

LIME Connection Welcome Speech
Professor Judy Searle, CEO Medical Deans
Wednesday 28 August 2013

How can Medical Deans make a difference

“Our conference is being held on the traditional lands of the Larrakia people and I wish to acknowledge them as Traditional Owners.

I would also like to pay my respects to their Elders, past and present, and the Elders from other communities who may be here today.”

So welcome to all delegates of LIME Connection V and particularly the members of the organising committee and host institutions who made all this happen.

I think you will all agree – it has been an inspiring and passionate conference – and there is still Day 3 to come.

I wish to welcome people from a range of sectors including government, health service delivery, education and training and advocacy, from every state and territory, from across the ditch and further afar.

And at the heart of this conference are you, our educators. Often forgotten. But not this week. On behalf of Medical Deans I say thank you.

But you are all here because you care.

You are all here because you share the passion to improve the quality of indigenous health care delivery through our education and training pathways.

I also wish to make special mention of the Medical Deans in the room today including Professor Nicholas Glasgow, Professor Christine Bennett, Professor Alison Jones, Professor Michael Kidd, and Professor Ian Puddey. It is your leadership that is vital for realizing the aspirations of all in this room.

On a personal note - it is lovely to return to Darwin – the home of my family too. While I only lived here for a relatively short time, a part of my heart is still here with them.

But this conference is all about you and the power of your networks and commitment.

That is why Medical Deans, as an organisation, wants to be part of this extraordinary movement. This is core business for us.

There is no doubt that my recent time spent in NT Health working along side long term dedicated doctors in remote Indigenous Health (some of whom are here in the audience today) was very confronting.

In fact it was very distressing and left me initially with an overwhelming sense of hopelessness – I suspect not unlike that felt by many in these communities.

What I saw was band aid medicine.... with the band aids peeling off instantly as patients, children in particular, left the clinics.

And of course this was the very reverse of what was intended and what the health care workers in these areas were striving (and some for many many years) to achieve.

Today I also wish to take this opportunity to publicly thank them for giving me the opportunity to understand these challenging issues first hand.

When it comes down to it I think we can all name what's **not** working. The challenge of course is finding solutions.

And we all know it is not one size fits all.

It is not the same for the communities of Manningrida or for Redfern.

But we do know there are some great initiatives and some communities where things are turning around.

And we all need to be part of the solution. Working collaboratively. Working together. Doing what we can in our own way.

It also means being able to say some of the hard things. In safety. With respect. In a way that helps us move forward.

There is room for improvement on important issues in the area where the majority of us work.

These include

- improving indigenous medical student graduation rates,
- looking after our small but growing pool of indigenous health leads as they get pulled in multiple directions
- building capacity in the system so all health care students grow their passion for Indigenous health while at the same time supporting the clinical supervisors in an already heavily burdened service sector

As everyone here knows, productive work in this space takes time and takes resources.

It also means understanding the complex system in which we work and knowing how best to influence.

It also means learning from others and I am delighted that our colleagues from across the ditch could be here this week to share their experience and examples of significant improvements in Maori health.

In summing up I wish to make some comments about our organisation.

One of the key roles for Medical Deans is advocacy in key areas in health. And as I said earlier, Indigenous Health is core business for us.

We know we cannot do things alone and are thus very proud of the special relationship we have with the LIME Network and our partnerships with AIDA, TeORA and NACCHO.

However we are also an organisation of consensus, a form of federation, if you like. That means we sometimes fall short of the expectations of our partners. But that is not for lack of caring and commitment in this space.

So - on behalf of Medical Deans today I wish to pledge the following.

Medical Deans promises to promote the aspirations of all here today. This includes, as put forward by our key note speaker on Tuesday, aiming for excellence in our graduates.

Medical Deans promises to collect the best evidence where possible to inform policy debate in this space while protecting the confidentiality of our small but growing indigenous medical community

Medical Deans promises to use examples of best practice from here and over the ditch to educate and support all educators and leaders in this space.

Medical Deans promises to continue to learn and grow and be an active participant in the move to close the gap.

That is our pledge. What is yours?

I wish you all a happy and productive day.

Thank you