***“ There is a lack of Indigenous presence – students and staff – within higher education. This impacts on voice, cultural practices and understandings. ”***

**- Professor Liz Cameron,  
Director, Institute of Koorie Education,  
Deakin University**





## 6. Working two-ways

Aboriginal health is everybody's responsibility, and partnerships are important within this responsibility. As Jill Gallagher said: "It's important to remember – it's not the job of the Aboriginal students, staff and health professionals to make the systems changes that need to be in place. It's EVERY person's job to support culturally safe patient journeys. And importantly, it's the responsibility of every person sitting in this room today."

There is, overall, a lack of knowledge amongst non-Aboriginal people about Aboriginal people, culture and teachings. Andrew Gunstone acknowledged that while the questions posed to, and attitudes towards, Aboriginal staff and students may be well-meaning, they are often executed in a clumsy, inappropriate way.

Many Summit presenters from universities acknowledged the desire of non-Aboriginal staff members to know more, and to get involved. To offer support to these non-Aboriginal staff members would be a positive step.

Ali Drummond noted the need to improve the capabilities of non-Aboriginal staff, in order to make them confident in teaching material they might not otherwise be comfortable with. Not only does this spread the responsibility to more people, but it takes the pressure off the Aboriginal staff and students, who are otherwise expected to be experts. Steff Armstrong later in the day highlighted the value of working two-ways – Aboriginal and non-Aboriginal collaborating together and collectively being more effective. Dawn Bessarab cautioned about ownership of Aboriginal knowledge – working in partnership with non-Aboriginal academics, what component should be taught by Aboriginal people, what should be taught by non-Aboriginal people.

Participants were reminded that rather than Aboriginal people merely being 'engaged' or 'consulted' as 'advisers' or 'co-designers' of Aboriginal health courses that they are empowered to develop courses based on Aboriginal knowledge, values and traditions, as defined by Aboriginal peoples, in a particular location or geographic area.

It was reported that Swinburne has an online cultural competency program which all staff are required to complete, but it is yet to be determined if has contributed to building cultural safety within the university.

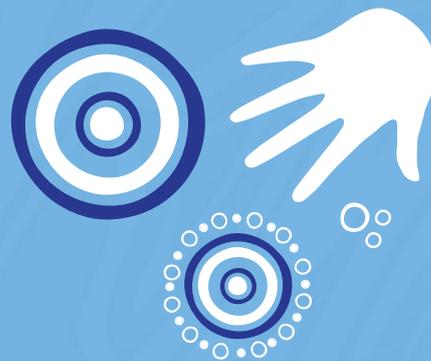
## Recommendations

The Summit participants endorsed the following actions and priorities in relation to strategies for working two-way:

- 6.1 Give Aboriginal people the voice, and model respectful behaviour.
- 6.2 Develop partnerships with community and students, and demonstrate commitment to these partnerships.
- 6.3 Embed requirements for professional development.
- 6.4 Work with non-Aboriginal people to support their teaching capabilities.
- 6.5 Aboriginal people to build a framework, and implement it in a way that the curriculum can be taught by non-Aboriginal people in a culturally safe way.
- 6.6 Teaching resources developed by Aboriginal staff then shared amongst all Victorian universities which would support non-Aboriginal staff contributing to the teaching of Aboriginal health.

***“ It is hard to find tutors who feel confident teaching the curriculum. ”***

**- Ali Drummond  
CATSINaM Member and Lecturer,  
School of Nursing,  
Queensland University of Technology**





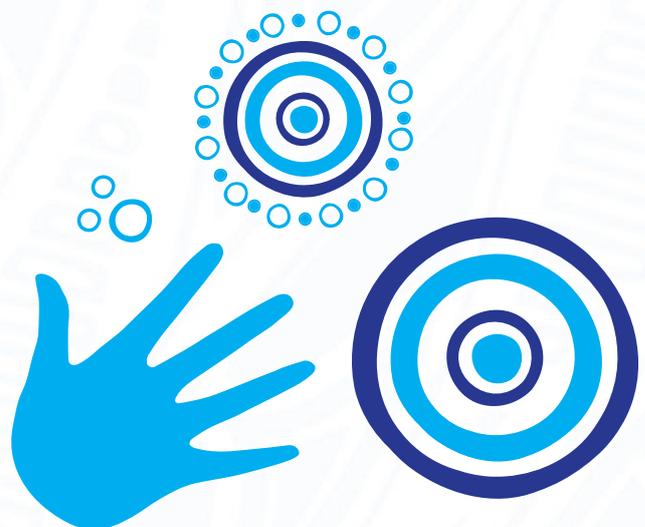
## Weenthunga's plans for a Victorian network to improve the teaching of Aboriginal health in Victorian universities

The Summit was drawn to a close by looking to the next steps to continue this important work. Weenthunga's Steff Armstrong and Lin Oke spoke of Weenthunga's plan to establish an online Victorian network to improve the teaching of Aboriginal health in Victorian universities.

Steff illustrated the benefits and effectiveness of networking and Lin reflected on the fact that so many motivated university staff are not sure who to approach to gain guidance and direction. The online network will facilitate discussion, connection, the sharing of resources and potentially developing joint proposals for funding applications to pilot strategies to address some of the identified solutions. There was strong support for such a network voiced by participants.

## Appendices

1. Summit Advisory Group membership
2. Summit survey results
3. Summit program



## Appendix 1. Summit Advisory Group membership

The Summit Advisory Group was first convened by Lin Oke, Executive Officer, Weenthunga Health Network at the beginning of 2016 and continued discussions either via teleconferences or email through to mid 2017. Some early members had to step away and others joined. Over the time the contributions of following people were greatly appreciated and helped form the final program plan:

Donna Murray, CEO Indigenous Allied Health Australia  
Anna Leditischki, Senior Policy Officer, Indigenous Allied Health Australia  
Karen Dodd, Dean Health Sciences, La Trobe University  
Loretta Sheppard, Lecturer, Australian Catholic University  
Odette Mazel, Executive Officer, Leaders in Indigenous Medical Education  
Trevor Pearce, Manager Education Unit, VACCHO  
Catherine Chamberlain, Lecturer, La Trobe University  
Karen Adams, Associate Professor, Monash University  
Sarah Stoller, Operations Manager, Weenthunga Health Network  
Lin Oke, Executive Officer, Weenthunga Health Network

## Appendix 2. Summit survey results

Following the Summit, Summit participants completed an online survey about the Summit which covered their experience, important outcomes and ways to move forward.

Summary of responses from 25 of the participants:

- 1. Did you find the information provided by presenters useful and relevant?**  
Definitely – 24
- 2. What do you consider to be the top two most pressing and important challenges discussed at the Summit?**  
Embedding framework into curriculum  
Supporting Aboriginal students and staff
- 3. What do you consider to be the top two most pressing and important solutions to be implemented following the Summit?**  
Creation of placement coordination role  
Development of networks  
Working with communities / Cultural safety/competence in universities
- 4. Were you aware of the issues raised by the presenters and facilitator at the Summit?**  
Moderately
- 5. What was the most useful aspect of the Summit?**  
“Jill Gallagher’s opening summary was inspirational.”  
  
“Having so many committed people sharing their knowledge and ideas, which will help lead to further improvements in the teaching of Aboriginal health.”  
  
“Ability to network and collaborate with individuals experiencing the same challenges.”  
  
“Meeting with other authentic individuals seeking to empower others, and be empowered themselves.”  
  
“The most useful aspect was the structure of the day, and the facilitator’s capacity for drawing together the ideas and summarizing them for action.”

## Appendix 3. Summit program



**Weenthunga**  
Health Network Inc



### **Victorian Aboriginal Health Education Summit**

Facilitated by Associate Professor Greg Phillips

Monday 7th August 2017 at Victoria University level 12, 300 Flinders Street Melbourne

#### **Aim**

Contribute to improving Aboriginal health outcomes in Victoria by strengthening the quality of Aboriginal health education and curricula

#### **Objectives**

Identify strategies for:

1. Aboriginal academic leadership and faculty-wide strategic investment
2. Aboriginal community engagement in curriculum & teaching excellence
3. Professional development and support for Aboriginal and non- Aboriginal academics
4. Collaboration and sharing across courses and universities

#### **8.45am Tea & Coffee**

9.00am Welcome to Country: *N'Arweet Carolyn Briggs*

9.15am Welcome: *Kevan Horder Weenthunga Vice-President*

9.20am Opening of Summit: *Honourable Jill Hennessy MP Minister for Health*

9.30am Victorian Health Workforce - What Is Yet to Be Achieved? *Jill Gallagher AO, Director Education and Training Unit VACCHO*

9.45am National Health Workforce Developments to Date – Panel (5 minutes each)

- Aboriginal & Torres Strait Islander Health Curriculum Framework: *Dawn Bessarab, Director Professor, Centre for Aboriginal Medical and Dental Health, University of Western Australia and co-writer Sue Jones (retired)*
- Indigenous Allied Health Australia: *Donna Murray, CEO IAHA*
- Congress of Aboriginal & Torres Strait Islander Nurses and Midwives: *Ali Drummond, CATSINaM Member & Lecturer, School of Nursing, Queensland University of Technology*
- Leaders in Indigenous Medical Education Network: *Candice McKenzie LIME Reference Group Member & Academic Coordinator, Indigenous Medical Education*

10.15am Q&A

**10.30am Morning Tea**

10.50am Three Case Studies of Good Practice in Victoria (10 mins each), illustrating:

- Aboriginal academic leadership & faculty-wide strategic investment: *Associate Professor Joanna Zubrzycki, ACU*
- Aboriginal community engagement: *Shawana Andrews Lecturer in Indigenous Health; School of Health Sciences; Faculty of Medicine, Dentistry and Health Sciences, Melbourne University*
- Professional development & support for Aboriginal & non-Aboriginal academics: *Professor Liz Cameron, Director, Institute of Koorie Education, Deakin University*

Other Victorian universities on the Panel responding to the Facilitator's questions on their university's progress and achievements:

- *Aunty Kerrie Doyle, Associate Professor (Indigenous Health) & School Indigenous Health Coordinator, RMIT*
- *Petah Atkinson, Chair Indigenous Health Curriculum Committee, Lecturer Medicine, Nursing and Health Sciences, Gukwonderuk Indigenous Unit, Monash University*
- *Professor Mark Rose, Executive Director Indigenous Strategy and Education, La Trobe University*
- *Professor Andrew Gunstone, Executive Director, Reconciliation Strategy and Leadership and Professor, Indigenous Studies, Swinburne University*
- *Professor Christine Bennett AO, Dean, School of Medicine, Sydney, the University of Notre Dame Australia.*

11.50am Key Issues and Strategies – Facilitated Discussion

12.15pm Identifying Strategies – Break-Out Groups

**1.00pm Lunch**

1.30pm Report Back on key themes in strategies

2.00pm Summary of Outcomes

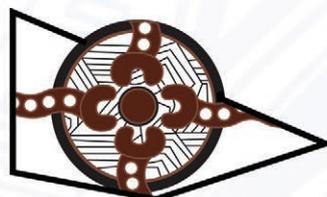
2.15pm Potential for a Victorian Network: Stephanie Armstrong, Weenthunga's Health and Education Consultant

2.45pm Next Steps

**3.15pm Close and Afternoon Tea**



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