



Australian
Medical Council Limited

**Accreditation of the Faculty of Health
Sciences, MBBS Program**

UNIVERSITY OF ADELAIDE

Executive Summary

March 2012

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The Australian Medical Council's (AMC) *Assessment and Accreditation of Medical Schools: Standards and Procedures* provides for accredited medical schools to seek reaccreditation when a period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the Accreditation Standards for basic medical education. The school prepares a submission for reaccreditation. An AMC team assesses the submission and visits the school and its clinical teaching sites.

The University of Adelaide's Faculty of Health Sciences was assessed for reaccreditation of its MBBS Program (the Program) in 2011. The Program was last reaccredited in 2001 by the AMC following an assessment report by an AMC Team.

The 2001 assessment coincided with significant changes in the Program's teaching and learning methods and to the organisation of the Program. The Program was granted accreditation for the maximum period with conditions, which took the accreditation to 31 July 2007. The conditions required a follow-up assessment by an AMC Team during the second half of 2002. This follow-up confirmed the period of accreditation subject to satisfactory progress reports.

In 2006, the Faculty submitted a comprehensive report for extension of accreditation. The report detailed developments in the Program and described its plans for the next five years. Accreditation was extended until 31 December 2011 subject to satisfactory reports, this taking the Faculty to the maximum ten-year period of accreditation available between full assessments. Progress reports since have been satisfactory but have also required the Faculty to provide more information on some developments, such as the effect of increasing student load, a new funding model, and governance of the Program.

An AMC Team reviewed the Faculty's reaccreditation submission and visited the Faculty and associated clinical teaching sites in the week of 6 June 2011. This report presents the Team's recommendation on accreditation and the detailed findings against the approved Accreditation Standards to the AMC Medical School Assessment Committee.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that the MBBS Program of the Faculty of Health Sciences, University of Adelaide **substantially meets the Accreditation Standards** and is well placed to complete the work required to meet the Standards.

The report identifies many strengths of the Program. It also describes continuing challenges particularly concerning governance and Program management, curriculum, evaluation and teaching facilities. Many of these challenges were acknowledged by the Faculty in its accreditation submission.

The AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures* provides the following options for decisions on accreditation of established medical courses:

- (i) Accreditation for a period of six years subject to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for accreditation extension. Subject to a satisfactory report, the AMC may grant an extension of accreditation, up to a maximum of four years, before a new accreditation review.
- (ii) Accreditation for six years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for accreditation extension. Subject to a satisfactory report, the AMC may grant an extension 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 determine that the program satisfies the 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 education provider considers it has addressed its deficiencies, the AMC will conduct a review. The provider may request either:
 - a full accreditation assessment, with a view to granting accreditation for a further period of six years; 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 (six years since the original accreditation assessment).
- (iv) Accreditation may be refused where the AMC considers that the deficiencies are so serious as to warrant that action or where the provider has not satisfied the AMC that the complete medical program can be implemented and delivered at a level consistent with the Accreditation Standards.

The August 2011 meeting of the AMC Directors endorsed the accreditation report and resolved:

That accreditation of the six year school leaver entry MBBS Program of the University of Adelaide, Faculty of Health Sciences be **granted accreditation for a period of three years to 31 December 2014 subject to the following conditions:**

- A. **By 31 January 2012** evidence to address the conditions detailed in the Key Findings Table at:
 - Standard 1.1 - Governance
 - Standard 1.2 - Leadership and autonomy
 - Standard 1.3 - Medical course management
 - Standard 1.5 - Educational budget and resource allocation
 - Standard 8.1 - Part a - Physical facilities.
- B. **In the 2012 progress report:**
 - i. Evidence of implementation of plans to address the conditions relating to the standards listed at Section A, and;
 - ii. Evidence to address the conditions detailed in the Key Findings Table at:
 - Standard 1.6 - Interaction with health sector
 - Standard 1.8 - Staff resources

- Standard 3.1 - Curriculum framework
- Standard 3.2 - Curriculum structure, composition & duration
- Standard 3.3 - Curriculum integration
- Standard 4.1 - Teaching & learning methods
- Standard 5.1 - Assessment approach
- Standard 5.2 - Assessment methods
- Standard 5.3 - Assessment rules and progression
- Standard 5.4 - Assessment quality
- Standard 6.1 - Ongoing monitoring
- Standard 6.2 - Outcome evaluation
- Standard 6.3 - Feedback and reporting
- Standard 7.1 - Student intake
- Standard 7.3 - Student support
- Standard 7.4 - Student representation
- Standard 8.1 - Part b - Physical facilities
- Standard 8.2 - Information technology
- Standard 8.3 - Clinical teaching resources.

C. In the 2013 progress report:

- i. Evidence of implementation of all Standards listed at Section B, and;
- ii. Evidence to address the condition detailed in the Key Findings Table at:
 - Standard 1.4 – Educational expertise.

D. A follow up assessment in 2014 to assess progress on the conditions and areas for improvement.

Overview of Findings

The following table illustrates the key findings of the 2011 University of Adelaide, Faculty of Health Sciences MBBS Program AMC Assessment Team.

Where Accreditation Standards are noted as “not met” or “substantially met” the Faculty must provide evidence to the AMC that actions have been taken to meet the specific standard, as specifically advised in the right column of the Key Findings Table and in accordance with the timeframe as specified in the ‘Recommendations’ section.

Areas for improvement with no attached condition for accreditation are suggestions from the Assessment Team for areas of continuous improvement. They do not need to be reported against as a condition of accreditation. They are noted in the left column of the Key Findings Table.

KEY FINDINGS TABLE: THE UNIVERSITY OF ADELAIDE ASSESSMENT 2011	
Standards	Conditions to meet the Standards
1. THE CONTEXT OF THE MEDICAL SCHOOL	Overall this set of Standards is NOT MET
<p>1.1 Governance</p> <p><u>Commendations</u></p> <p>There is good representation of key stakeholder groups on committees.</p>	<p>1.1 Not met</p> <p>The AMC requires evidence that the Faculty governance structure ensures that the MBBS Program has appropriate authority and input, and effective reporting lines for the management of the Program.</p>
<p>1.2 Leadership and autonomy</p> <p><u>Commendations</u></p> <p>The contribution of the current Dean which facilitates cooperation and support for the Program despite limited authority.</p>	<p>1.2 Not met</p> <p>The AMC requires evidence of plans that will ensure appropriate autonomy and leadership for the MBBS Program including clear responsibility for management of the curriculum supported by appropriate budgetary allocation.</p>
<p>1.3 Medical course management</p> <p><u>Commendations</u></p> <p>The Curriculum Committee is well positioned to have influence over the MBBS Program.</p> <p><u>Areas for improvement</u></p> <p>Engagement of a wider range of staff in the committees that plan, implement and review the curriculum.</p>	<p>1.3 Substantially met</p> <p>The AMC requires evidence of plans that the Curriculum Committee has the authority and capacity to implement and review the curriculum.</p>

<p>1.4 Educational expertise</p> <p><u>Commendations</u></p> <p>The commitment of the staff of the Medicine Learning and Teaching Unit.</p> <p><u>Areas for improvement</u></p> <p>Strategies to recruit, develop and retain Indigenous staff able to support the MBBS Program's responsibilities for Indigenous health.</p>	<p>1.4 Substantially met</p> <p>The AMC requires evidence that the MBBS Program is supported by sufficient staff with specific expertise in education methods, curriculum design, assessment and evaluation.</p>
<p>1.5 Educational budget and resource allocation</p>	<p>1.5 Not met</p> <p>The AMC requires evidence of plans for a funding model which enables resources to be directed to achieve overall MBBS Program objectives. The model should include a clear line of responsibility and authority for the curriculum and its resourcing.</p>
<p>1.6 Interaction with health sector</p> <p><u>Commendations</u></p> <p>Strong clinician involvement with teaching.</p> <p>The Executive Dean is actively engaged in strategic development of new health facilities and there are good executive level relations between the Faculty and the Commonwealth and State Governments.</p> <p><u>Areas for improvement</u></p> <p>Develop strategies to improve partnerships with the Indigenous health sector.</p>	<p>1.6 Substantially met</p> <p>The AMC requires evidence that the MBBS Program has constructive partnerships and proactive communication with all relevant hospitals and health services that supports its teaching.</p>
<p>1.7 The research context of the school</p> <p><u>Commendations</u></p> <p>The Faculty of Health Science's strong research record.</p>	<p>1.7 Met</p>
<p>1.8 Staff resources</p>	<p>1.8 Substantially met</p> <p>The AMC requires evidence of a detailed staff plan to provide the academic, administrative and technical staff necessary to support MBBS</p>

	Program requirements and to define staff responsibilities for the Program.
1.9 Staff appointment, promotion and development <u>Areas for improvement</u> Review the employment strategies to support recruitment and retention of Indigenous staff (see also 1.4)	1.9 Substantially met
1.10 Staff indemnification	1.10 Met
2. THE OUTCOMES OF THE MEDICAL COURSE	Overall this set of Standards is MET
2.1 Mission <u>Areas for improvement:</u> With appropriate stakeholder input, ensure the mission statement addresses Indigenous people and their health.	2.1 Met
2.2 Medical course outcomes	2.2 Met
3. THE MEDICAL CURRICULUM	Overall this set of Standards is SUBSTANTIALLY MET
3.1 Curriculum framework <u>Areas for improvement</u> Review the information describing the curriculum framework for staff and students to ensure a clear message about the learning process.	3.1 Substantially Met While the philosophy underpinning the curriculum is sound, the curriculum needs review. The AMC requires a plan for curriculum review, including review of the curriculum framework.
3.2 Curriculum structure, composition and duration <u>Commendations</u> The Rural Clinical School placements. The medical education placement option in the Year 6 Medicine Specialist, Community or	3.2 Substantially met As part of curriculum renewal, the AMC requires a plan for review of the curriculum structure and content, including plans to address the following Accreditation Standards: a Indigenous health content (3.2.7) b Content relating to patient safety

<p>Ambulatory Placement.</p> <p><u>Areas for improvement</u></p> <p>Review and enhance the following areas of the curriculum:</p> <ul style="list-style-type: none"> • Behavioural and social science content • The integration of population health • Communication skills. 	<p>and quality assurance of medical care (3.2.8)</p> <p>c Interprofessional learning (3.2.9).</p>
<p>3.3 Curriculum integration</p>	<p>3.3 Substantially met</p> <p>As part of curriculum renewal, the AMC requires a plan detailing strategies to increase integration in curriculum delivery and design, including appropriate leadership and management of the curriculum domains.</p>
<p>3.4 Research in the curriculum</p> <p><u>Areas for improvement</u></p> <p>Strategies to continue to increase opportunities to engage students in research.</p>	<p>3.4 Met</p>
<p>3.5 Opportunities for students to pursue choices</p> <p><u>Commendations</u></p> <p>The capacity for students to choose electives and options in the final year.</p>	<p>3.5 Met</p>
<p>3.6 The continuum of learning</p>	<p>3.6 Met</p>
<p>4. THE CURRICULUM – TEACHING AND LEARNING</p>	<p>Overall this set of Standards is SUBSTANTIALLY MET</p>
<p>4.1 Teaching and learning methods</p> <p><u>Commendations</u></p> <p>The clinical skills program in Years 1 and 2.</p> <p><u>Areas for improvement</u></p> <p>Increase the professional development opportunities for teachers to support the teaching and learning methods employed.</p>	<p>4.1 Substantially met</p> <p>In keeping with the Faculty’s goals and taking into account the cohort expansion, the AMC requires a review of the teaching and learning methods employed, in particular:</p> <p>a The relative weight given to methods that are enquiry oriented, encourage students to take responsibility for their learning and prepare students for life long</p>

	<p>learning</p> <p>b Consistency of teaching methods across sites</p> <p>c Support and rationalisation of IT learning resources, such as the learning management systems. This should include reviewing the reliance on student representatives to gather lecture notes and presentations for uploading into the learning management systems.</p>
5. THE CURRICULUM – ASSESSMENT OF STUDENT LEARNING	Overall this set of Standards is SUBSTANTIALLY MET
<p>5.1 Assessment approach</p> <p><u>Areas for improvement</u></p> <p>The communication to students concerning changes to assessments.</p>	<p>5.1 Substantially met</p> <p>As part of curriculum renewal, the AMC requires:</p> <p>a Evidence that the assessment policy appropriately guides student learning and that its implementation is adequately resourced</p> <p>b Evidence of a plan and timelines for review of:</p> <p>i The overall assessment lead and coordination of assessment in Years 1 to 3</p> <p>ii The mix of formative and summative assessments to provide adequate student feedback and guidance.</p>
5.2 Assessment methods	<p>5.2 Substantially met</p> <p>The AMC requires evidence of a plan and timelines for review of:</p> <p>a An assessment blueprint across all years, appropriately aligned to the Program learning objectives, to guide policy and implementation</p> <p>b the variation in the standards of assessment across clinical rotations, examiners and sites, and actions to address this</p> <p>c A range of assessment formats to improve detection of under or borderline performance.</p>
5.3 Assessment rules and progression	<p>5.3 Substantially met</p> <p>The AMC requires evidence of review</p>

	<p>of:</p> <ul style="list-style-type: none"> a The Assessment and Progression Rules, assuring that the rules are transparent and clearly communicated to and understood by the staff and students. b Review of the current Faculty policy that allows students to progress without remediation while carrying a D result, and appropriate policy on academic supplementary examinations c Processes in place for informing students of changes to assessment rules before they take effect.
<p>5.4 Assessment quality</p> <p><u>Commendations</u></p> <p>The evaluation undertaken of individual items and the action to address evaluation outcomes.</p>	<p>5.4 Substantially met</p> <p>The AMC requires:</p> <ul style="list-style-type: none"> a Evidence of development of an assessment evaluation plan, including reliability and validity measures and consistency across all sites b Progress towards the introduction of standards setting methods for the clinical assessments supported by appropriate training and development. These plans should address concerns about variability; and quality assurance and training of assessors.
<p>6. THE CURRICULUM – MONITORING AND EVALUATION</p>	<p>Overall this set of Standards is SUBSTANTIALLY MET</p>
<p>6.1 Ongoing monitoring</p> <p><u>Commendations</u></p> <p>Students are represented at many levels in the academic committee structure.</p> <p><u>Areas for improvement</u></p> <p>Respond actively to student feedback, to address perceptions that it does not influence Program development.</p>	<p>6.1 Substantially met</p> <p>Evidence of a plan for an overall and ongoing Program monitoring and evaluation framework including:</p> <ul style="list-style-type: none"> a Relevant monitoring in the clinical years and systematic assessment of student clinical placement experience b Improved capacity for students to self-monitor their performance formatively.
<p>6.2 Outcome evaluation</p>	<p>6.2 Substantially met</p>

<p><u>Commendations</u></p> <p>The Medical Graduate Outcomes Evaluation Program following the 2003-06 student cohorts.</p> <p><u>Areas for improvement</u></p> <p>Evaluate the impact of increases in numbers on the learning experience, recognising the finite capacity of rural clinical locations and the Faculty's expansion plans.</p>	<p>As above, evidence of a plan for an overall Program monitoring and evaluation framework, specifying the review processes and tools, that is supported by adequate and ongoing resources and staffing.</p>
<p>6.3 Feedback and reporting</p>	<p>6.3 Substantially met</p> <p>As above, evidence of a plan for an overall Program monitoring and evaluation framework, with processes to ensure consistent closure of the feedback loop and accessibility of feedback to stakeholders.</p>
<p>6.4 Educational exchanges</p> <p><u>Areas for improvement</u></p> <p>Consider benchmarking the University of Adelaide MBBS Program with other Group of Eight University Programs.</p>	<p>6.4 Met</p>
<p>7. IMPLEMENTING THE CURRICULUM – STUDENTS</p>	<p>Overall this set of Standards is SUBSTANTIALLY MET</p>
<p>7.1 Student intake</p> <p><u>Commendations</u></p> <p>Efforts to align student numbers with South Australian workforce requirements.</p> <p><u>Areas for improvement</u></p> <p>Review the approach to the recruitment of Indigenous students and the support available to support their success.</p>	<p>7.1 Not met</p> <p>The AMC requires evidence that the size of the student intake is aligned to resources available to deliver the Program.</p>
<p>7.2 Admission policy and selection</p> <p><u>Commendations</u></p> <p>The alignment of selection policy with desired graduate outcomes.</p> <p><u>Areas for improvement</u></p> <p>Review the requirement for Indigenous applicants to complete the standard selection pathway in</p>	<p>7.2 Met</p>

<p>addition to Indigenous-specific requirements, and the consistent application of available academic concessions.</p>	
<p>7.3 Student support</p> <p><u>Commendations</u></p> <p>Dedicated Faculty members firmly committed to the Program and its students.</p> <p><u>Areas for improvement</u></p> <p>Strengthen the support for students with special needs, including those from under-represented groups.</p>	<p>7.3 Substantially met</p> <p>The AMC requires evidence of:</p> <ul style="list-style-type: none"> a The delineation of student support and academic support b Improved mechanisms to support student self-assessment of performance.
<p>7.4 Student representation</p> <p><u>Commendations</u></p> <p>Student representation on key committees.</p> <p><u>Areas for improvement</u></p> <p>Resource student representatives appropriately if the Faculty expects them to communicate important Program developments to the student group as a whole.</p>	<p>7.4 Substantially met</p> <p>The AMC requires evidence of improved mechanisms for consultation and communication with students about their experience in the Program, and Faculty plans for change to the Program.</p>
<p>7.5 Student indemnification</p>	<p>7.5 Met</p>
<p>8. IMPLEMENTING THE CURRICULUM – EDUCATIONAL RESOURCES</p>	<p>Overall this set of Standards is NOT MET</p>
<p>8.1 Physical facilities</p> <p><u>Commendations</u></p> <p>Student facilities at Spencer Gulf Rural Health School, Lyell McEwin, St. Andrews Hospital and GP SuperClinics.</p>	<p>8.1. Not met</p> <ul style="list-style-type: none"> a In line with the Faculty's proposal in the Five Year Facility Development Plan, the AMC requires by 31 January 2012, evidence of funding and confirmation of plans and timelines for redevelopment of facilities at main campus and at the new Royal Adelaide Hospital. This evidence should take into account the expansion of student numbers, and resulting staff and student needs b In the 2012 progress report, the AMC requires evidence of processes to negotiate access to facilities for clinical teaching in the health services

	<p>c By the AMC follow-up assessment in 2014, evidence of implementation of the redevelopment plan.</p>
<p>8.2 Information technology</p> <p><u>Commendations</u></p> <p>The extensive and well resourced University library facilities with highly accessible and helpful University librarians.</p>	<p>8.2 Not met</p> <p>The AMC requires evidence of a plan with timelines to ensure:</p> <p>a That MBBS Program students have adequate access to printers and computers at the Medical School Building or nearby</p> <p>b The learning management platform is reviewed and improved</p> <p>c Sufficient resources are available for staff to make lecture material available for students electronically.</p>
<p>8.3 Clinical teaching resources</p> <p><u>Commendations</u></p> <p>The excellent teaching facilities in primary care, general practice, private hospitals, rural and remote settings.</p> <p><u>Areas for Improvement</u></p> <p>Continued development of the clinical school structure to support clinical placements, with funding for academic leadership at these sites.</p>	<p>8.3 Substantially met</p> <p>The AMC requires evidence of:</p> <p>a An overall strategy to ensure that clinical placements continue to meet demand. The AMC requires evidence that the Faculty's placement plan for each clinical teaching site will provide students with the appropriate clinical experience in all models of care.</p> <p>b A systematic approach to ensuring that all students receive experience of the provision of health care to Indigenous people in a range of settings.</p>