

**ACCREDITATION OF
FACULTY OF HEALTH AND BEHAVIOURAL SCIENCES
GRADUATE SCHOOL OF MEDICINE
UNIVERSITY OF WOLLONGONG**

EXECUTIVE SUMMARY 2008

An Australian Medical Council (AMC) Assessment Team visited the University of Wollongong Graduate School of Medicine from 16 to 19 June 2008 to review the implementation of the first year of the course, specifically to include an evaluation of the delivery of curricula across the multiple campuses.

The planning for a medical school at the University of Wollongong has been in progress since 2004 and during this development period the University has built considerable strength in community support for the new School.

The 2008 Team commented positively on the School's progress and its plans for the later years of the course.

The Team identified the following areas of strength and areas that will require consideration or development.

Areas of Strength

- i. The School has been very successful in harnessing the strong community desire for a locally-based medical program. It has engaged, educated and supported a broad range of local health care providers. The capacity of hospitals to provide for the numbers of students involved is high, and sufficient general practice placements for Phase 3 currently exist to meet likely contingencies.
- ii. There is a strong and cohesive senior executive team, which contains within itself a high level of educational experience and expertise.
- iii. There is strong horizontal and vertical integration within the curriculum and this is emphasised through the delivery methods and reflected in assessment.
- iv. The staff are congratulated on their response to pressures on the curriculum as it has moved from development to implementation, including the adjustment in the duration of Phases 2 and 3, and the integration of biostatistics.

- v. The Team is impressed by the Online Learning Environment that is being utilised in Phase 1, with enthusiastic student support.
- vi. The assessment principles are sound and clearly defined, with a balance of formative and summative assessments utilising written and oral examinations. There are clear progression pathways and a strong emphasis on related remediation processes.
- vii. There are mechanisms in place for active monitoring and evaluation of the curriculum, with rapid and flexible responses.
- viii. The School is to be congratulated upon the quality and utility of its purpose-designed accommodation on both principal campuses.

Areas for consideration

- i. A number of individuals within the School hold multiple key roles. The School may wish to consider contingency plans for protecting its major portfolios, and active succession planning. Some further diffusion of key roles within the organisation may be possible.
- ii. The educational expertise still largely resides in individuals rather than in the organisation itself. There is a need to develop and maintain a discrete portfolio around this expertise, designed to create a corporate knowledge.
- iii. Now that the curriculum is into its implementation phase, an increased focus upon research activity and output is required.
- iv. The academic clinical profile is still not filled, and a number of clinical disciplines will have only small fractional appointments.
- v. In Phases 2 and 3, planned changes to the ILA/CBL process such as an emphasis on individual rather than group activities may impact on student learning. Such changes therefore need to be carefully evaluated. Further effort to make clear the links between clinical experience and the ILA/CBL process is encouraged.
- vi. The extended nature of the regional immersion in Phase 3 remains the highest risk for the School in terms of its potential impact. This has been recognised and progress so far is satisfactory, establishing a solid platform for further development. Much remains to be achieved in the next 12 months through continued attention to: detailed learning objectives; preceptor contracting and training; detailed regional programs; supporting written materials such as schedules and handbooks; and details of the local implementation of teaching methods and assessments.

- vii. There is a need for greater clarity in the distinction between formative, hurdle and summative assessments.
- viii. The assessment load for both students and staff requires ongoing monitoring.
- ix. There is a need to monitor the introduction of modified clinical assessments (CEXs) and the progression from formative use in Phase 2 to summative use in Phase 3, in terms of both reliability and validity.
- x. The sustainability of the admissions process needs to be monitored.
- xi. The physical facilities are already at capacity. As the School reaches full student numbers over the next two years, careful attention will need to be given to the efficient use of space, and additional space sought where possible.

RECOMMENDATIONS

Accreditation of a New School

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

Accreditation is granted until two years after the full course has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual reports. Accreditation may be extended to a maximum of five years after the full course has been implemented, subject to a satisfactory report by the school when all years of the course have been introduced. The AMC reserves the right to revisit a school in this category.

Accreditation of the new course is not granted. Where deficiencies are identified in the curriculum plans, which the Medical School Accreditation Committee considers must be addressed before the program begins, the Committee will recommend that accreditation be refused. The AMC will advise the applying institution on the deficiencies to be addressed before it will reconsider accreditation.

2008 Recommendations

The Medical School Accreditation Committee recommends that the Board of Directors of the Australian Medical Council confirm the original recommendations of the 2006 Accreditation Report – namely that the Bachelor of Medicine Bachelor of Surgery course of the Graduate School of Medicine, University of Wollongong be accredited until two cohorts have graduated, that is, until 31 December 2012, subject to the following condition:

- (i) That annual reports to the Medical School Accreditation Committee address all issues raised in the accreditation report including those nominated in the Executive Summary as areas for improvement. In particular, the 2009 annual report should comment on the regional immersion program (as per standard 8.3) including:
 - The detailed learning objectives; preceptor contracting and training; detailed regional programs; supporting written materials such as schedules and handbooks; and details of the local implementation of teaching methods and assessments.