

## **Executive Summary 2009**

### **Deakin University**

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An Australian Medical Council (AMC) assessment team visited the new Deakin School of Medicine from 27 to 30 July 2009 to review the implementation of the early years of the course and detailed plans for the later years.

When the AMC initially assessed the proposal for the Deakin School of Medicine, effort was concentrated on the immediate priority of introducing Year 1. Preparation for Years 1 and 2 was well in hand but arrangements for the expanded clinical years component of the program were less well developed.

At the time of the 2009 visit, halfway through the first Year 2 of the program, the School is continuing to strengthen its teaching resources and the first cohort of students is in Year 2. Students are enthusiastic about their program. Detailed planning for clinical placements for Years 3 and 4 is well in hand.

The Team identified areas of strength that characterise the Deakin School of Medicine as well as areas which would benefit from further exploration and development.

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

- i. the School's strong position within the University and the Faculty of Health, Medicine, Nursing and Behavioural Sciences;
- ii. the commitment of the University to funding the building program, the research facility development and the IT support needed for a high quality, research intensive School of Medicine;
- iii. the high standard of facilities at the Waurn Ponds Campus, with excellent problem based learning and clinical skills facilities;
- iv. the well qualified, enthusiastic and committed academic and general staff who have worked extremely hard to deliver an innovative, high quality medical program;
- v. the motivated and enthusiastic leadership at the rural clinical school sites;
- vi. the commitment by the University to the development of geographically dispersed teaching sites;
- vii. the influential local leadership, clinical staff and health authorities commitment in the rural areas to the Deakin medical program, which has led to substantial community buy-in;
- viii. the development of high quality online resources necessary for its distance teaching and widely spread clinical schools and rural teaching sites;
- ix. the integrated hospital and community facilities and the staff commitment at the McKellar Centre that will provide an excellent base for the teaching of aged care medicine, rehabilitation and palliative care;
- x. the clinical skills teaching in Years 1 and 2 that has provided students with excellent preparation for clinical practice;
- xi. the commitment of many of the currently appointed teachers to maintaining their research activities, ensuring that teaching is informed by research;

- xii. the review and update by the School of the Flinders problem based learning (PBL) cases ensuring that the curriculum is up to date and appropriate to the Deakin course;
- xiii. the establishment of the committee structure with assessment panels in each year reporting to the Teaching and Learning Committee and the development of standard setting procedures to ensure consistency for summative assessment items used in the first two years of the program;
- xiv. the clear focus on rural origin students which is explicitly embodied in the selection criteria and course objectives;
- xv. the responsiveness and enthusiasm of staff to student feedback, which has contributed to a positive relationship between students and staff.

**Areas that require consideration and further reporting in periodic reports:**

*Previously noted in 2007*

- i. the adequacy of funding for clinical teaching facilities within both the hospital system and general practice;
- ii. the employment and funding arrangements for hospital clinical staff and general practitioners;
- iii. completion of the detailed mapping of the curriculum in the major disciplines, including Indigenous Health;
- iv. the availability of student accommodation in rural areas.

*Additional Areas from 2009*

- v. a review of the percentage of income withheld centrally, in recognition of the increased EFTSL medical funding, to avoid the need for subsidies and give a more assured income for planning;
- vi. the continued cross representation at a governance level by the Deakin University Council and the Barwon Health Board;
- vii. the establishment of a joint relations committee involving senior staff of the School of Medicine and Barwon Health to manage operational matters in the long term;
- viii. the resolution before the start of Year 3 of the arrangements for funding and the appointment of clinical staff, both general practitioners and hospital staff;
- ix. the involvement of clinical staff in the planning and development of clinical academic departments;
- x. the appointment of staff within the School of Medicine to support the theme Doctors, Peoples, Cultures and Institutions (DPCI);
- xi. development of communication channels to ensure rural teaching sites are fully informed as to curriculum plans and changes in order to develop and maintain their rural programs;
- xii. clear statement to students about the requirements for an Honours degree and the opportunities for involvement in research;

- xiii. the availability of the curriculum for biomedical sciences throughout the medical course would ease student and staff uncertainty as to the requirements in the clinical years;
- xiv. the recruitment of clinicians with a strong interest in anatomy;
- xv. monitoring of the alternative learning model to ensure that Aboriginal and Torres Strait Islander students receiving the support firstly meet and are seen to meet the same assessment standards as the rest of the class and secondly are integrated with the rest of the class;
- xvi. consideration to each clinical site having the flexibility to adjust the timetabling of the core program to meet its own contextual needs;
- xvii. the development of a clear feedback mechanism for all students so that they are advised of their relative strengths and weaknesses across themes and topic rotations;
- xviii. clear avenues of advice and remediation for students who receive a fail or borderline grade;
- xix. development of a regular dialogue between student representatives and clinical academic supervisors to promote a systematised approach for feedback;
- xx. clear advice on the pathways for access to the multiple avenues of student support mechanisms;
- xxi. consideration of a community representative on the Selection Committee;
- xxii. review the selection bonus added to the selection score for applicants who have completed a major sequence in biomedical or health science during their undergraduate study;
- xxiii. monitoring of growth in international medical students to ensure that any increase in numbers is supported by clinical sites and clinical teachers;
- xxiv. the lack of physical space for student teaching and amenities at a number of the clinical school sites.

## **Recommendations 2009**

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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 for a period up to two years after the full course has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual reports. 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 assessment.
- (ii) Accreditation of the new course may be refused 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. The AMC will advise the school on the deficiencies to be addressed before it will reconsider accreditation.

### **Recommendations**

The Medical School Accreditation Committee recommends that the AMC Directors confirm accreditation of the Bachelor of Medicine Bachelor of Surgery of the School of Medicine, Deakin University until 31 December 2013, subject to:

- (i) The School's submission of periodic reports to the Medical School Accreditation Committee addressing satisfactorily the areas for improvement set out in the Accreditation Report;
- (ii) The following key issues being addressed satisfactorily in the 2010 report:
  - arrangements for the funding and appointment of additional teaching, technical and administrative staff at clinical sites, and in the Parallel Rural Community Curriculum, including position title, location and FTE;
  - the development and implementation of the alternative learning model for Aboriginal and Torres Strait Islander students in response to the AMC's concerns about equivalent assessment and integration.