



**THE LIMEN NETWORK**  
Leaders in Indigenous Medical Education  
[www.limenetwork.net.au](http://www.limenetwork.net.au)

## **Best Practice Approaches to Supporting Indigenous Health Academics in Medical Schools**

### **Overview**

Indigenous academics bring a range of skills and experience beyond their health education qualifications including historical, social, cultural and community expertise to the medical school environment. The aim of this document is to outline best practice approaches to supporting Indigenous academics in medical schools to ensure their ongoing success in developing and maintaining culturally safe learning and working environments. It draws on the Australian Medical Council Standards for Accreditation and the CDAMS Indigenous Health Curriculum Framework.

### **Medical School Governance**

- Indigenous leadership should be embedded in the governance structure of the medical school.
- Indigenous health should be embedded as a sustainable, continuing and living part of the medical school's curriculum with secured, appropriate and ongoing funding.
- The medical school as a whole, and curriculum committees in particular should demonstrate support and commitment to Indigenous health initiatives.
- Relationships with Indigenous community organisations should be formalised through agreements with responsibilities and funding arrangements clearly articulated.
- The medical school's employment practices should align with current Indigenous health workforce development strategies in the areas of recruitment, training and support.
- The medical school's mission should address Indigenous health as a priority.
- The medical school should engage in Indigenous celebrations and significant events.
- All medical school staff, particularly senior executive, should undertake regular cultural safety training.

### **Indigenous Health Academics**

#### ***Position Descriptions***

- Indigenous health academic positions should exist across a range of salary bands, not just at entry levels.
- Indigenous health academics should lead the development, delivery and evaluation of the Indigenous health curriculum, and should be supported by all medical school staff to implement the curriculum.
- Academic positions should be flexible enough to reflect the roles and responsibilities of Indigenous health academics (i.e. academic specialist).

- Position descriptions should take into account:
  - The significant time commitments and expertise involved in developing and maintaining community partnerships.
  - The time taken to contribute to university committees seeking Indigenous health expertise.
  - The time taken to provide meaningful support for Indigenous students.
  - The time taken to contribute to the Leaders in Indigenous Medical Education (LIME) Network Reference Group and Working Groups.

### Considerations

- Indigenous health academics should not be solely responsible for the recruitment, support or well-being of Indigenous medical students, this should be the responsibility of a professional staff member specifically employed to provide student support.
- Indigenous health academics should not be responsible for upskilling other university staff members on cultural safety issues, this should be delivered by cultural safety providers.
- Indigenous health academics should not be responsible for justifying the inclusion of Indigenous health in the curriculum, this is the responsibility of medical school leadership.
- Where racism or discrimination may exist in the student or staff body, this should be dealt with in a respectful and safe environment by people in leadership positions in the school.

### ***Professional Development and Support***

- Indigenous health academics should be utilised for their skills outside of Indigenous health and offered opportunities to engage in research, teaching and conference participation in these areas.
- Indigenous health academics should be provided the same professional development opportunities as their peers, i.e. attending medical education professional development events which are not necessarily Indigenous health specific.
- Indigenous health academics should be supported and funded to attend LIME Network meetings, conferences and professional development initiatives as part of their role.

### ***Promotion***

- Promotion processes should include criteria that:
  - Adequately acknowledges the role and responsibility of Indigenous health academics as stated above.
  - Acknowledge the skill in developing links with the community both locally, nationally and internationally.
  - Allow for accurate proportionality of responsibilities relating to community engagement (i.e. more than 15%).

## RESOURCES

1. Australian Medical Council (2012). 'Standards for Assessment and Accreditation of Primary Medical Programs.' Available at: [https://www.amc.org.au/wp-content/uploads/accreditation\\_recognition/primary-medical-education/Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-2012.pdf](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/primary-medical-education/Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-2012.pdf)
2. Phillips, G (2004). 'The CDAMS Indigenous Health Curriculum Framework.' Available at: <https://www.limenetwork.net.au/resources-lime-publications/curriculum-framework/>
3. Australian Government Department of Health (2014). 'The Aboriginal and Torres Strait Islander Health Curriculum Framework.' Available at: <https://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>
4. National Aboriginal and Torres Strait Islander Unit of National Tertiary Education Union (2018). 'Second Report on Cultural respect, racial discrimination, lateral violence and related policy at Australia's universities.' Available at: [www.nteu.org.au/atsi](http://www.nteu.org.au/atsi)
5. Mason, J (2013). 'Review of Australian Government Health Workforce Programs: Strengthening Education and Training.' Available at: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/D26858F4B68834EACA257BF0001A8DDC/\\$File/Review%20of%20Health%20Workforce%20programs.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D26858F4B68834EACA257BF0001A8DDC/$File/Review%20of%20Health%20Workforce%20programs.pdf)
6. Universities Australia (2011). Guiding Principles for the Development of Indigenous Cultural Competency in Australian Universities. Canberra, Universities Australia.

## APPENDIX

### AMC Standards for Assessment and Accreditation of Primary Medical Programs (extracts from 2010, 2012)

- *Are Aboriginal and Torres Strait Islander stakeholders involved in the development and management of the medical course?* Standard 1.4.1
- Do you have a professional development program for all staff in Aboriginal and Torres Strait Islander health? 2010 Notes 1.4; 2010 Notes 1.9
- Is Aboriginal and/or Torres Strait Islander leadership in place within the medical school? 2010 Notes 1.4
- Are health initiatives relating to Aboriginal and Torres Strait Islander people considered as core responsibilities within medical school business and reflected accordingly within the budget? 2010 Note 1.5
- Is the Indigenous health curriculum allocated appropriate levels of funding that support initiatives to meet its learning outcomes that do not rely solely on special, additional or external resources? 2010 Note 1.5
- *Has a formal agreement been established between the medical schools and relevant local communities and organisations to progress improvements in Aboriginal and Torres Strait Islander health and promote the education and training of medical graduates?* Standard 1.6.2
- *Do the medical school's employment practices align with current Aboriginal and Torres Strait Islander health workforce development strategies in the areas of recruitment, training and support?* Standard 1.8.3
- Does the medical school recognise that the work of Aboriginal and Torres Strait Islander staff may involve maintaining relationships and responsibilities with Aboriginal and Torres Strait Islander communities? 2010 Notes 1.8
- *Does the school's mission address Aboriginal and Torres Strait Islander peoples and their health?* Standard 2.1.2
- *Was the school's mission defined in consultation with relevant Aboriginal and Torres Strait Islander stakeholders?* Standard 2.1.3
- Are the leadership, responsibilities and reporting structures for the coordination and implementation of an overarching Indigenous health strategy (including curriculum, student admission, recruitment and support teaching and research) clearly identified? 2010 Notes 2.1
- Is the implementation of the Aboriginal and Torres Strait Islander health strategy assigned as a shared responsibility within the medical school? 2010 Notes 2.1
- Does the medical school seek community representation on committees with responsibilities for governance, curriculum development and evaluation, including Australian Aboriginal and Torres Strait Islander community members? 2010 Notes 6.3
- Are sufficient resources allocated to teaching in Aboriginal and Torres Strait Islander health settings? 2010 Notes 8.3