



RACGP



The Australian Indigenous Doctors' Association Ltd
Yaga Bugaul Dungun

RACGP–AIDA Mentoring program

Mentor handbook



RACGP–AIDA Mentoring program – Mentor handbook

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We recognise the traditional custodians of the land and sea on which we work and live

Welcome

The Royal Australian College of General Practitioners (RACGP) and the Australian Indigenous Doctors' Association (AIDA) are proud to launch the RACGP–AIDA Mentoring program. This partnership has been driven by a shared recognition of the importance of mentoring across the continuum of medical education, training and professional development for general practitioners (GPs).

Our two organisations recognise the importance of delivering culturally safe primary healthcare. We are committed to working together to Close the Gap and achieve equity of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.

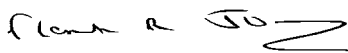
We want to do everything we can to support the growth of the next generation of Indigenous doctors.

In developing this mentoring program and through all our shared work, AIDA and RACGP are committed to working within the following principles:

- acknowledgement of the sovereignty of Aboriginal and Torres Strait Islander peoples and their self-determination, ongoing relationship with land and cultural continuity
- mutual regard and respect
- inclusive consultation and decision making processes
- valuing each other's unique contributions
- cultural safety for all people in all spheres with an understanding of the issues for Aboriginal and Torres Strait Islander peoples.

Mentors and mentees participating in the mentoring program will get the opportunity to share experiences, address professional and clinical issues and create a mentoring relationship that is right for them.

We hope this experience allows all participants to learn from one another in a culturally safe environment and that we continue to see a rise in the number of Aboriginal and Torres Strait Islander GPs delivering much needed primary healthcare in communities across Australia.



Associate Professor Frank R Jones
President, RACGP



Dr Tammy Kimpton
President, AIDA





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About us

The Royal Australian College of General Practitioners' National Faculty of Aboriginal and Torres Strait Islander Health

The Royal Australian College of General Practitioners (RACGP) is the largest professional general practice organisation and represents urban and rural general practitioners (GPs) throughout Australia. The RACGP's mission is to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principle activities of education, training and research, and by assessing doctors' skills and knowledge.

The RACGP provides ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high-quality healthcare. The Australian Indigenous Doctors' Association (AIDA) will be liaising directly with the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health in relation to this mentoring program. Visit www.racgp.org.au/yourracgp/faculties/aboriginal for more information.

The Australian Indigenous Doctors' Association

AIDA is a not-for-profit professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people. AIDA's ultimate goal is to reach population parity of Indigenous doctors, and to inform and support a culturally safe healthcare system. In this context, AIDA's work provides the government and other national bodies with key outcomes and deliverables correlating with high level public policy including the Close the Gap campaign and the National Aboriginal and Torres Strait Islander Health Plan.



About the RACGP–AIDA Mentoring program

The RACGP and AIDA have enjoyed a collaborative relationship for more than 10 years. In 2014, AIDA members identified the need for GP mentors to support medical students, General practice registrars and existing Aboriginal and Torres Strait Islander Fellows of the RACGP.

The RACGP and AIDA have worked to address this need. Guided by the AIDA Mentoring program and AIDA Mentoring framework, the RACGP has developed a mentoring program in partnership with AIDA, specifically designed to support Aboriginal and Torres Strait Islander RACGP registrars and Fellows, and students with an interest in general practice.

Through the RACGP-AIDA Mentoring program, we aim to:

- increase the number of Aboriginal and Torres Strait Islander medical students who take up general practice pathways by providing students interested in a general practice career with access to mentoring opportunities
- increase and retain Aboriginal and Torres Strait Islander general practice registrars in the RACGP training program by providing all registrars and interested junior doctors with access to a mentor
- retain Aboriginal and Torres Strait Islander and non-Indigenous Fellows by providing access to mentoring opportunities on professional development and career progression.

What is mentoring?

Mentoring is defined as a dynamic and mutually beneficial engagement between an advanced incumbent (mentor) and a less experienced person (mentee), to facilitate professional growth by sharing knowledge and skills in a confidential, non-judgmental and culturally safe environment.¹

In this program, the mentoring relationship is a formal arrangement where the mentor assists the mentee's growth within the specific context of general practice.

It is important to note that a mentor is not a:

- peer support or pastoral care role
- clinical supervisor
- medical educator.

For more information, view *Glossary and definitions* on page 13 for the definition of these roles, and refer to *Further information* on page 18 for further resources on mentoring.



How does the program work?

Identifying mentees

AIDA will be responsible for identifying members who are interested in gaining a mentor.

Mentee selection criteria includes:

- being a member of AIDA or the RACGP
- commitment to regular contact with the mentor
- commitment to the process of cultural knowledge exchange
- openness to advice and constructive feedback
- acceptance of responsibility for own personal and professional development
- ability to maintain confidentiality.

Pairing the mentee with a mentor

The RACGP will be responsible for sourcing suitable mentors to participate in this program from its existing membership base.

Pairing protocols are developed in order to ensure a successful and culturally safe relationship for both parties. Expertise, learning styles, accessibility, interest area, cultural safety, background and experience are all considered when attempting to match a mentor and a mentee.

Mentor selection criteria includes:

- being a member of the RACGP or AIDA
- demonstrated experience working with Aboriginal and/or Torres Strait Islander peoples
- a sound understanding of the principles of cultural safety
- willingness to undertake further cultural awareness training if required
- commitment to regular contact with the mentee
- understanding of cultural knowledge bases, cross-cultural communication and the importance of cultural safety
- maturity to encourage growth and development of the mentee without judgement
- ability to maintain confidentiality.



The mentoring agreement

Once the mentee and mentor have been paired, they will enter into a mentoring agreement.

The mentoring relationship will essentially begin from the first meeting between you and the mentee, and upon completion of the mentoring agreement.

The mentoring agreement will help to form the basis of the mentoring relationship and will assist in identifying the expectations between the mentor and the mentee. A draft mentoring agreement can be found on page 14. It includes:

- goals of the mentoring relationship
- preferred means of communication for the mentor and the mentee
- schedule of meetings – date, time, how you will make contact and who will initiate contact
- discussion topics
- date the mentoring relationship will begin and end
- confidentiality agreement.

Connections

Together with the mentee, you will need to agree on a schedule of how and when you will connect. Connections can commonly take place via phone, email or Skype; however, there are no set methods of contact.

We encourage the below connection frequency:

- at least every 4 weeks
- a minimum of 6 hours for the duration of the program (12 months).

A face-to-face meeting may help strengthen the relationship, however, it is not always possible due to time and location constraints. Should you and the mentee be available to meet, be sure to arrange a professional and neutral environment such as a café or workplace rather than at your home.

You or the mentee may unexpectedly require a leave of absence from the relationship to attend personal circumstances. If you have been unable to contact the mentee for a period of time, please make the RACGP or AIDA aware of the situation.



Evaluations and ongoing relationships

Each program participant will receive an online evaluation survey at the 3- and 6-month marks of the program in order to provide your feedback on the mentoring relationship and the program itself.

Evaluations will be adapted to measure how effective the mentoring program has been in comparison to the original objectives of the mentor and the mentee. Participants will be asked to evaluate how the program has met their expectations, what is working well, and what needs to be improved.

There is no obligation to continue once the mentoring relationship has concluded (after 12 months), unless both you and the mentee agree to do so.

If you are experiencing difficulties

As in all relationships, not every mentor–mentee match will be perfect. Relationships may fail due to lack of clarity about the program, uncertain expectations, differences in values and personal styles, or difficulties in managing time.

If, for any reason, you feel your grievances cannot be resolved or you have been unable to contact the mentee for some time, please contact the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health on 1800 000 251 or via email at aboriginalhealth@racgp.org.au



Your role as a mentor

Mentors are responsible for initiating the first meeting and nurturing and managing the mentor–mentee relationship in a way that facilitates feedback, mutual respect and confidence, so the mentee may feel challenged, supported and enabled to develop specific skills and knowledge.

As a mentor participating in this program, your role is to:

- assist the mentee in identifying their needs, issues, concerns and aspirations
- share knowledge and wisdom
- facilitate growth and development
- be trustworthy, non-judgmental, ethical and a good listener
- be a role model and an advisor
- respect and appreciate differences
- build confidence through teaching and feedback
- provide an open and supportive environment.

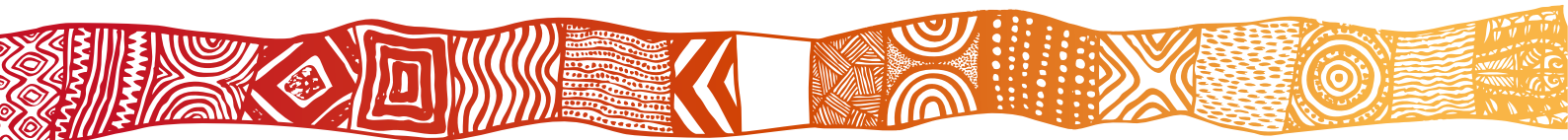
Mentors have the opportunity to contribute to the professional development of the mentee, while also giving something back to the profession.

Benefits to mentors involved in this program include:

- developing new skills in coaching, modelling and listening
- enhancing leadership skills
- a sense of satisfaction in contributing to a mentee's development
- developing and demonstrating excellent self-management skills
- gaining new perspectives, opinions and approaches to problem solving.



Mentors are responsible for initiating contact and monitoring the frequency of this contact – connections should occur at least every 4 weeks



The first meeting

It is vital that both parties communicate openly and honestly, with expectations of both you and the mentee clearly outlined in the beginning to avoid any confusion in the future.

You and the mentee will need to share your expectations and goals within the program. Completion of a mentoring agreement can help develop and shape the relationship. Being familiar with the following principals of mentoring may help when forming the agreement:

- Mutual respect and understanding are essential to the mentoring relationship.
- Both parties should be genuinely committed to the mentoring relationship.
- The cultural needs of Aboriginal and Torres Strait Islander medical students and doctors are embedded within mentoring programs.

The first meeting is an important opportunity for you and the mentee to take some time to get to know one another and establish parameters for working together.

Developing the relationship

Mentors may need to provide more encouragement to the mentee, particularly in the early stages of the relationship. The mentor can develop and enhance the relationship in the following positive ways throughout the rest of the mentoring program:

- Discuss and agree on learning goals – Revisit goals and renegotiate if necessary, and utilise reflective practice techniques.
- Come from a place of openness and curiosity – Every learning conversation is an experiment for both of you, so consider alternative perspectives on work and challenge other's perceptions of cultural beliefs.
- Agree on what areas should be covered each session – Schedule meetings in advance and stick to the time and dates as much as you can, and provide as much notice as possible if you have to reschedule a meeting.
- Engage in conversation – Be interested in each other's opinion and ensure you and the mentee have equal time to share stories and discuss issues, and think about what makes for a good conversation through reflective practice.
- Empathise with issues raised in a professional manner – Share your insights, regularly provide honest and constructive feedback, and empower rather than solve.
- Share contacts, information and networks relevant to the context and learning goals.
- Be natural and open – Emphasise the fact the mentor–mentee relationship is a two-way journey of exploration and learning.



Making the most of the mentoring relationship

Engaging in a mentoring program is highly beneficial to a mentee and allows for advice in career direction and professional development, as well as increased confidence and self-awareness.

In order to make the most of the mentoring relationship, it may help to remind yourself of the below points throughout the program:

- Be collaborative with the mentee and remember you both play an equally important role in the mentee's development.
- Be respectful and acknowledge the time and effort the mentee is investing in the relationship, and consider how you felt during your own journey.
- Remember it takes two to keep a mentoring relationship going.
- Keep your commitments because this builds trust and helps ensure the relationship is focused and productive.
- Encourage free and honest expression.
- Set clear boundaries to avoid confusion. These are the rules for the relationship that each person has identified as important.

Boundaries and support

A mentee may occasionally ask for your advice or assistance on issues that are beyond your role as a mentor, and it is important to set boundaries early in the relationship.

Boundaries may be misinterpreted if they are not well defined, yet they may incapacitate the relationship if they are too rigid. It is recommended you take the time to discuss these boundaries at the beginning of your partnership in order to avoid confusion further down the track.

Should the mentee approach you for support of a personal nature, it may be helpful to be aware of the resources available to assist them. The RACGP– Indigenous General Practice Registrars Network (IGPRN) Registrar resources sheet² provides a list of relevant services, including educational support, library resources and personal counselling, for Aboriginal and Torres Strait Islander general practice registrars.

For matters outside of the mentoring relationship, it is best to encourage the mentee to seek advice and counselling from a relevant professional other than yourself.



Mentor and mentee mutual responsibilities

- 
- Commitment to the mentoring agreement
 - Maintaining open and honest communication
 - Agreement to maintain confidentiality



Cultural context of the mentoring relationship

The RACGP and AIDA recognise that a strong culture is central to strong health and wellbeing among Aboriginal and Torres Strait Islander peoples. Both the RACGP and AIDA also recognise the longstanding consequence and impact of European settlements, and the difference between Aboriginal and Torres Strait Islander and non-Indigenous cultures that can create a breakdown in respect.

Mentors are selected based on their experience in working with Aboriginal and Torres Strait Islander peoples and a sound understanding of cultural safety.

As a mentor, you will also bring their own cultural background to the mentoring relationship. Understanding and respecting cultures that are unfamiliar or may appear to reflect different beliefs can be difficult when viewed through your own cultural lens.³

Both the mentee and the mentor should feel safe, supported and free to share these cultural learning journeys.

Different world views

'World view' is defined in the Oxford Dictionary as 'a particular philosophy of life or conception of the world'.

A broader definition in relation to culture is 'the basic way of interpreting things and events that pervades a culture so thoroughly that it becomes a culture's concept of reality – what is good, what is important, what is sacred, what is real. World view is more than culture, even though the distinction between the two can sometimes be subtle. It extends to perception of time and space, of happiness and wellbeing. The beliefs, values and behaviours of a culture stem directly from its world view'.⁴

You and the mentee may likely share different world views. Examine your own cultural identity and attitudes and consider how this may impact how you view the world. You may wish to refer to the Working with Aboriginal and Torres Strait Islanders and their Communities website (www.workingwithatsi.info/content/PI_dreaming.htm).



Cultural safety and awareness

AIDA position on cultural safety

Aboriginal and Torres Strait Islander culture is a source of strength, resilience, happiness, identity and confidence. Each of these factors is inextricably linked to health and wellbeing, making the protection and promotion of culture critical to progressing improvements in Aboriginal and Torres Strait Islander health.

Cultural safety refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms. It is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health.⁵

AIDA and the RACGP views cultural safety on a continuum of care. Cultural awareness is the first step in the learning process (understanding differences), followed by cultural sensitivity (self-exploration occurs) and cultural safety. Visit www.aida.org.au/policypapers.aspx for more information.

Cultural awareness at the RACGP

The RACGP's 'Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice' *gplearning* activity aims to improve the health of Aboriginal and Torres Strait Islander peoples by enhancing the cultural awareness of GPs, general practice staff, medical students, primary healthcare staff, and other healthcare providers.

This 6-hour activity aims to help participants extend their knowledge of Aboriginal and Torres Strait Islander history and culture; explore how attitudes and values can influence perceptions, assumptions and behaviours in a clinical setting; and discuss key ways the practice team can be more culturally aware.

Mentors undertake this activity if they have not already done so to increase their cultural awareness. Mentors are also encouraged to seek out face-to-face delivery of cultural awareness training to enhance skill development.

Aboriginal Community Controlled Health Services settings

When referring to the mentee's everyday consultations, it is important to remember they may not necessarily be occurring in a 'typical' general practice setting. An Aboriginal Community Controlled Health Services (ACCHS) setting in which some registrars may be practising differs greatly from the general practice setting.

Aboriginal Community Control is defined as 'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community.' Aboriginal communities operate more than 150 ACCHS/Aboriginal Medical Services across Australia.

ACCHS is:

- an incorporated Aboriginal organisation
- initiated by a local Aboriginal community
- based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- able to deliver a holistic and culturally appropriate health service to the community that controls it.



ACCHS are set up in rural and remote settings across Australia to provide culturally appropriate and accessible primary healthcare. They are an Aboriginal cultural construct that includes essential, integrated care based on practical, scientifically-sound and socially-acceptable procedures and technology. ACCHS are made accessible as close as possible to where communities live through their full participation in the spirit of self-reliance and self-determination.⁶

Visit www.naccho.org.au for more information on ACCHS.

Cultural knowledge bases and cross-cultural communication

The cultural knowledge base is the core understanding and information accepted by the majority of people in a cultural group as being 'true knowledge'. The cultural knowledge base is what shapes the world view of the group. Some individuals may have specific knowledge the group as a whole does not have, but often they will keep it to themselves because the majority of the group will not acknowledge it as true knowledge.

An understanding of cultural knowledge base is especially important when one culture is trying to share unfamiliar or new information with another. If those trying to share are not conscious of the effect someone's cultural knowledge base has on the acquisition of new and 'strange' information, attempts to pass on such information will fail. In fact, it is quite likely the new knowledge will be rejected because it does not 'stack up' against pre-existing knowledge in the receiving group's cultural knowledge base.

In order to acquire new knowledge, individuals must build on existing knowledge within their cultural knowledge base. If new facts and concepts that do not fit into what they already understand to be true are taught, this new information will make no sense or its truth will be questioned. Either way, it will generally be rejected.⁷

When making contact with the mentee, it is important you act with sensitivity and respect when discussing any or all of these areas, which may have challenged the mentee in their GP training experience. Both the mentee and mentor should feel safe, supported and free to discuss any concerns and issues they are experiencing.



Glossary and definitions

Aboriginal Community Controlled Health Services (ACCHS) – A primary healthcare service initiated and operated by the local Aboriginal community to deliver comprehensive, holistic and culturally appropriate healthcare to the community which controls it (through a locally-elected Board of Management).⁶

Cultural knowledge base – The core knowledge and information accepted as ‘true knowledge’ by the majority of people in a cultural group. The cultural knowledge base is what shapes the world view of the group.⁶

Cultural safety – Cultural safety refers to the accumulation and application of Aboriginal and Torres Strait Islander values, principles and norms. Cultural safety is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health.⁵

GP Supervisor – GP with a minimum of 5 years’ experience who is responsible for the support and in-practice teaching of a general practice registrar. In previous terminology (which is occasionally still used), the GP Supervisor in the final year of training was called a mentor. The role was still supervisory, but with fewer teaching requirements as the registrar was considered to be more experienced. They are now officially called GP supervisors.

Medical educator – A qualified GP employed by a Regional Training Provider (RTP) to develop and provide education outside the practice setting, oversee and support GP supervisors in their teaching, and provide education guidance and support to general practice registrars on an individual basis. Each registrar will be allocated a specific medical educator at their RTP for the duration of their training. The medical educator may have to make decisions about the progress of the registrar.

Mentee – A less experienced person who is willing to share knowledge and experiences, be empowered to achieve goals and reach their potential in a relationship of mutual trust.⁸

Mentor – A person who has the ability to empower a less experienced person, helping them to achieve their own goals by sharing knowledge and experiences in a relationship of mutual trust.⁸

Mentoring – A dynamic and mutually-beneficial engagement between an advanced incumbent (mentor) and a less experienced person (mentee) to facilitate professional growth by sharing knowledge and skills in a confidential, non-judgmental, culturally safe environment.

Mentoring agreement – A document created to assist in defining the expectations and goals of a mentor and a mentee. It is signed by both parties and can be used to guide the development of the relationship.

Pastoral care support role – Focusing on non-workplace related issues that may affect the mentoring relationship. Support can include counselling, dispute resolution or assistance with life-skills such as budgeting, etc.⁹

Peer support – Peer support is frequent, ongoing, accessible and flexible. Peer support can take many forms – phone calls, text messaging, group meetings, home visits, going for walks together, and even grocery shopping. It complements and enhances other healthcare services by creating the emotional, social and practical assistance where necessary.¹⁰

Reflective practice – Used to examine the strengths and weaknesses of your own views and to better understand someone else’s. The aim is to learn something that changed how you understand an issue, recall (journal-keeping) how you have applied what you have discussed and learned and consider how you enjoy completing a task that required a significant amount of mental effort.

Registrar Liaison Officer – General practice registrar (or recent graduate of the GP Training program) who is employed on a part-time basis to be the official Registrar Representative in an RTP and to General Practice Registrars Australia (GPRA). They are often involved in helping to resolve disputes about employment or education, and in a pastoral care role for registrars.



Mentoring agreement

Mentor name: _____

Mentee name: _____

Our goals for this mentoring relationship are:

1. _____

2. _____

3. _____

Preferred method of contact (mentor):

Phone Email Skype In person

Preferred method of contact (mentee):

Phone Email Skype In person

Schedule of meetings

Date	Time	How will we connect?	Who will initiate contact?
Eg. 27.05.14	4:40pm AEST	Phone	Mentor



Discussion topics

1. _____
2. _____
3. _____
4. _____

By signing this agreement, we recognise that:

- mutual respect and understanding are essential to the mentoring relationship
- the mentor and the mentee are genuinely committed to the mentoring relationship
- the cultural needs of Aboriginal and Torres Strait Islander medical students and doctors are embedded within mentoring programs.

Our mentoring relationship will officially begin on ____ / ____ / ____ and will formally conclude on ____ / ____ / ____ .

- Both parties have sighted and signed the confidentiality agreement.

Mentor signature: _____ Date: ____ / ____ / ____

Mentee signature: _____ Date: ____ / ____ / ____



Confidentiality agreement

I/we agree to enter into a mentoring relationship pursuant to terms listed in the mentoring agreement. For a mentoring relationship to develop, the mentor and the mentee must feel that discussions of private issues or problems are being handled with discretion. The purpose of this agreement is to protect the mentor and mentee from a breach in confidentiality during the mentoring process.

By signing this document you are confirming you:

- understand any breach of this confidential communication will result in immediate removal from the mentoring relationship, and no further mentoring relationships will be initiated as part of this program
- agree to hold confidential conversations in confidence and to not violate the trust that is required for this relationship to be effective and powerful
- understand all information exchanged in this relationship is strictly confidential and not for external use
- understand information will be shared between the RACGP and AIDA
- have read and understood the confidentiality agreement.

Mentor (print name): _____ Date: ____/____/____

Mentor (signature): _____ Date: ____/____/____

Mentee (print name): _____ Date: ____/____/____

Mentee (signature): _____ Date: ____/____/____



Frequently asked questions

1. How long does the program run for?

The program is scheduled to run for 12 months.

2. Can the mentor have more than one mentee?

The mentor can consider taking on another mentee if they feel the relationship is going well and they have more time to commit.

3. What if I cannot contact the mentee?

If you have made a reasonable effort to contact the mentee, please contact the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health on 1800 000 251 or via email at aboriginalhealth@racgp.org.au

4. What happens if there is an issue with the mentee?

It is recommended you try to resolve your initial conflict by talking about any issues in an open and honest manner. If you do not feel this is appropriate, or such attempts have failed to resolve the situation, please contact the RACGP's National Faculty of Aboriginal and Torres Strait Islander Health on 1800 000 251 or via email at aboriginalhealth@racgp.org.au

5. Do we have to have a face-to-face meeting?

No. A face-to-face meeting is often not suitable due to time and/or location constraints. A face-to-face meeting can occur where it is convenient and if both parties are happy to do so, although it is not an official requirement of the program.

6. How do we end the mentoring relationship?

Both parties will be encouraged to reassess the relationship once the 12-month mentoring duration has passed. There is no obligation to continue the relationship past this point, unless you and the mentor agree to do so.

7. As a mentor can I earn CPD points?

CPD points have not been allocated to the program at this stage, but the RACGP does hope to offer this in the near future.



Further information

RACGP

- The Royal Australian College of General Practitioners – www.racgp.org.au
- The RACGP National Faculty of Aboriginal and Torres Strait Islander Health – www.racgp.org.au/yourracgp/faculties/aboriginal
- Introduction to Aboriginal and Torres Strait Islander cultural awareness online training – www.gplearning.racgp.org.au
- An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives – www.racgp.org.au/download/Documents/AHU/2012culturalprotocols.pdf
- RACGP–IGPRN registrar resources sheet – www.racgp.org.au/becomingagp/aboriginalgps

AIDA

- Australian Indigenous Doctors' Association – www.aida.org.au
- Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients (2013 AIDA position paper) – www.aida.org.au/downloadfile.aspx?id=culturalsafety
- AIDA Mentoring framework – www.aida.org.au/downloadfile.aspx?id=mentoringframework
- Collaboration Agreement with the Committee of Presidents of Medical Colleges – www.aida.org.au/cpmc.aspx

Other

- Indigenous General Practice Registrars Network – www.gpra.org.au/igprn
- Mentoring Works – complimentary resources – www.mentoring-works.com/free-information
- The Mentoring Leadership & Resource Network – www.mentors.net/articles.php



Contact information

The Royal Australian College of General Practitioners (RACGP)

The National Faculty of Aboriginal and Torres Strait Islander Health

Ph: 1800 000 251

Fax: 03 8699 0400

Email: aboriginalhealth@racgp.org.au

The Australian Indigenous Doctors' Association (AIDA)

Project Officer

Ph: 02 6273 5013

Fax: 02 6273 5014

Email: aida@aida.org.au



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