

Australian Indigenous Doctors' Association (AIDA) Academic Post

Interview transcript with 2020 AIDA Academic Post holder – Dr Talila Milroy

On Thursday November 5, 2020, Ms Georgia Franklin (RACGP Academic Post Coordinator) and Dr Talila Milroy met for an interview to discuss the AIDA Academic Post and Dr Milroy's experience with AIDA and in the Academic Post more broadly.

GF = Georgia Franklin, TM = Talila Milroy

GF: Could you please start by introducing yourself?

TM: My name is Dr Talila Milroy, I am a GP registrar currently with the WA training branch WAGPET. I am an RACGP Academic Post holder, which also encompasses the AIDA Academic Post.

GF: Great. Thank you. Could you please tell me a little bit about the AIDA post?

TM: Yeah sure. AIDA stands for the Australian Indigenous Doctors' Association and I applied for this post because I am an Indigenous GP as well. It is about having a research interest in the area of Indigenous healthcare that is aligned with the AIDA interests and principles. So, for me, my project is about the experiences of racism in Indigenous GP trainees. Racism in the healthcare workforce and for Indigenous patients in general is a really important topic that AIDA is trying to address, among many others. The AIDA post allows me to work with AIDA to get advice and support in developing my project, the project design, helping with recruitment and also reviewing the project as it progresses throughout the post. Also, it allows me to attend their annual conference – to present my findings but also to meet other Indigenous or non-Indigenous researchers within the Indigenous healthcare space.

GF: So they work as a support system for you and also provide an opportunity to network?

TM: yeah exactly, that's right. Previously the post (and could have if I had wanted to), allows you to go to the AIDA offices and do some time with their organisation to get extra experience and learning.

GF: But you can also do it remotely?

TM: Yeah, yeah exactly. You know, they're in Canberra and I am in WA. They're quite flexible and basically from the beginning of the post they were really happy to just work with whatever would best support you in getting through the project.

GF: That's great. It sounds like they have been a really good support for you.

TM: Yeah – they're really good. They're great.

GF: Why should a registrar apply for the AIDA post?

TM: I think, you know, it is really widely known that there are significant disparities in the health status of Indigenous people, so research in Indigenous health, with Indigenous patients and even Indigenous doctors is really helpful in addressing the healthcare needs of Indigenous people overall. There are so many under addressed areas, so many gaps in knowledge with Indigenous health care – so any kind of research or anything that adds to that evidence base of delivering primary health care to Indigenous people is a great opportunity. AIDA is really well placed to support those projects and the goals that you want to achieve in that area.

GF: and I guess more about the Academic Post more generally... why did you apply for the Academic Post?

TM: I have always had an interest in research overall - I have been doing bits and pieces of research throughout my medical degree and in my junior doctor years. So when I applied for GP training I noticed that there was this opportunity for an Academic Post in your training, as your extended skills area and it really just appealed to me. The opportunity to

be able to combine clinical work with research was something that I had always planned for in my career, but this was something that allowed me to formalise that – get some formal teaching, support, formal networks – rather than it being something that you are just kind of doing yourself along the way. The reason I always planned for it in my career was because I always felt that being able to use your clinical work to inform patient centric research questions and outcomes was a really great way to balance your career, balance your interests and continue your professional development and learning.

GF: Yeah – that’s true. And the Academic Post is good way to sort of try that out, to see if you like it.

TM: Yeah exactly. As I said it was something I had thought about for a long time – but it gives you that opportunity to experience it in its full capacity.

GF: and how did you find out about the academic post?

TM: I found out about it when I was looking on the RACGP website – I think in the AGPT registrar handbook – looking at extended skills and the options and what you can do with your extended skills. The Academic Post came up as an option so then I looked into it further from there.

GF: It’s good to know these things – we’re always trying to find out ways to target more applicants.... So the next question is how can registrars find a supervisor?

TM: Look, I think this was probably one of the harder aspects of the post. I think that you have to really – first of all know that these posts exist, but then also you need to be planning from the year before the applications are even open. I kind of knew about it, knew I wanted to do it and so I asked my practice supervisor if they had any contacts with the universities or knew of any GP academics – which they did and they were able to put me in contact with some. A lot of the practices also take medical students and so they do have some of those links. So he was able to put me in touch with his contacts and then I also spoke to my medical educator on our release day to let her know that I was thinking about this post and they were able to get a few contacts there. In hindsight I think I could have easily done a general approach to some of the main universities and their medical schools/gp divisions. I was new in WA though so it was a bit daunting.

GF: So you have to be pretty keen to seek a supervisor out?

TM: Yeah, but it is really helpful if you have a personal introduction from someone. I think I have provided feedback that it would be good if there was a list of contact people on the website so I guess people know where to start. One of the things I didn’t realise was that you needed to let your Medical Educator know. I sort of informally let them know, but certainly it needed to be signed off by your regional training organisation. So I had contacted your team and they were really helpful, but hadn’t contacted my training organisation.

GF: So it’s good to start the process early?

TM: Yeah exactly.

GF: We are actually thinking about pushing back the application period a little as we have received feedback from a lot of registrars that it is too early

TM: Well I think one of the things too is lining it up with your clinical placement will be, because you apply for your new practice quite early in the year. So I had to do my interview and tell them that I was waiting to hear about the post. I had to say “I want full time but if I get the post I want part time – is that okay?”. Luckily my practice was really accommodating – either way they were happy, but I don’t know if other practices would be as accommodating.

GF: That’s really good to know. We get a lot of feedback asking for the application period to be later in the year, so that registrars can at least get through GPT1 and have a bit of time to prepare. But then sometimes we get a little bit of ad hoc feedback like this – saying not too much later in the year.

TM: I kind of agree with both points – it’s hard to balance.

GF: So I guess you have already touched on this, but what are they key benefits of being an AIDA post holder?

TM: Yeah okay, I guess as I said I think networking, support – being able to have knowledge from a key body and people with specific expertise in Indigenous health. You are always going to be attached to a GP department within a university, but that doesn't necessarily mean that the people in your department or your supervisor have an interest or expertise in Indigenous health and support and someone to review things. I have been able to send AIDA my poster presentation for the conference to review and they can make comments on that and my literature review that I want to publish later on and stuff like that.

GF: Great, so it's quite collaborative.

TM: Yeah exactly.

GF: How has the AIDA or Academic Post helped your career as a GP and what have you learnt?

TM: So I mentioned earlier that I really enjoy that your clinical practice can inform your research questions and your research knowledge, but I think it works both ways. I find that my academic days are really helpful with my clinical days. So your academic day at the university I guess can be a little bit of a break or a respite from clinic – so you get the time to reset and reflect on some of your patient experiences and things – which when you're doing full time GP placement, it is sometimes hard to get that opportunity. But also, after you leave medical school, you learn a lot of practical skills – on the wards in the hospitals, seeing patients, but all of that kind of learning new knowledge just about medicine in general I think falls to the wayside a bit. So it gives you the opportunity to be actively reading journals and the latest medical information coming up and consolidate some of your exam study. Then there is also a teaching component, it's not just research, a big part of it is teaching. You're teaching medical students, so you're practicing your clinical examination skills, you're practicing best practice in history taking – so you're always refining your own skills. Obviously when you teach someone else something, you consolidate your own knowledge and reflect on your own practice. So all of that has been really valuable in my learning as a GP. And also you're working with other academic GPs, who are practicing GPs and are also academics. So when you're surrounded by other GPs you are able to learn from them – you debrief from patient experiences and you're able to learn lots of different lessons.

GF: So it's kind of a really good feedback loop between clinical and academic life?

TM: Yeah, exactly.

GF: Do you have any advice for anyone who is applying for an Academic or AIDA post?

TM: As an Indigenous GP, I have always been interested in Indigenous health – so that's why my question naturally went in that direction. I think whether it is for the AIDA post, or for just a general post, having a really clear idea about your question from the beginning is good, but also thinking about the logistics of how you will answer that question, because the post is just 12 months. It really has to be reasonable and scaled to that timeframe. So answering a question that's really big and broad, or requires heaps of patients to be recruited, probably isn't reasonable or realistic. So what I did with my supervisor the year before the post, was I sent her 5-10 questions that were interesting to me that I had been thinking about. Not well refined at all, and from that point we were able to go through them and decide what was going to be realistic...

GF: and then further define your project from there?

TM: yeah, exactly. So I think it's all about having your question clear from the beginning. And not just the question but some thoughts about how you will design that project, because you will have to have some of that in your application anyway, but it is really helpful, because it is only 12 months, if you have designed your project before the post starts. Even get your ethics application in before the post starts so you can kind of hit the ground running and really maximise that whole 12 months. So that's what I did – I had ethics in and approved the year before, so it really kind of helped to allow me to get going straight away.

GF: so you were saying you went to your supervisor to help develop your research project idea?

TM: yeah, yeah so obviously that's before you have even been offered the place – so you do have to be quite committed and prepared to put in quite a lot of work before you even know if you have got the post. But, if you do that it does make the whole process a lot better and it makes your application stronger because you have already thought through a lot of this stuff and really have a clear project and vision in mind which I think will make your application more successful.

GF: So to finish off, how has your experience been in the Academic Post program so far?

TM: It has been great. I really have enjoyed it. You get lots of support. You learn so much week to week. You really pick up so many skills, not just in the clinical side of things but the academic side of things. Things like academic writing, research processes, data processing... all of these kinds of things that you just wouldn't have had the opportunity to do outside of the post. Even if you went into Medical Education or academic roles after you have finished your fellowship, I think without this post you would not have such a broad range of skills. I think it makes you really well rounded and competitive. I think patients are always really impressed when they know you work for the university – they think you're a genius or something. So all of that is really good.

GF: Great! And lastly is there anything else you would like to add?

TM: I would just say, if you have any inkling that you are interested in academia or research or medical education I would put in an application and go for it. Because if you get the opportunity to do it, it's just great and really good for your exam preparation years because it is such a great balance between learning and clinical work.

GF: Thank you for your time today, that was great.