

## U21 MEDICINE – BRISBANE 2004 – OUTCOMES

### 1. e-health:

#### 1.1 **Telehealth for underserved populations pilot project; e-health policy; & professional portability**

Working parties will be established to progress three key areas, i.e. ‘telehealth for underserved populations’, e-health policy, and professional portability. As a part of this process, a network of university and discipline contacts will be sought for involvement in each of the three key areas. A strategy for engagement will be determined following submissions of nominees.

- The ‘telehealth for underserved populations’ pilot study will involve U21 universities ‘adopting’ an underserved health facility / community in a developing country, for provision of support via information technology and student involvement. This project will be led by Richard Wootton from the University of Queensland’s Centre for On-line Health.
- To progress the e-health policy initiative, support will be sought from the U21 Managers to conduct an e-health policy workshop/forum in 2005 prior to the Lund meeting, to initiate the establishment of an e-health policy thread within and beyond the U21 university network.
- The professional portability working group will be led by Niv Patel, a member of the e-health steering committee.

It is planned to report back on the three key areas at the 2005 annual meeting in Lund.

#### 1.2 **e-health – health informatics – working group – potential certificate programme - overall aim is to determine how health informatics can contribute to the general e-health or global health agenda**

Work on the development of a business case and curriculum outline for an e-health certificate programme will be led by Peter Harris from the University of Melbourne, in collaboration with other members of the health informatics working group, including Teng Liaw (The University of Melbourne), Tony Norris (The University of Auckland) and one or more interested members from the other disciplines. The business case will involve a general needs assessment including the possibilities for accessing information, and an investigation of potential sponsors and potential contributors to the proposed programme.

Course development will take place within the U21 Health Sciences framework and it is envisaged that a proposed certificate, recording successful completion of a U21 health informatics curriculum, would be issued by the student’s home university.

The business case and curriculum will be presented for consideration and determination at the 2005 meeting in Lund.

## **2. Three areas identified for follow up by the creation of working parties:**

### The future of academic medicine and training of medical academics

David Wilkinson (The University of Queensland), as a member of an international working party to promote the future of academic medicine, will lead this group.

### The relationship between medical schools, teaching hospitals and health services

Michael Ward (The University of Queensland) demonstrated useful interventions for improving the interaction between medical schools, teaching hospitals and the health system. Michael Ward will lead this working party.

### The international recruitment of overseas trained academics/clinicians

James Angus (The University of Melbourne) and Peter Brooks (The University of Queensland) will share their experiences and report on useful interventions as a result of their ongoing liaison and negotiations with government, statutory authorities, professional bodies and postgraduate medical colleges.

Each working group will report back at the 2005 meeting in Lund. It was noted that there is potential for specific interventions to be endorsed by U21 Health Sciences.

## **3. Other**

Issues that will continue to be explored include information technology; the re-organization of medical schools; student selection and the linkages between student selection processes and student outcomes; and the University of Nottingham's initiative in internationalising the graduate entry medicine course.

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