CDAMS Indigenous Health Curriculum Project

LIME Network Discussion Paper

(**L**eaders in **I**ndigenous **M**edical **E**ducation)

Background
As part of the CDAMS Indigenous Health Curriculum Project – Phase I, the Project undertook to establish a network of medical educators who might support each other in the delivery of quality Indigenous health content within medical curricula. Phase I of the Project established an informal network through the National Curricula Workshop in Victor Harbour, South Australia in August 2003, and various other networking and meeting opportunities.

Phase II of the Project is now concerned with consolidating those linkages into a sustainable, functional and effective network of medical educators.

The draft objectives, issues and options that follow have been drawn from the audit and consultations process, the curriculum workshop and drafting process, and on-going consultation with a range of Project stakeholders.

This discussion paper is intended as a means to stimulate further development and eventual implementation of a sustainable network of medical educators.

Other Networks Already Operating
There are a number of other networks already operating that are engaged with Indigenous health and medical education in one form or another. Some of them are:

- Indigenous staff within health science faculties nationally – this network is informal and was established as a part of an International Indigenous Health Knowledge Development network. Australia's involvement in this is being co-ordinated by James Cook University School of Medicine staff. This network is useful for our purposes, yet has a multi-disciplinary focus and is for Indigenous staff only.

- ANZAME (Australian and New Zealand Association of Medical Education) Indigenous Health Special Interest Group (IHSIG) – this was established at the 2004 ANZAME conference in Adelaide and consists of 15 members on an email list who are concerned with developing and advocating for

Indigenous health within multi-disciplinary educational settings. ANZAME is a multi-professional health education organization, despite its name only mentioning the discipline of medicine.

- ARHEN (Australian Rural Health Education Network) Indigenous Staff Network – all Indigenous staff working in UDRH's (University Department's of Rural Health) who play a large role in delivering curriculum to students from across the health sciences on their rural placements/rotations.

- Professional organizations concerned with Indigenous health, such as the Australian Indigenous Doctors Association (AIDA) and Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN).

While some of these networks will have members that we would like to be involved in this Project's network, the functions, purposes and memberships of those are slightly different to that which we require.

Issues

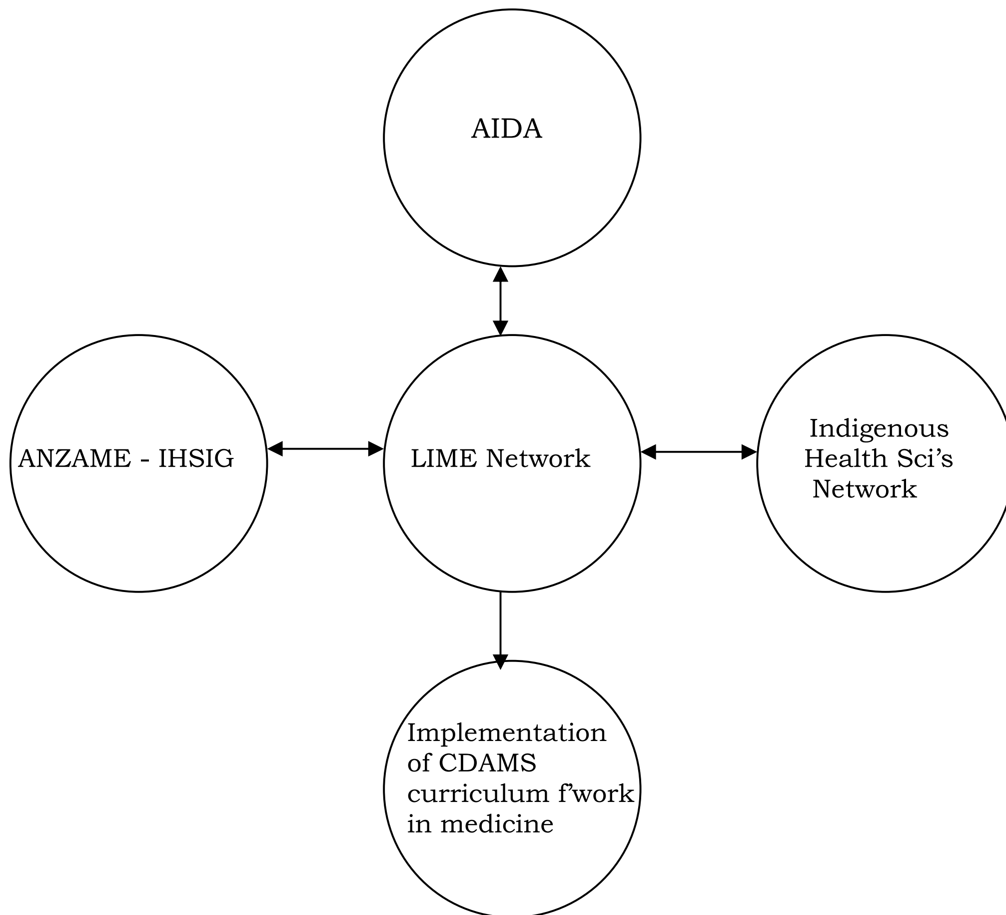
Focus – This network would need to be focused on the development and delivery of Indigenous health specifically in the discipline of medicine, but that it would actively seek to develop multi-disciplinary approaches and collaborations.

Membership – a network of this type would need to have Indigenous and non-Indigenous medical educators actively involved in the network, where responsibility for its operations were taken on by Indigenous and non-Indigenous members alike (Indigenous health should not just be the responsibility of Indigenous staff/people). Having said that, it would be anathema to our goals if Indigenous medical educators and community representatives were not empowered to take a lead in the network. That is, there may be the need to ensure the network has co-chairs for instance (one Indigenous and one non-Indigenous), or perhaps that the Chair or Convenor should always be an Indigenous person. There should always be additional opportunity for Indigenous colleagues to caucus at meetings and conferences in the interests of peer and cultural support.

Resources - Networks that rely on email or personal licence and drive are not always the most successful because they inevitably end up with a few core individuals staying in touch, and the rest feeling so overwhelmed with the volume of information coming across their desks that it is sometimes to easy to turn off from information overload, rather than lack of commitment to the principles of a project/network. Given this, it would seem sensible that this network consider the option of dedicating some staff time/hours to its upkeep and operations. At its most expensive end of the scale, funds for a project officer might be sought, or at it's most

simple, each medical school might nominate a link person who would be in charge of information flow and co-ordination, and move the national co-ordination role around to each school.

Linkages to Other Networks – it would be useful for this network to link in with other existing networks, rather than assume that often the same people have the time to engage in different networks for essentially the same purpose. In that regard, this Project's network could conceptually be a central part of a multi-pronged networking approach, as this diagram shows.



With those issues in mind, some options for the network are laid out as follows.

PROPOSAL

Proposed Name
The LIME Network (Leaders in Indigenous Medical Education).

Purpose of Network
Improve Indigenous health outcomes through effective and high quality medical education and curricula.

Membership
All medical educators (Indigenous and non-Indigenous) and Indigenous health specialists and or community members concerned with the delivery of quality Indigenous health content in medical education and curricula.

Aim
A dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula.

Objectives

1. Support members in the development, delivery and evaluation of quality Indigenous health content in medical education and curricula;
2. Identify and advocate good practice and quality in teaching, resource development, assessment and evaluation;
3. Be a peer network for professional development and support;
4. Encourage colleagues to engage with and deliver quality Indigenous health education;
5. Work collaboratively with other disciplines and networks where appropriate;
6. Advocate for reform within and without of the sector where appropriate;
7. Celebrate successes among the membership and the sector.

Linkages
A network owned by CDAMS but with affiliations to ANZAME/IHSIG and other networks.

Resourcing Options

A) Medical schools rotate the job of co-ordinating the network (0.5FTE) every year.

B) Medical schools choose one school to base the secretariat permanently and each contribute some funds to a 0.5FTE position plus operating costs.

C) The network remains a loose contact list, meeting irregularly, though this option is not likely to be sustainable.

D) The network remain as a Special Interest Group of ANZAME only, meaning the focus and drive of the network would again rely on individual license than with some institutional and sustainable backing.

E) Medical schools collectively seek central funds to maintain a network co-ordinator's position and operating costs.

Conclusion

Any network developed will need to be mindful of other networks already operating, while maintaining and creating the independence this network will require. The LIME Network will need to be mindful of its operating, structural and membership guidelines to ensure effectiveness and relevance while meeting its objectives. It will also need to ensure leadership from Indigenous medical educators while sharing the responsibility of implementing quality curriculum with non-Indigenous staff and community representatives.

Given that the key marker of the quality of this network will need to be its sustainability and longevity, resources must be used wisely and realistically to ensure that outcomes are met and the network does not prove an unrealistic drain on any one or two medical school's resources.

The key to any network and any sustainable institutional reform is the power of its people. The LIME Network, like any good one, should be about creating and maintaining passion for the job at hand, rather than being seen as an unnecessary burden on one's time and resources.

Finally, The LIME Network should ultimately be about empowering its members and participants to achieve the highest quality possible in implementing Indigenous health in medical education and curricula.

This paper will be discussed, amended and ratified at the LIME Connection in Fremantle, June 8-10, 2005.

Reponses or suggestions regarding the development of such a network should be forwarded to Gregory Phillips, National Program Manager for the Project by email at **glphil@unimelb.edu.au**