

ACCREDITATION OF THE FACULTY OF MEDICINE UNIVERSITY OF OTAGO

EXECUTIVE SUMMARY 2008

An Australian Medical Council (AMC) assessment team visited the Faculty of Medicine, University of Otago, from 11 to 15 August 2008, to conduct a reaccreditation assessment.

The Faculty was last visited in August 2004 and, for the 2008 assessment, was given the option of undergoing a full reaccreditation or a smaller follow up visit. After discussion with the AMC, the Faculty requested a full assessment of the medical course with the view of obtaining the maximum available accreditation period.

The Team commented positively of the Faculty's progress and identified the following areas of strength and areas that will require consideration or development.

Areas of strength

- i. The roles of Pro Vice-Chancellor for Health Sciences and Dean of the Faculty of Medicine have been combined providing direction and clarity, effective decision-making, better financial control and transparency.
- ii. Transparent funding based on EFT allocations.
- iii. Senior academic staff chair the Faculty Curriculum Committee and local curriculum development groups, providing important leadership and stability.
- iv. The educational expertise in undergraduate and postgraduate education and educational research, and Māori academia is impressive.
- v. The new curriculum in First Year Health Science, and the Early Learning in Medicine Programme with its good clinical relevance has had a positive impact on student learning and skills.
- vi. The new evidence based Hauora Māori program providing an experiential introduction to Indigenous health issues.
- vii. The well developed transition from Health Science Year 1, to Early Learning to Advanced Learning in Medicine to the Trainee Intern year and beyond.
- viii. The development and implementation of a broad range of learning methods, encouraging the development of attributes identified for graduates and including efficient ways to teach to large classes.
- ix. The innovative ways information technology is used to enhance learning.

- x. The clinical program, with its access to a wide geographical area providing students with a good number and range of patients.
- xi. The new facilities at all major sites are great assets for the delivery of the medical curriculum and are models for the whole Faculty.
- xii. The Medical Student Assessment Procedures Guide clearly setting out the assessment policy for staff and students.
- xiii. The ongoing development and implementation of monitoring and evaluation structures and processes.
- xiv. The development of the role of the Medical Education Adviser (MEA) in the evaluation of student experience.
- xv. The strong student support services, including counselling, and health and academic advice for students with social, cultural and personal needs. The Associate Dean Student Affairs at each campus is also an important contributor to student support.

Areas for improvement

- i. The unclear relationship and reporting lines of MEGs (Medical Education Groups) to the MECs (Medical Education Committees) and the Faculty Curriculum Committee.
- ii. Although structure and content of domains and threads have been clearly defined, their impact on course design and assessment needs continuing promotion to ensure broad understanding by staff and better transparency for students.
- iii. The development of a common understanding and clear instructions on the role of the tutor.
- iv. The variation in commitment, and arrangements between clinicians and the University. A standard agreement between the University and the District Health Boards embedding teaching and supervision within contracts for all clinicians would be of benefit.
- v. Clinical titles and reliable access to University resources is encouraged for all clinical staff.
- vi. Vertical modules, formal teaching and attachment organisation need reviewing at some clinical placement sites to optimise student learning and immersion in the workplace.
- vii. Continuing expansion into peripheral urban and rural sites to retain optimal student numbers, and ensuring these adequately support learning, academic and administrative appointments.
- viii. The continuum of learning between the Trainee Intern year and the PGY1 and PGY2 years has been addressed by a working party of the Medical Training Board. The curriculum for PGY1 is being defined. The optimal organisation and length of training is being discussed by a number of groups including the

Education Committee of the Medical Council of New Zealand and the Medical Training Board. More coordination will be necessary to ensure wide consultation.

- ix. The variable amount and quality of formative assessment in the clinical years. Assessments such as a one-station OSCE, the amount of assessment in Year 4 and process of awarding of distinction should be reconsidered.
- x. Monitoring and evaluation is being embedded in practice but mechanisms need to be in place for closing the loop, engaging external stakeholders effectively, and for sustaining an appropriate level of monitoring and feedback as the program expands.
- xi. Capital injection for IT and space for teaching and research is required, in part to attract and retain academic staff and researchers.

RECOMMENDATIONS 2008

Re-accreditation of established medical courses

The AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures* provide the following options for the re-accreditation of established schools:

- (i) Accreditation for a period of 10 years subject to satisfactory periodic reports. Accreditation will be for six years in the first instance. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (ii) Accreditation for 10 years subject to certain conditions being addressed within a specified period and to satisfactory periodic reports. Accreditation will be for six years in the first instance. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to assess if development plans presented by school will result in course that satisfies AMC Accreditation Standards, the AMC may award accreditation with conditions and for a period of less than six years. At the conclusion of this period, or sooner if the school considers that it has addressed its deficiencies, the AMC will conduct a review. The school may request either:
 - a full assessment of the school and the course, with a view to granting accreditation for a further maximum period; or
 - a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the maximum period.
- (iv) Accreditation may be refused where the AMC considers that the deficiencies are so serious as to warrant that action or where the school has not satisfied the AMC that the complete medical course can be implemented and delivered at a level consistent with AMC Accreditation Standards.

Recommendations

The Medical School Accreditation Committee recommends that the Board of Directors of the Australian Medical Council grant the Bachelor of Medicine Bachelor of Surgery of the Faculty of Medicine University of Otago accreditation for six years, that is until 31 December 2014, subject to the following conditions:

- (i) that periodic reports to the Medical School Accreditation Committee demonstrate continuing progress against all areas which would benefit from further development, as per the Executive Summary, and areas for improvement as per the Preliminary Statement of Findings.
- (ii) that subject to a satisfactory report from the Faculty in its fifth year of accreditation—that is, 2013—the AMC grant the Faculty a further period of accreditation, up to a maximum of four years, before the Faculty is revisited for accreditation.