

Training pathways back to Country

The burden of disease in Aboriginal and Torres Strait Islander people is stark, occurring at two to three times the rate of non-Indigenous Australians.¹ The provision of culturally appropriate and safe health care is imperative in addressing this imbalance.² One strategy to enhance cultural competency of health care services is to increase the representation of Aboriginal and Torres Strait Islander people working within the services.¹ I have personally witnessed a cultural shift in the provision of health care services and the increased number of Aboriginal people who access health care when they are being cared for by an Aboriginal doctor.

I am a Gija woman, born in Derby and raised in Halls Creek, less than four hours' drive from my current home in Kununurra, in the East Kimberley region of Western Australia. I am a general practitioner who has worked at Kununurra District Hospital since 2011; first as a GP registrar (having completed all my training in Kununurra) and then as a District Medical Officer, having attained a Fellowship in General Practice in 2013. My role as a District Medical Officer gives me the opportunity to provide culturally safe and appropriate health care to my family and "countrymen" in the two largest First Nations communities in the East Kimberley in various clinical settings, including emergency, inpatient, palliative care, and remote clinics via the Royal Flying Doctor Service. In 2013, I commenced working for the Rural Clinical School of Western Australia as a Medical Coordinator and then as Lead Medical Coordinator. These roles complement each other and align with my personal and professional belief that the disparity between the number of rural medical practitioners and community needs will be addressed by enhancing the pathways of education and training, which assists in growing our own workforce. This workforce may come from people originating in rural and remote areas, or from city residents, who have an opportunity to immerse themselves in a rural/remote community while completing a clinical placement. Since working in Kununurra, I have supervised and mentored many medical students from both rural/remote and urban backgrounds, and have seen the transition students undertake, from one of reluctance or apprehension in working in rural/remote communities, to being able to see themselves returning to the country to practise medicine once qualified.

I attended the special Aboriginal school in Halls Creek. Recognising the importance of a good education, my parents then sent me to boarding school in Perth, 3000 km away. I was 11 years of age and I still consider that year one of my most challenging. Missing my big, close family in Halls Creek was tough, but learning to navigate this new world was daunting. The success of my secondary education was principally due to my parents providing me with the love, support and encouragement needed, while remaining steadfast in their resolve that I remain at boarding school to complete my education.

On leaving high school, I completed a Diploma of Nursing at Edith Cowan University and graduated in 1991. I returned home and worked at Halls Creek Hospital before returning to Perth to convert my qualification to a Bachelor of Nursing in 1992. Although I loved working in the hospital setting as a registered nurse, I felt my need to contribute to addressing the health disparities of my community would be best achieved working within the community, so I embarked on a Graduate Diploma of Community Health Nursing. I had given up the idea of becoming a doctor way back in primary school because I thought those who studied medicine were far more intelligent than I!

I also completed a Postgraduate Diploma in Clinical Nursing – Midwifery, which gave me the opportunity to move to Kununurra in the Kimberley, where I undertook consultancy work with Dr David Atkinson, who was developing the Kimberley Aboriginal Health Plan. On our many trips, we talked about a career in medicine for me. I respect, trust and admire David, and his belief, advice and support was instrumental in my embarking on my journey to become a doctor.

I did not act on his advice and encouragement immediately, but over the next two years conversations about a career in medicine kept coming up. One day my husband said I should do it but forewarned me that I needed to really want to do so, because I would be the one doing all the hard work. The decision to apply to the School of Medicine at the University of Western Australia in 2002, with two children under two, at the time seemed reasonable. On reflection, I think we must have been a little nuts!

In 2003, I was accepted and survived with the help of a scholarship and cadetship, my husband working full time, and with support from beautiful family and fellow students.

The Medical Rural Bonded Scholarship assisted with our day care costs and thus my attendance at university. Without this financial support, my medical journey would not have started, despite my husband working full time.

A cadetship offered through the Princess Margaret Hospital (now Perth Children's Hospital) also assisted us greatly. I was their first cadet and this was made possible by another one of my distinguished mentors, the late Dr Paul Carmen. Dr Carmen was a brilliant clinician, an amazing academic, and a kind and caring person, and to have had his unwavering support and belief in my ability to become a doctor was invaluable.

The Centre for Aboriginal Medical and Dental Health at Shenton House is the Aboriginal student support program at the University of Western Australia and its support was excellent. For me, studying at home with two small children was challenging, so on the weekends I would retreat to Shenton House, leaving home at 5.30 am and returning around lunchtime to spend the weekend with my family.

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With my circumstances, there were periods of self-doubt, but at Shenton House there was always someone to say, "Sure, the going is not easy – and yes, with two young children, your background and lifestyle are different from others, but that's OK". I had a safe environment where I could go, somewhere I could have time out, and somewhere I could speak to other students and staff and receive reassurance.

Although I had the opportunity to apply to the Rural Clinical School during my undergraduate degree, I did not do so, as I always intended returning to the Kimberley and felt my time was best spent gaining valuable experience and exposure in the tertiary settings in Perth. I remained in Perth for my internship and postgraduate training, despite having been accepted into the GP training program. Aware of the areas where I needed additional clinical knowledge and experience, and in readiness to return to the Kimberley, I spent my second postgraduate year gaining this experience. I completed a Diploma of Child Health while working at Princess Margaret Hospital, followed by working in a tertiary emergency department. In addition to acquiring sound clinical knowledge, I also developed an understanding of how tertiary hospitals function, which has been essential in my navigating and accessing health care services while advocating for and preparing patients who need these specialty services.

Soon after returning to the East Kimberley in 2011, I began working for the WA Country Health Service at Kununurra District Hospital, where I have been since then. No two days are the same, and having the opportunity to provide health care that is tailored to meet the specific needs of the patient, in collaboration with the patient in a culturally safe environment, is why I work where I do. An example of this success was the rollout of the COVID-19 vaccination program in Warmun Community at the end of 2021, where 83%

of the eligible community members were vaccinated over two days, and then providing the clinical lead in the rapid response team when COVID-19 arrived in the community in early 2022.

The highlight of my journey has been returning home, armed with my medical degree and a steadfast resolve to help abate the burden of disease in my community and the region. The goal of providing best practice, with my ongoing education keeping me abreast of changes, places me in a unique position. My inherent knowledge assists in enhancing the health literacy of Aboriginal people by bridging the language, knowledge and cultural gaps of my Aboriginal patients, their families and the community, thereby ensuring the provision of culturally appropriate and safe health care.

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- 1 Paul D. Creating change: building the capacity of the medical workforce in Aboriginal health. *ANZ J Surg* 2013; 83: 55-59.
- 2 Reath J, Abbott P, Kurti L, et al. Supporting Aboriginal and Torres Strait islander cultural educators and cultural mentors in Australia general practice education. *BMC Med Educ* 2018; 18: 236. ■