

The LIME Connection
Fremantle, WA, 8-10 June, 2005



Statement of Outcomes and Intent

The LIME Connection identifies that:

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 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.

The LIME Connection was co-convened by:



**The Australian Indigenous
Doctors' Association**
Yaga Bugaul Dungun

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