

**ACCREDITATION OF  
THE SCHOOL OF MEDICINE  
COLLEGE OF HEALTH SCIENCE**

**UNIVERSITY OF WESTERN SYDNEY**

**EXECUTIVE SUMMARY 2008**

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An Australian Medical Council (AMC) assessment team visited the School of Medicine, the University of Western Sydney, from 19 to 22 May 2008, to review the implementation of the first year of the medical course and detailed plans for the later years of the course.

The plan to establish a new School of Medicine at the University of Western Sydney (UWS) was formally announced in May 2004. It arose from the aspirations of a community of more than two million people – living in an area that is culturally diverse and often underprivileged – whose medical services lag behind those of the rest of Sydney.

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.

**1. THE CONTEXT OF THE MEDICAL SCHOOL**

**Areas of Strength**

The School's governance structures are working well and are aligned with the needs of the early development stage of the School. The School's structure has facilitated substantial growth through partnerships and consultation.

- i. The Team regarded the leadership of the School very positively and congratulated the Dean and his team on the successful implementation of the new program.
- ii. The School Steering Committee, led by the Vice-Chancellor, has been critical in establishing the School.
- iii. The current course management arrangements are generally working well, and are very collegial.

- iv. The Team commended the level of educational expertise available to the School. It was evident that this expertise has benefited both the UWS and the broader medical education community.
- v. The Team was very impressed with the level of resource made available by both the UWS and NSW Health through the local area health authorities. This has enabled the rapid quality development of the School.
- vi. All of the evidence presented to the Team spoke very highly of the positive interactions between the School and the health sector across Western Sydney.
- vii. The Team was impressed with the role played by Indigenous health providers, non-government organisations and the broad range of community agencies involved in curriculum development and delivery.
- viii. It was clear to the Team that the medical program is being developed within a School that sees the research context of medical education as important. The School has managed to recruit a significant body of research-active academics.
- ix. There was ample evidence of quality research development within the School of Medicine.
- x. The recruitment of high calibre academic and general staff has progressed well. The profile is appropriate for this stage of development of the School.
- xi. The appointment of two senior clinicians as Associate Deans to steer academic planning and strategic clinical initiatives has proved a wise decision in establishing a sustainable footing for the School.
- xii. The School has made significant efforts to ensure its newly appointed conjoint staff are well supported.

### **Areas for improvement**

- i. The new governance structure needs to be agreed and implemented. This structure must reflect the requirements of a larger and more mature School operating within the University of Western Sydney.
- ii. The respective roles of the School Executive, the Management Committee and the proposed School Board need definition.
- iii. The organisational structure which separates evaluation from the Curriculum Committee impedes information flow and may prove suboptimal as the School grows.
- iv. It will be important that the School plans, together with the University, for a long-term budget model.
- v. It will be important that the School develops a strategic plan for growing its research. This should be linked strongly to research activities within the local health services.
- vi. There are a number of key gaps which need addressing, in particular the Professors of General Practice, Obstetrics and Gynaecology and Paediatrics.

However the Team noted that interim arrangements using quality conjoint staff will ensure continued progress.

## **2. THE OUTCOMES OF THE MEDICAL COURSE**

Whilst graduate medical outcomes have been produced these are currently being revised. It will be important that they continue to reflect the nature and mission of the School.

## **3. THE MEDICAL CURRICULUM**

### **Areas of strength**

- i. The School has taken the established University of Melbourne curriculum and has appropriately adapted and updated much of the content to meet the local need.
- ii. Overall, the course presents a balanced and comprehensive mix of educational experiences which will result in appropriately skilled graduates at completion.
- iii. The curriculum is being developed in a way that sees integration as fundamental. This is exemplified by the wide range of scientific streams being developed for Years 3 to 5.
- iv. The summer studentship scheme is seen as a positive way to engage students within the research culture of the School. The intercalated Bachelor of Medical Research degree should ensure a pathway for future clinical academics.

### **Areas for improvement**

- i. The role and importance of themes within the curriculum framework still lacks clarity. The School needs to make a decision as to whether themes are to be retained and, if so, how they articulate with other curriculum components.
- ii. Whilst great effort is being placed on developing specific outcomes for each clinical attachment, the Team suggested that for each of the clinical years a set of core clinical outcomes should be defined to ensure broad equivalence of clinical experience for students across all sites.
- iii. The Health Practice curriculum, as has been identified by the School, needs considerable further work, and this development, which has already commenced, is central to the future success of the course.
- iv. The ideas underpinning the Medicine in Context component of Year 3 are to be applauded. However the Team was concerned that the lack of consensus regarding the learning outcomes will weaken the educational value of this part of the course.
- v. It was unclear to the Team how the specific outcomes of the Year 4 research elective could be achieved in only six weeks.

#### **4. THE CURRICULUM – TEACHING AND LEARNING**

##### **Areas of strength**

- i. The Problem Based Learning components of the course are working very well.
- ii. The use of electronic learning resources and the scientific streams proposed for the clinical years are to be commended.

##### **Areas for improvement**

- i. The concept of the conference weeks for clinical students is strongly supported by the Team. The Team however had some concerns that the scheduling of specific weeks of teaching may disadvantage certain students because of a lack of congruence with clinical rotations.
- ii. The Team was informed that clinical rotations would not contain tutorials. This policy is not being consistently adhered to by all program areas and this may prove an area of concern for students.

#### **5. THE CURRICULUM – ASSESSMENT OF STUDENT LEARNING**

##### **Areas of strength**

- i. The School has an assessment policy which has support from staff and has been clearly communicated to students.
- ii. The School uses a wide range of appropriate assessment methods which have been robustly developed.
- iii. The assessments used to date have been of a suitably high quality.

##### **Areas for improvement**

- i. The School has yet to agree upon issues related to supplementary examinations and remediation. These issues must be resolved as a matter of urgency.
- ii. The use of written supplementary examinations only to assess students who have failed aspects of the course related to clinical skills or Health Practice is inappropriate. The School needs to match supplementary examination methods to the domain under consideration.

#### **6. THE CURRICULUM - MONITORING AND EVALUATION**

##### **Areas of strength**

- i. The School has robust evaluation plans which are being implemented and are linked to educational research.

- ii. Evaluation feedback is actively sought by the School and, where appropriate, acted upon.
- iii. Even at this relatively early stage in the School's life, it has developed active and healthy educational linkages across Australasia.

## **7. IMPLEMENTING THE CURRICULUM – STUDENTS**

### **Areas of strength**

- i. The School is to be commended for meeting its admission goals with regard to the composition of the student body.
- ii. The School's admission policy has been well implemented, resulting in student intakes which match the University's plans, particularly in relation to Indigenous and other under-represented groups.
- iii. The School has provided a supportive environment for the students, who have access to appropriate academic and pastoral support.
- iv. Students are well represented within the School committee structure.

### **Areas for improvement**

- i. As the School grows and develops, it will be important that the pathways for student support involve a wider range of staff than is currently the case.
- ii. It will be important that student representation is not compromised within any new governance arrangements.

## **8. IMPLEMENTING THE CURRICULUM – EDUCATIONAL RESOURCES**

### **Areas of strength**

- i. The Team was impressed with the new medical school building and what this symbolises for UWS and the Greater Western Sydney (GWS) region. The evolving clinical schools at the affiliated teaching hospitals will ably complement the Macarthur development.
- ii. The School and University are to be commended on the use and support of information technology and the managed learning environment to facilitate student learning.
- iii. The School is to be commended for working with hospitals, health providers and other universities to ensure that sufficient clinical placements will be available to deliver the curriculum.
- iv. The detailed planning of the Year 3 attachments for 2009 gave the Team considerable confidence in the School's ability to deliver the clinical curriculum in a sustainable fashion.

- v. A sound rationale for the development of a rural clinical school was put forward and the Team encouraged continuing dialogue with Department of Health and Ageing to successfully effect this outcome.

**Areas for improvement**

- i. Consideration should be given to the development of a clinical skills facility at the medical school site such that clinical skills teaching could be integrated with the teaching of anatomy and physiology. As demand for the hospital-based clinical skills facilities grow, it is likely the need for a central facility will become more apparent.
- ii. The clinical teaching sites are spread over a wide geographical area and the Team was concerned that this may cause difficulty for students commuting. Consideration needs to be given to providing accommodation for students to make the most of out-of-hours clinical experience.

## RECOMMENDATIONS 2008

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### 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:

- i) 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.
- ii) 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.

### 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 School of Medicine at the University of Western Sydney be accredited until two cohorts have graduated; that is, until 31 December 2013, subject to the provision of satisfactory periodic reports and the following conditions:

- (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 implementation of the new governance structure as per standard 1.1
  - Changes to and evaluation of curriculum changes and developments as per standard 3.1
  - The development of the Medicine in Context and Health Practice aspects of the curriculum as per standard 3.2
  - Further developments of the assessment policy, especially with respect to issues related to supplementary examinations and remediation as per standard 5

- Details of the planning for clinical placements and curriculum content in years 4 and 5 as per standard 8.3
- The revised graduate outcomes, as per standard 2.2