Queensland Rural Medical Education
Reconciliation Action Plan
2013 - 2014
Acknowledgements

QRME RAP Working Group

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Dr Stuart Glastonbury  Dr Stephanie Trust
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Queensland Aboriginal and Islander Health Council (QAIHC)

QRME’s RAP is supported by QAIHC - the State’s peak body for Aboriginal Community Controlled Health Organisations

Artwork

The cover artwork and illustrations were painted by renowned Aboriginal artist Colin Jones. The painting is entitled “Healthy Land, Healthy People”. It narrates the intimate relationship between the health of the People and the health of Land.

The camouflaged hand is symbolic of Aboriginal People living within the land – that the land is a part of them. The largest circle embodies a place of physical, spiritual and mental healing as represented by the footprints coming toward it.

The painting gives a clear message about the importance of Country and culture in healing.
Reconciliation action plan for Queensland Rural Medical Education

The 2010 GPET Annual Convention in Alice Springs was a watershed meeting for Regional Training Providers. This lead to a time in which Queensland Rural Medical Education (QRME) considered and developed the delivery of Aboriginal and Torres Strait Islander and cross cultural training. QRME also considered their contribution to and implementation of a reconciliation action plan in rural Queensland.

Rural Queensland has a number of Aboriginal and Torres Strait Islander people with an increasing need for clinical services the greater the distances from metropolitan centres. Rural medicine addresses health inequity, none greater than that of Aboriginal and Torres Strait Islander people.

With the influence and access QRME carries to the medical training of rural practitioners, the opportunity to acknowledge the past and positively influence the future health of Aboriginal and Torres Strait Islander Australians by developing the clinical and cultural competence of the next generation of rural doctors is a great responsibility.

To this end, the medical training programs supported by QRME have steadily enhanced access for Aboriginal and Torres Strait Islander people to high-quality, culturally respectful primary care by delivering appropriate clinical and cultural training to medical learners providing services to rural Queenslanders. These efforts are and will continue to contribute to closing the gap of health inequity in rural and Aboriginal and Torres Strait Islander communities.

QRME is continuing its commitment to reconciliation by providing clinical and cultural competence training and education for staff and medical learners, in an evidence-based and patient-centred approach, ultimately guided by the needs and advice of Aboriginal and Torres Strait Islander patients, staff and communities in rural Queensland.

This document outlines our action plan for Reconciliation between QRME and the Aboriginal and Torres Strait Islander Peoples of Australia.

Our Reconciliation Action Plan, or RAP as we call it, has been developed in response to the 2008 Australian Parliament’s National Apology to the Aboriginal and Torres Strait Islander Peoples of Australia and to the Stolen Generations.
Why is reconciliation important to QRME?

The National Apology was significant in that it finally acknowledged the trauma experienced by Aboriginal and Torres Strait Islanders since colonisation.

But saying “sorry” can only be the beginning. For QRME, reconciliation is a collection of actions that result in healing. For reconciliation to occur, there must be a focus on reducing the damage and mistrust caused by the past. There needs to also be a deliberate intention not to inflict further damage so that healing can occur:

Reconciliation is also about bringing together a fractured society. Mending this fracture in our society is vital to uniting every Australian and providing leadership to other countries who have experienced similar oppression. For Aboriginal and Torres Strait Islanders, reconciliation is about bringing together lost families, lost culture and lost hope. It is about working with like-minded and supportive people to create a future where reconciliation can be realised.

Reconciliation is realised when Aboriginal and Torres Strait Islander People are no longer fearful of being discriminated against; when they can be proud of being both Aboriginal and Torres Strait Islanders and Australians; when their relationships with other Australians is strong and thriving; when their people and culture are respected and celebrated for their contribution to Australia; and when they can enjoy the same privileges of every Australian.
Our vision for reconciliation

At QRME we believe that the strength of our company lies not only in our ability to do meaningful work to support rural communities, but in the privilege and pleasure of working with good people.

Our vision for reconciliation is an enduring alliance with Aboriginal and Torres Strait Islanders within the regional, rural and remote communities that we serve.

It is about working together with Aboriginal and Torres Strait Islander people to alleviate the hurt of the past and to comprehend its present impact. It is about appreciating the contribution of their rich and diverse culture in our contemporary environment and the pursuit of a confident and realised future for Aboriginal and Torres Strait Islander people, and for all Australians.

We believe that this vision will be made possible:

• By taking the time to listen to those affected by our decisions;
• Through cooperation that is founded upon trust, leadership and actions;
• Through the innovation of technologies and ideas; and
• By a desire to help make a difference in the lives of the people that we serve.

“Our vision for reconciliation is an enduring alliance with Aboriginal and Torres Strait Islanders”
Our business

QRME is a not-for-profit organisation providing rural medical education. It is federally funded through General Practice Education and Training (GPET) as a Regional Training Provider of the rural vocational and prevocational General Practice training programs, both in rural and Aboriginal and Torres Strait Islander communities. QRME is also funded by a number of Commonwealth grants to deliver rural education and research; and is in partnership with the Griffith University for delivery of rural medical education to health professional students.

Our core business is to provide training programs for graduates undertaking rural medical training.

QRME provides this training through three major programs:

1. The training of registrars towards fellowship with the Royal College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACRRM)

2. The prevocational placement of junior doctors in rural training posts

3. The longitudinal and short term clinical placement of medical students in rural practice

Currently, QRME employs over fifty staff members. Our organisation supports over 100 rural practices and hospitals in Queensland.

The primary function within the team is medical education, management, finance and administration. Our footprint extends throughout Queensland from the New South Wales border to Cloncurry. Our efforts focus on the rural communities within our region.

Our company is governed by 11 Board Directors. Each director is a nominated representative of their respective health organisation and brings with them a depth of experience in working within rural regions. The Queensland Aboriginal and Islander Health Council (QAIHC) have nominated an Aboriginal and Torres Strait Islander member to the QRME Board.
### Relationships
QRME addresses the paucity of medical services to rural communities by delivering rural medical education in rural communities for rural communities. Through our example we aim to show that in order to help Aboriginal and Torres Strait Islanders you need to work with them in creating solutions. Any human endeavour worth pursuing cannot be realised without strong relationships.

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<th>Action</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Target</th>
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<tbody>
<tr>
<td>A Working Group, comprising of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, is established to support the initial development, execution of the actions, and regular review of the RAP.</td>
<td>Indigenous Health Education Officer</td>
<td>May 2013 - November 2013</td>
<td>Meet at least twice per year.</td>
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<td>QRME CEO meets regularly with CEO's from the Aboriginal Community Controlled Health Services (ACCHS) sector.</td>
<td>Chief Executive Officer</td>
<td>March 2013 - September 2013</td>
<td>CEO's meet at least twice per year</td>
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<tr>
<td>Host a breakfast during National Reconciliation Week. Use this event as an opportunity to launch QRME’s RAP</td>
<td>Indigenous Health Education Officer</td>
<td>27 May to June 2013</td>
<td>Breakfast hosted on 29 May 2013</td>
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### Respect
Respect demonstrates QRME’s acknowledgement of Aboriginal and Torres Strait Islander cultures and our desire to work effectively with Aboriginal and Torres Strait Islander people.

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<tr>
<td>Develop and implement policies that demonstrate QRME’s respect to Aboriginal and Torres Strait Islander communities through ‘Welcome to Country’ and ‘Acknowledgement of Country’</td>
<td>Indigenous Health Education Officer</td>
<td>September 2013</td>
<td>Welcome to Country and Acknowledgment to Country policies are developed and approved by the management/Board</td>
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<td>Director of Australian General Practice Training</td>
<td>December 2013</td>
<td>Welcome to country and Acknowledgement of Country policies are communicated to all employees and Board members through their respective group meetings</td>
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<td>Director of Prevocational General Practice Placement Program</td>
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<td>Director of Queensland Rural Medical Longlook Program</td>
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<td>Director of Finance</td>
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<td>Offer annual cultural safety training to all QRME employees and Board members</td>
<td>Indigenous Health Education Officer</td>
<td>December 2013</td>
<td>Annual cultural safety training is attended by 40 QRME employees and 8 Board members</td>
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<td>Provide opportunities for our Aboriginal and Torres Strait Islander employees to engage with their culture and community through NAIDOC Week events.</td>
<td>Chief Executive Officer</td>
<td>7-14 July 2013</td>
<td>Provide opportunities for Aboriginal and Torres Strait Islander employees to participate in local NAIDOC Week events.</td>
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<td>Include our RAP in the orientation of all new employees</td>
<td>Indigenous Health Education Officer/ Officer Manager</td>
<td>June 2013</td>
<td>Our RAP is included within the staff handbook</td>
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### Opportunities
Opportunity is the direct result of a strong relationship founded upon sincere respect. QRME identifies that opportunities demonstrate tangible outcomes – real results founded cooperation, an investment of effort and time, the expansion of our knowledge, and a shared vision to make a difference.

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<td>Establish a fund/scholarship to support Aboriginal and Torres Strait Islanders to pursue a career/studies in rural general practice</td>
<td>Chief Executive Officer/ Board of Directors</td>
<td>September 2013</td>
<td>QRME’s first recipient receives their award/scholarship</td>
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<td>Engage a training organisation to establish an administration traineeship position at QRME</td>
<td>Chief Executive Officer</td>
<td>November 2013</td>
<td>QRME’s first trainee commences employment</td>
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### Tracking progress and reporting

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<td>Report achievements, challenges and learning’s to Reconciliation Australia for inclusion in the Annual Impact Measurement Report</td>
<td>Indigenous Health Education Officer</td>
<td>October 2013</td>
<td>RAP progress is reported each year in the RAP Impact Measurement Questionnaire</td>
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<tr>
<td>Ask our stakeholders to evaluate the outcomes and achievements of this RAP</td>
<td>Indigenous Health Education Officer</td>
<td>September 2013</td>
<td>QRME Annual Report contains evaluation</td>
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Contact information

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