

**LIME Network Reference Group**

**Terms of Reference and Composition**

**Terms of Reference**

The role of the LIME Network Reference Group is to develop and support the implementation of strategic initiatives of the LIME Network. It also provides peer networking, professional development and support opportunities; contributes to the LIME Network communication and engagement strategy; and contributes to the development and implementation of specific program work through sub-committee membership.

**Key Functions of the LIME Network Reference Group**

* Devise and implement sound **internal review processes** related to Indigenous health curriculum and Indigenous student support in medical programs;
* Undertakeand encourage **professional development, capacity building and mutual support** activities including information sharing, peer feedback and celebrating successes in Indigenous health education;
* Encourage and support **scholarly work** relating to Indigenous medical education and the recruitment and retention through to graduation of Indigenous students;
* Work towards the development of **Indigenous health as a** **discipline in its own right** through networking and collaboration, publications and other forms of information sharing and feedback;
* Work collaboratively, **build linkages** and share information across disciplines in health and medical education;
* Contribute to Indigenous health and medical education, and related health workforce issues, through the provision of **policy advice and recommendations** to organisations, as appropriate;
* Ensure that there is a biennial **professional conference** (LIME Connection) for those interested or engaged in Indigenous health and medical education to share and collaborate.

**Membership**

The Reference Group is made up of one representative from each medical school in Australia and Aotearoa/New Zealand, nominated by the Dean. Where possible and appropriate, this representative should be Aboriginal or Torres Strait Island (if in Australia) and Māori (if in Aotearoa), and hold at least a 0.6 position within the institution. This representative may have a specific specialty field, for example, admissions, teaching, or assessment. When required a member might be specifically requested due to their specialty, to enhance the expertise of the group.

A proxy should attend when the member is unavailable, and should be chosen with Indigenous leadership and succession planning in mind. In the instance that a member fails to attend or to send a proxy for three consecutive meetings, the Dean of their university will be asked to nominate another representative.

The Reference Group Chair will be the LIME Network Program Director or nominee.

**Meetings**

* Face to face meetings occur twice a year. The group members’ institution will cover the cost of members attending the meetings;
* When required sub-committees, or working parties of the LIME Network Reference Group will meet on an as-needs basis;
* Other required meetings throughout the year will be facilitated through teleconference or video-conference;
* Key Indigenous and other stakeholder groups will also be invited to meetings to ensure social accountability and an effective communication strategy where appropriate.

**Reporting**

* The LIME Network secretariat will develop a briefing sheet that provides an overview of the work accomplished and presented at each LIME Network Reference Group meeting.
* Each LIME Network Reference Group member will report back to their school’s Dean on the business discussed within the meeting (utilising the briefing sheet).
* The Program Director will report to the Medical Deans Indigenous Health and Development Advisory Committee.
* Minutes of the meeting will be made available to Medical Deans Australia and New Zealand and to the Australian Government Department of Health.

**Review**

* The Terms of Reference will be reviewed annually.