The LIME Connection
PROCEEDINGS AND REPORT

June 8-10, 2005

Fremantle

Written by

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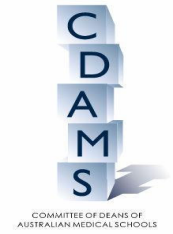

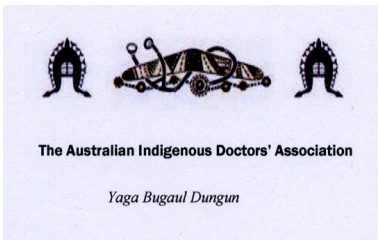

Acknowledgements

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The Australian Indigenous Doctors' Association
Yaga Bugaul Dungun

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In writing this report, the authors would also like to acknowledge the following people:

- Associate Professor Joan Winch for her welcome to country
- Staff of the host universities for their warm welcome and support of The LIME Connection
- The LIME Connection presenters and participants who made such a valuable contribution to the proceedings
- CDAMS Steering Committee
- Co-convenor AIDA, and particularly then President A/Professor Helen Milroy
- Organizing Committee –
  - A/Professor Helen Milroy
  - Dr David Paul
  - Ms Deanne Minniecon
  - Dr Mark Wenitong
  - Gregory Phillips
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- Professor Ian Anderson, Viki Briggs, Shaun Ewen, Angela Clarke, Paul Stewart and all the staff at Omenda – VicHealth Koori Health Research and Community Development Unit for their continuing support of the Project and of Greg Phillips as Manager.

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Executive Summary

The Leaders in Indigenous Medical Education - LIME Connection held in Fremantle in June 2005, attracted a large number of stakeholders with an interest in Aboriginal and Torres Strait Islander health. It specifically sought to strengthen the networks that have been established and to discuss key issues in implementing the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework.

Over the three days of The LIME Connection, a number of presentations were given by keynote speakers, group discussions facilitated and dynamic sessions triggered by invited speakers and The LIME Connection participants. In summary, the following issues were discussed:

- Barriers and enhancers to the implementation of the CDAMS Indigenous Health Curriculum Framework
- Issues in relation to recruitment and support of Indigenous students in medical programs
- Issues in relation to curriculum, including teaching and learning methods, approaches to assessment and competencies, and evaluation and accreditation
- Issues in relation to capacity, including workforce, partnerships and student placements and vertical integration and senior clinician training.

Clearly, support was expressed for the implementation of the CDAMS Indigenous Health Curriculum Framework, and a number of issues were recognized as being critical to its success. In summary, these include the following:

- working in partnership with medical schools, Aboriginal and Torres Strait Islander communities, service providers and government
- adequate and appropriate allocation of resources
- ensuring high level commitment within medical schools
- sharing of knowledge and resources
- strategies for developing capacity in Indigenous health within institutions

As a result of these discussions, a number of key outcomes were identified, along with proposed strategies, which will form the basis for action following The LIME Connection.

Background to The LIME Connection

In 2002, the Committee of Deans of Australian Medical Schools partnered with the Office of Aboriginal and Torres Strait Islander Health (OATSIH), to establish and implement the CDAMS Indigenous Health Curriculum Development Project. The project had as its aims the following:

- To audit existing Indigenous health content in core medical curriculum;
- To develop a nationally agreed curriculum framework for the inclusion of Indigenous health in core medical curricula;
- To develop a network of Indigenous and non-Indigenous medical educators concerned with Indigenous health; and
- To seek accreditation of the curriculum framework by the Australian Medical Council (AMC).

The project was hosted by the University of Melbourne through its VicHealth Koori Health Research and Community Development Unit. In phase one of this project an informal network of medical educators was established to support the delivery of quality Indigenous health content within medical curricula.

Phase two of this project is concerned with consolidating these linkages and ensuring a sustainable, functional and effective network of medical educators. In this regard, the following existing networks have been recognized and included in the discussions and planning processes:

- The network of Indigenous staff operating within health sciences faculties nationally;
- The Australian and New Zealand Association of Medical Education (ANZAME) Indigenous Health Special Interest Group;
- The Australian Rural Health Education Network (ARHEN) Indigenous Staff Network; and
- The Australian Indigenous Doctors Association (AIDA); and
- The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN).

The LIME Connection Purpose

The major purpose of The LIME Connection was to consolidate the linkages that have been formed and identify the key issues to be addressed in ensuring the sustainability of the processes and relationships established through the CDAMS project.

The LIME Connection participants

The LIME Connection participants were drawn from key stakeholder groups that included medical educators (Indigenous and non-Indigenous), Indigenous health specialists, policy makers and community members concerned with the delivery of quality Indigenous health content in medical education and curricula. A list of The LIME Connection participants is at Appendix 1.

The LIME Connection Format

The format of The LIME Connection was designed to provide a mix of formal presentations as well as to provide adequate time for discussion and interaction amongst the participants. Over the three days of The LIME Connection, presentations in relation to historical approaches to the development of curriculum in Indigenous health, related current projects, Indigenous student recruitment and support, and culture and capacity within medical schools were given by invited speakers. In addition, a number of small group discussions and dynamic sessions were held to specifically identify curriculum, recruitment and support and capacity issues in relation to the implementation of a curriculum framework in Indigenous health.

Report Format

In this report, a summary only of the key issues relevant to The LIME Connection outcomes, raised in the individual presentations, group discussions and dynamic sessions, is presented. The report is not intended to provide a formal set of recommendations, but rather is a concise summary of the key outcomes and issues to take forward in relation to ensuring a strong and sustainable approach to working together in the implementation of an Indigenous health curriculum. A summary of each individual presentation is at Appendix 2 and a list of the speakers in the dynamic sessions is at Appendix 3.

2. Implementing the CDAMS Indigenous Health Curriculum Framework

This Framework has been developed in close consultation with medical educators, Indigenous health specialists, AIDA, medical colleges, student bodies, and other stakeholder organizations such as AHREN. Its purpose is to provide a set of guidelines for medical schools in order to develop and deliver Indigenous health content in core medical education. It is recognized that this is an emerging field and that medical schools are at differing stages of curriculum development. However, there is now a commitment to implementation of the Framework, and The LIME Connection participants considered the barriers and enhancers to the success of this process. These are summarized in sections 2.1 and 2.2 below.

2.1 Barriers to the implementation of the CDAMS Indigenous Health Curriculum Framework

2.1.1 Resources

Successful implementation of the CDAMS Indigenous Health Curriculum Framework requires dedicated resources, in particular financial and human resources. This relates both to the need for additional resources, as well as to the scope to prioritise Aboriginal and Torres Strait Islander health within existing resource allocations. Specific resource issues raised in the group sessions included the following:

- **Inadequate funding and insufficient staff**, which hinders further development and implementation of the curriculum in this regard. Top down leadership in Medical Schools is required to give priority to Indigenous health and reflect this within resource allocation. The relatively low numbers of Indigenous academic staff within health science faculties means that they are stretched across disciplines and often asked to contribute in areas beyond their own professional expertise;

- **Lack of staff capacity** in terms of base line knowledge required to teach, particularly in a problem based learning situation;

- **Lack of long-term funding commitment** from the Commonwealth – a reliance upon short term or soft money makes sustainable and strategic implementation difficult;

- **Lack of staff development and training** in relation to Indigenous health - resources are required to implement a staff development plan that recognizes the unique role and development needs of Indigenous

academic staff, as well as opportunities for training non-Indigenous staff who work in this area. This would include a focus on issues related to cultural security and contemporary issues in working with Indigenous communities; and

- **Internal competition** within schools and disciplines, particularly in relation to EFTSU places and an unwillingness to give up funds to go to an equity area.

2.1.2 Institutional

Change within institutions was identified as an important area that needs to be addressed in the implementation of the Framework. This needs to occur at a number of different levels, including:

- **Institutional culture** – the attitudes and perceptions of non-Indigenous staff and students was identified as a potential barrier, as was some of the discriminatory stereotypes that exist about Aboriginal and Torres Strait Islander peoples;

- **Structures and support requirements** – The Indigenous support units do not generally have the resources and structures in place to provide the level of support required for students in the health sciences, often studying on remote campuses or in teaching hospitals; and

- **Teaching and learning approaches** – some of the more traditional approaches to education may be more difficult to adapt to the changes needed to integrate Aboriginal health into curricula, while more contemporary approaches require specific educational expertise. Other issues identified in this regard included the differences between the graduate programs and the undergraduate program, ownership of Indigenous content and of the review of curriculum over time, and the appropriate preparation of educators, both Indigenous and non-Indigenous.

2.1.3 Community and cultural

The importance of working in partnership with Aboriginal and Torres Strait Islander communities and service providers in the implementation of the Framework was also recognized. However, the following challenges in this regard were noted:

- **Involvement in teaching** – while recognized as a significant contributor, it raises issues in relation to appropriate level of payment and confidence in a teaching situation; and

- **Capacity** – bad experiences in a community can destroy relationships and it is therefore critical that the community and services have the capacity to support the educational needs.

2.1.4 Health service

Clinical experience is a critical component of medical education and placement in Aboriginal and Torres Strait Islander services provides a valuable opportunity to expose students to Indigenous health, as does supervision by Indigenous practitioners. However, the following issues were identified in this regard:

- **Capacity** – it was noted that there is a growing demand on Indigenous health services to provide clinical placement opportunities, and this can result in concerns about student and cultural safety, as well as placement fatigue and subsequent inadequate preparation;

- **Staff Affiliation** - it was also noted that staff involved in supervision in hospitals or other health services do not necessarily have a university affiliation;

- **Service Impact** – It was further noted that Aboriginal Medical Services are currently struggling to meet their clinical workloads, and yet they are increasingly being asked to take on clinical teaching responsibilities.

2.2 Enhancers to the implementation of the CDAMS Indigenous Health Curriculum

2.2.1 Partnerships

This was identified as a significant contributor to the outcomes achieved thus far. Of significance are the following:

- Partnerships with communities;
- Partnerships within universities;
- Partnership with service providers – in this regard, support was expressed for clinical staff in Aboriginal Medical Services to be offered adjunct or clinical appointments that recognize their contribution to the education programs.

In addition, it was noted that in some cases, successful partnership agreements are about an exchange of services, and not necessarily an exchange of resources. Recognition was given to the role played by non-university institutions and personnel in the delivery of medical education, and this needs to be supported in a relevant and appropriate manner.

2.2.2 Networks

The existence of networks creates opportunities for sharing of information and resources and for creating efficiencies in the manner in which the curriculum in Indigenous health is delivered. In particular, the contributions of the following groups in this regard were noted:

- AIDA;
- The LIME Network; and
- CATSIN.

It was also noted that the establishment of a network of Indigenous academic staff in health would create a network for collaborative work and institutional support in the implementation of the CDAMS Indigenous Health Curriculum Framework.

2.2.3 Teaching and Learning

It was recognized that a range of strategies have been employed across universities in relation to the development of content and delivery methods for Indigenous curriculum in health. In summary, the following were noted:

- Success in the use of peer education using both Indigenous staff and Indigenous students;
- Positive outcomes using strengths-based approaches to Indigenous health, rather than the deficit model that is frequently applied;
- The power of utilizing student experiences and to allow for the diversity of experiences that exist in Indigenous health;
- Use of integrated assessment approaches.

Finally, Indigenous staff were identified as “a significant curriculum enhancer”

2.2.4 Resource Sharing

Given that the implementation of the CDAMS Curriculum Framework in Indigenous Health is a relatively recent initiative, it is important that the lessons learnt thus far, as well as in the further implementation are shared and addressed. It is also important in a climate of scarce resources to use available knowledge for the best use. In this regard, the following issues were raised:

- Recognition of the importance of “reciprocity” in the current climate of Aboriginal and Torres Strait Islander Affairs;
- Need capacity to identify and utilize “hidden” resources;
- The strength of having a “collective memory”.

2.2.5 Community

A critical component of the successful implementation of the Framework rests within the Aboriginal and Torres Strait Islander community. In summary, the following were noted:

- The important role played by community elders and leaders in orientation programs and graduation ceremonies;
- The importance of recognizing the prior life experiences that the Indigenous student brings to the learning environment;
- The importance of role models in the Aboriginal and Torres Strait Islander community;
- The importance of Indigenous leadership and collaborative approaches in the implementation of the Framework; and
- That the implementation process acknowledges and respects Indigenous self-determination and sovereignty.

3. Summary of outcomes from Dynamic Sessions

These sessions involved one or two presenters giving stimulus papers for 15 minutes each, followed by interactive facilitated group discussions designed to stimulate learning, build skills and capacity, and identify factors for success. Session topics and a brief summary of discussions in relation to key success factors are in sections 3.1 to 3.3 below.

3.1 Indigenous Student Recruitment and Support

Recruitment

- Support for improving data quality in this regard, within ethical guidelines;
- Need to target students at an earlier age, and support them through the system, including appropriate selection of subjects and pathways to study medicine; and
- It is important to understand the target audience and this may require different recruitment methods for adults and adolescents;

Student Support

- A model of support that incorporates both professional and community support is needed;
- There is a critical need for mentoring schemes;
- Students often experience a cultural lapse for an extended period while studying and strategies to achieve a balance between the two worlds are needed; and
- Sharing resources across the range of health disciplines is important.

3.2 Curriculum Issues

Teaching and Learning Resources:

- Need resources that suit the local context, but than can potentially be adapted for wider use;
- The process of delivery is important and workshop/models that focus specifically on this issue should be provided;
- The involvement of key community stakeholders is critical;
- Need to build upon the existing strengths within Medical Schools and the Aboriginal and Torres Strait Islander community;
- An integrated approach to inclusion of Indigenous issues in teaching programs; and
- Using a variety of teaching modalities.

Assessment and competencies:

- Importance of assessment sends a powerful message to students from the beginning;
- There are many different approaches to assessment and it would be useful to enable sharing of assessment tools where appropriate;
- There needs to be ongoing evaluation of assessment tools in order to continue to make improvements; and
- Timing of assessment is also important.

Accreditation and evaluation

- Accreditation as an incentive or motivator for schools to adopt the CDAMS Indigenous Health Curriculum Framework and to be accountable;
- Flexibility of approach is needed: CDAMS and AMC support diversity and innovation without prescriptive constraints;
- Inclusion of Aboriginal and Torres Strait Islander members as part of a pool of assessors;
- Need to have strategic collaborations to progress the issues and attract vital funding: CDAMS /AMC/ AMA /AIDA; and
- Leadership within universities is also needed, particularly from Deans of Medical Schools;

3.3 Capacity Issues

Workforce

- Recognize and value the knowledge of Indigenous academics;

- Remunerate Indigenous staff to match the additional skills that they bring with them;
- Recognise the courage and honesty of Indigenous academics in sharing their stories;
- Provide resources to train non-Indigenous staff and support them in working in Indigenous health;
- Use of a team-based approach; and
- Share knowledge with non-Indigenous people and learn from each other;

Partnerships and Placements

- Involvement of key community stakeholders and adherence to local community protocols;
- Provision of resources to support student placements in communities;
- Encouraging reciprocity so that communities benefit from student placements;
- Importance of long-term established relationships with communities; and
- Use of cultural mentoring programs and appropriate remuneration for those involved in such programs.

Vertical Integration and Senior Clinician Training

- Mentoring programs needed to increase the number of Indigenous doctors working in specialist areas;
- Establishment of links with the professional colleges
- Addressing Indigenous health in Guidelines for Junior Medical Officer training;
- Professional colleges are at different stages in their development of Indigenous issues and sharing of resources should be encouraged; and
- Using role models as a positive outcome in this area.

4. The LIME Connection Outcomes

The following 10 outcomes were agreed by the conference delegates at the end of the three days of formal presentations, dynamic sessions and small group discussions. Along with each proposed outcome area, a suggested action has been identified.

Outcome 1
Funding and resources will be key to developing and implementing quality curriculum and student support outcomes.

Intent – Develop a funding strategy that is aligned to the agreed resourcing responsibilities between medical schools, DoHA, DEST, and other partners.

Outcome 2
Leadership among Deans, medical educators, Indigenous community representatives, policy makers and medical colleges and councils is critical.

Intent – Leadership will continue to be fostered through the CDAMS Indigenous Health Curriculum and AIDA Best Practice Projects, The LIME Network and other initiatives.

Outcome 3
The inclusion of Indigenous health in the Australian Medical Council's (AMC) accreditation process is a high priority.

Intent – Work with CDAMS and the AMC to include Indigenous health in the accreditation guidelines, including appropriate protocols and processes, and ensuring the unique status of Indigenous health maintains a protected focus in the accreditation document and process.

Outcome 4
The AIDA Best Practice Report for the Recruitment and Support of Aboriginal and Torres Strait Islander Medical Students provides evidence that will facilitate the further development of strategies. The LIME Connection strongly supports the Report.

Intent – CDAMS and medical schools will consider the outcomes of the Report in developing national and local implementation strategies. CDAMS and schools will collaborate with AIDA on implementation.

Outcome 5
Staff capacity development on Indigenous health within medical education (Indigenous and non-Indigenous) is a very high priority.

Intent – Support medical schools to trial and implement initiatives to train and work with the particular needs of Indigenous and non-Indigenous staff.

Outcome 6
Quality respectful partnerships with Indigenous communities are critical to quality medical education.

Intent – Medical schools will continue to develop such partnerships and recognise the time and resources to do such, as well as consider seeking a co-ordinated approach to funding student placements. The LIME Network will support the development of best practice for such partnerships.

Outcome 7

The sustainable resourcing and operation of The LIME Network is of highest priority. This provides an opportunity to share resources and experience, and celebrate successes and outcomes.

Intent – Work with partners to establish a secretariat, employ a project officer to develop the Network and consider data-base and other initiatives. Consider development of regular LIME Awards and LIME Connections.

Outcome 8

Continuing to develop co-ordinated multi-faceted strategies at school level for curriculum and student recruitment and retention reform and implementation is of high priority.

Intent – Medical schools resolve to continue to develop such initiatives, and The LIME Network and the two projects continue to support this process.

Outcome 9

Vertical integration between undergraduate, postgraduate and vocational training for Indigenous health curriculum and student recruitment and support is of high priority.

Intent – Develop a brief; speak with CPMEC and CPMC; and convene symposiums at their annual meetings.

Outcome 10

Ongoing collaboration between CDAMS and AIDA is critical to success.

Intent – CDAMS and AIDA will strengthen and formalise their partnership through a Statement of Intent for Collaboration.

Appendix One

List of The LIME Connection Participants

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Appendix Two

Summary of Key Issues raised in individual presentations:

Day 1

Welcome Plenary:

Following a welcome to country by Associate Professor Joan Winch, a series of short presentations also welcomed participants and set the scene for The LIME Connection:

Associate Professor Helen Milroy
President of the Australian Indigenous Doctor's Association (AIDA)

- Welcomed participants and gave an overview of the history, objectives and role of AIDA

Professor Ian Puddey
Dean, Faculty of Medicine, UWA

- Reminded participants that all Universities in Australia have a role to play in developing Indigenous doctors and responding to Indigenous health
- Also pointed out the important role that the community has to play in meeting this agenda

Professor Adrian Bower
Head, School of Medicine, The University of Notre Dame

- Reminded participants that policy needs to be both meaningful and achievable
- Also highlighted the need for innovative approaches to selection of Aboriginal and Torres Strait Islander people in medical programs

The LIME Connection was then officially opened by the Senator for Western Australia, Dr Alan Eggleston.

Mr Gregory Philips
National Program Manager, CDAMS Indigenous Health Curriculum Project

The Office of Aboriginal and Torres Strait Islander Health (OATSIH) funded this project in 2003, to develop a nationally agreed curriculum framework for the inclusion of Aboriginal and Torres Strait Islander health in core medical curricula.

The CDAMS curriculum has now been completed and its accreditation approved by the AMC. In the next stage of a three year project, medical schools will develop structures and processes for the implementation of the framework.

Following an audit of medical curricula and consultations with key stakeholders in medical schools, a national curriculum workshop was held. Key results from this process included the following;

- Indigenous content varies quite significantly across schools, both in terms of the amount covered and the specific nature of the content;
- Indigenous health tends to be a discrete, elective or rural health unit rather than an integrated approach;
- A range of cross cultural awareness models exist and experiential learning is highly valued;
- Co-ordination across the medical schools in relation to Indigenous health is generally poor; and
- Extreme views held by students in relation to Indigenous health.

The strategies employed to achieve outcomes in phase two of the project include the following:

- Consultations with medical schools and other key stakeholders
- The consolidation of the LIME Network
- The LIME Connection, including the identification of factors for success, required collaborations, and strategies for capacity building
- Facilitation of additional regional/national workshops
- Development of appropriate teaching and learning resources
- Implementation of strategies for Indigenous student recruitment and support
- Vertical integration
- The establishment of an AMC Working Party in 2005
- Identification and implementation of evaluation and sustainability strategies

Ms Deanne Minniecon
Project Officer, Best practice project for recruitment and support of Indigenous medical students, AIDA

This is a relatively young project that commenced in 2004. The process thus far has included the following:

- Completion of a literature review
- A survey process
- Site visits to medical schools to identify current recruitment and support strategies as well as gaps in this regard.

It was noted that the 3 days of The LIME Connection would allow for this foundation to be built upon.

Historical Approaches to Curriculum Development

Professor Ian Anderson
Director, Onemda VicHealth Koori Health Unit, The University of Melbourne

Professor Anderson gave a historical overview of the policy context relevant to Aboriginal and Torres Strait Islander medical education. In summary, the following were noted:

- 1984 - Aboriginal Australians begin to graduate in medicine;
- 1986 - National Inquiry into Medical Education and Workforce;
- 1989 - National Aboriginal Health Strategy, which recommended curricula on Aboriginal culture, history and health issues in all health courses, increased clinical placements, health staff orientation and cultural safety programs, and recruitment & retention of Aboriginal people in health professions;
- 1995 - Commonwealth health portfolio assumes responsibility for national Aboriginal health program;
- 2001 - CDAMS strategy foregrounds Curricula project;
- 2002 - Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework developed, which sets out a comprehensive reform agenda for a 5-10 year period; and
- 2003 - National Strategic Framework for Aboriginal and Torres Strait Islander Health endorsed.

Key issues for consideration in approaches to curricula include a recognition that "special issues" exist, development of a cultural immersion program and promotion of an integrated curriculum. In relation to the latter, this requires an investment within schools, developing internal, including staff, capacity, and developing partnerships with key stakeholders. It is also critical that links with post-graduate courses are considered in the development of undergraduate courses.

In conclusion, Professor Anderson stressed the importance of curricula in achieving success for Indigenous students. It is the first and most important step in creating cultural safety, and without it, there is little need for recruitment and retention strategies.

Ms Christine Rimene
Kaitakawaenga Rangahau Maori, Facilitator Maori Research, The University of Otago

Ms Rimene gave a historical overview of the nursing and midwifery experience in New Zealand, including the development of cultural safety theory, which arose

out of a nursing forum, held in Christchurch in 1989. Since then, there has been continuous development of the concept, including the following important events:

- 1990 - NCNZ amends standards to incorporate cultural safety into nursing curriculum;
- 1992 - First set of guidelines written by Dr Irihaepti Ramsden and other nurse educators;
- 1996 - Guidelines reviewed in response to Cultural Safety Review Committee;
- 1997/98 - Audits undertaken on nursing education providers – further change was needed; and
- 2000/2001 - Nursing Council Review of Undergraduate Nursing programmes.

Ten years on form the development of cultural safety theory, learning outcomes have been identified in relation to:

- Cultural safety;
- The Treaty of Wiatangi; and
- Maori health

Indigenous Student Recruitment and Support

Dr Kelvin Kong and Ms Deanne Minniecon
Executive Member and Project Officer, AIDA

Initial reference was made to the lower life expectancy of Indigenous people and the current estimated workforce shortages in Aboriginal and Torres Strait Islander health. The preliminary findings of a project funded by OATSIH to achieve the outcomes were presented:

- development of recommendations on best practice models for recruitment/retention/graduation of Indigenous students in medicine;
- development of best practice models for support units within Medical Schools;
- development of best practice models for cultural safety for Indigenous medical students;
- Identification of appropriate models for mentorship;
- Development of resourcing models of best practice for recruitment/ retention/ graduation, mentorship, cultural safety and other factors/issues as identified; and
- Identification of key stakeholders to work collaboratively in implementing the project recommendations.

The initial findings indicate the importance of:

- Reaching potential Indigenous medical students early, particularly from primary school years;

- Developing and maintaining educational partnerships between Indigenous communities, universities, medical schools, schools (both primary and secondary) and colleges;
- Valuing programs that encourage Indigenous people to undertake a medical degree (such as orientation programs, bridging and enabling programs and scholarships); and
- Adequately resourcing and supporting Indigenous support centres within the universities and medical schools.

Culture in Medical Schools: Individual and Institutional Growth

Dr Mark Wenitong
Executive Member AIDA/ James Cook University
Dr Wenitong largely referred to his experiences in medical education at James Cook University and also highlighted the importance of the CDAMS project. In summary, he identified issues that impact on culture in medical schools as being related to:

- Indigenous students;
- Non-Indigenous students;
- Indigenous staff;
- Non-Indigenous staff; and
- Institutional policies and practice.

In order to respond to required changes, in particular the implementation of the CDAMS Framework, Dr Wenitong identified the following factors as being important in influencing an institution's ability to respond:

- **Resources-** human are especially very important but not the whole story – Indigenous staff and non Indigenous high profile staff very important;
- **Processes –** Patterns of interaction. communication, coordination, and decision making
- **Values –** with a broader meaning than just ethics. Also refers to the Institutional standards by which staff set priorities that enable them to judge whether projects are attractive/important or not. Staff can more easily make decisions based on clear consistent values.

In conclusion, the importance of recognizing that students face a range of social and cultural pressures and come with varying life and educational experiences. It is also important to establish partnerships with key stakeholders and broaden the focus to include other health disciplines in initiatives to increase Indigenous participation in the health professions.

Dr David Paul
Senior Lecturer, The University of Western Australia

Dr Paul referred to the establishment of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia in 1996, with strong support

from the School of Indigenous Studies. Key responsibilities of the Centre include the following:

- Recruitment and retention of Aboriginal students into Medicine, Dentistry and Health Science
- Development of Aboriginal health curriculum
- Staff development
- Act as a community resource and foster partnerships
- Undertake research
- Policy development, influence and implementation

In order to provide a culturally secure teaching and learning environment, diversity must be respected and changes need to be implemented. Sustainable outcomes in this regard depend upon the following:

- An ongoing commitment to cultural security
- Aboriginal health being more than just teaching content
- Creating safer environments for Indigenous students and academics
- Working in partnership with key stakeholders
- Not assuming knowledge, and recognizing the diversity that exists
- Overcoming the barriers and resistance to action and growth.

Developing a National Approach

Professor Alan Carmichael
Deputy Chair, Committee of Deans of Australian Medical Schools

The CDAMS Indigenous Health Curriculum Framework that was endorsed by the AMC in November 2004 was identified as a major lever for change within medical schools. While it is important that quality implementation of the framework occurs, it is also important to allow for sufficient flexibility to meet the needs of individual schools and institutions. The following pints were noted in this presentation:

- Some schools have already established relationships with Indigenous communities and it is important to build upon these accomplishments;
- Lessons can also be learnt from overseas experiences;
- Australia has taken a leading role in the CDAMS initiative and other countries can learn from this;
- The endorsement of the Framework is seen as a major reform that can direct the strategic agenda in this area, but it is important to move now from commitment to implementation;
- The CDAMS group should be presented with the outcomes from the LIME initiatives and the AIDA Best Practice project;
- Securing resources remains a major challenge, but these must be obtained in parallel with commitment to successful implementation; and

- It is important to move forward together, and in this regard, CDAMS is contributing funds for the sustainability of the LIME network.

Associate Professor Gail Garvey
Associate Dean, Indigenous Health, The University of Newcastle

Reflecting on involvement in the AMC assessment process the following points were noted:

- It is important to differentiate between being assessed and being the assessor;
- A continuing relationship between schools has been an outcome of the AMC process;
- There needs to be a good "fit" between the AMC guidelines and what happens on the ground;
- Resources should be committed to assist with meeting the guidelines; and
- There needs to be stakeholder involvement in the process and provision and feedback.

Associate Professor Helen Milroy
President, AIDA

In moving forward together, it is important to acknowledge basic principles of:

- The impact of history on Aboriginal and Torres Strait Islander peoples;
- The importance of self-determination;
- The need to redress the current inequalities;
- Improve the health and well-being outcomes.

The importance of sharing information and learning from experiences was noted. There will be obstacles in implementation of the Framework, but it is important to recognize and appreciate differing views and work collaboratively. Self-reflective practice is also essential.

In conclusion, diversity should be embraced, generational planning undertaken, structural issues addressed, and accountability in this area achieved. Success should be celebrated!

Appendix Three

Speakers in Dynamic Sessions - The LIME Connection

1. Recruitment

Speaker/s	Affiliation	Presentation Title
Dr Lisa Jackson-Pulver & A/Prof Sue Green	The University of New South Wales	
Ms Jennifer Caruso	The University of Adelaide	*Yaitya Purruna's* Marketing and Support Initiatives
Ms Kiarna Adams	Fifth Year Medical Student, The University of Western Australia	Recruiting and Retaining Western Style

2. Support and Mentoring

Speaker/s	Affiliation	Presentation Title
Dr Mark Wenitong & Ms Dallas Young	James Cook University & Wu Chopperen Health Services	The Indigenous Adolescents in Medicine Program
Ms Danielle Brown & Ms Baldeep Kaur	CDAMS	The Medical Student Outcomes Database Project
Student Speaker (To Be Confirmed)		Student Experiences in Medical School

3. Teaching and Learning Resources

Speaker/s	Affiliation	Presentation Title
Ms Clair Andersen, Ms Alison Miles and Professor Judith Walker	The University of Tasmania	The Indigenous Health Theme Bank
Prof Fiona Lake	The University of Western Australia	Indigenous Medical Education: Engaging students and teachers in a sustainable way – modular staff development programmes

4. Assessment & Competencies

Speaker/s	Affiliation	Presentation Title
A/Prof Gail Garvey	The University of Newcastle	Assessment of Indigenous Health at The University of Newcastle
Dr Maggie Grant	James Cook University	Assessing Competencies

5. Evaluation and Accreditation

Speaker/s	Affiliation	Presentation Title
Mr Shaun Ewen and Prof Sue Elliott	The University of Melbourne	Development and delivery of an integrated Aboriginal health curriculum: the University of Melbourne experience.
Dr John Finlay-Jones	Telethon Institute for Child Health Research/ Australian Medical Council	Overview of AMC guidelines and accrediting processes, and possible implications for assessing implementation of Indigenous curriculum

6. Workforce

Speaker/s	Affiliation	Presentation Title
Dr Tamara MacKean	Flinders University/ AIDA	Recognising and Valuing Indigenous Academics
Ms Suzanne Pitama	University of Otago	Staff Development With Maori and Pakeha Academics

7. Partnerships and Placements

Speaker/s	Affiliation	Presentation Title
Ms Francine Eades & Dr Abigail Harwood	Derbarl Yerrigan Health Service	Debarl Yerrigan & Notre Dame – A Partnership in Progress
A/Prof Jacinta Elston	James Cook University	Placements and Partnerships With Indigenous Communities
Ms Juli Coffin	Combined Universities Centre for Rural Health	UDRH's and Partnerships With Indigenous Communities

8. Vertical Integration and Senior Clinician Training

Speaker/s	Affiliation	Presentation Title
Dr Noel Hayman	Royal Australasian College of Physicians / UQ / AIDA	The RACP/AIDA Indigenous Mentoring Program
Prof Geoffrey Dahlenburg	Confederation of Postgraduate Medical Education Councils (CPMEC) & Post-graduate Medical Council of South Australia (PMCSA)	Postgraduate Councils and Indigenous Health Experience
Prof John Collins	Royal Australian College of Surgeons	A College Perspective on Indigenous Health Training