



THE LIME NETWORK
Leaders in Indigenous Medical Education

LIME Accreditation Tools for Specialist Medical Colleges

**1. Periodic Systemic Review of Indigenous Health Initiatives Tool –
Specialist Medical Colleges**

	Score + = achieved O = opportunity	Documenting Evidence	Actions	AMC Reference Standards 2015 / Notes 2015
1. THE CONTEXT OF TRAINING AND EDUCATION (Standard 1)				
1.1 Governance				
1.1.1 <i>Relevant groups include internal stakeholders, and external stakeholders who contribute to the design and delivery of training and education. Depending on the role of the decision-making group, relevant external stakeholders might include health consumers, jurisdictions, Aboriginal and Torres Strait Islander people of Australia and/or Māori of New Zealand</i>				Notes 1.1
1.2 Interaction with the Health Sector				
1.2.1 <i>The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education</i>				Standard 1.6.4
1.2.2 <i>The duties, working hours and supervision of trainees should be consistent with the delivery of high-quality, safe, culturally safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe house of work is the responsibility of all parties.</i>				Notes 1.6
1.2.3 <i>The education provider's relationships with local communities, organisations and individuals in the Indigenous health sector should recognise and address the unique challenges faced by this sector. An example of such a relationship is the Collaboration Agreement between the Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges</i>				Notes 1.6
1.3 Continuous Renewal				
1.3.1 <i>The AMC expects each education provider to engage in a process of educational strategic planning, with appropriate input, so that its training and education programs, curriculum, assessment of specialist international medical graduates and continuing professional development programs reflect changing models of care, developments in health care delivery, medical education, medical and scientific progress, cultural safety and changing community needs.</i>				Notes 1.7

2. THE OUTCOMES OF SPECIALIST TRAINING AND EDUCATION (Standard 2)				
2.1 Educational Purpose				
2.1.1 The Education provider's purpose addresses Aboriginal and Torres Strait Islander people of Australia and/or Māori of New Zealand and their health				Standard 2.1.2
2.1.2 <i>The community responsibilities embedded in the purpose of the education provider should address the health care needs of the communities it serves and reducing health disparities in the community, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, through improving the education of practitioners in Indigenous health</i>				Notes 2.1
2.1.3 <i>The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine. Both the Medical Board of Australia, in its document, Good Medical Practice, and the Medical Council of New Zealand, in its Statement on cultural competence, have described their expectation of medical practitioners regarding cultural awareness, safety and competence</i>				Notes 2.1
3. THE SPECIALIST MEDICAL TRAINING AND EDUCATION FRAMEWORK (Standard 3)				
3.1 The Content of the Curriculum				
3.1.1 The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty				Standard 3.2.9
3.1.2 The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture				Standard 3.2.10
4. TRAINEES (Standard 7)				
4.1 Admission Policy and Selection				
4.1.1 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees				Standard 7.1.3
4.1.2 <i>Strategies to increase recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees should be complemented by retention policies</i>				Notes 7.1
4.2 Trainee Wellbeing				
4.2.1 <i>Education providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. The education provider should facilitate education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment</i>				Notes 7.4

4.2.2 <i>The education provider should consider the needs of groups of trainees that may require additional support to complete training, such as Aboriginal and Torres Strait Islander and/or Māori trainees</i>				Notes 7.4
5. IMPLEMENTING THE PROGRAM – DELIVERY OF EDUCATION AND ACCREDITATION OF TRAINING SITES (Standard 8)				
5.1 Training Sites and Posts				
5.1.1 The education provider’s criteria for accreditation of training sites link to the outcomes of the specialist medical program and: <ul style="list-style-type: none"> • ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner • support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand 				Standard 8.2.2
6. CONTINUING PROFESSIONAL DEVELOPMENT, FURTHER TRAINING AND REMEDIATION (Standard 9)				
6.1 Continuing professional development				
6.1.1 The education provider’s CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant speciality(s), including for cultural competence, professionalism and ethics				Standard 9.1.3
6.1.2 <i>The CPD phase of medical education is mainly self-directed and involves practice-based learning activities rather than supervised training. The education provider therefore requires regular participation in a range of educational activities to meet self-assessed learning needs based on the intended scopes of practice of specialists and, where possible, on practice data. These activities include: practice-based reflective elements that may include clinical audit, peer-review, multi-source feedback or performance appraisal; continuing medical education activities, such as courses, conferences and online learning; other scholarly activities such as teaching, assessment and research; and activities that contribute to cultural competence, and medical practitioner health and wellbeing</i>				Notes 9.1
7. ASSESSMENT OF SPECIALIST INTERNATIONAL MEDICAL GRADUATES (Standard 10)				
7.1 Assessment Methods				
7.1.1 <i>The assessment of specialist international medical graduates should include assessment of their ability to contribute to the effectiveness and efficiency of the health care system (standard 3.2.6) and of their cultural competence for practice in Australian and/or New Zealand (Standards 3.2.9 and 3.2.10)</i>				Notes 10.2
TOTAL	/35			