



Australian  
Medical Council Limited

Accreditation of the medical program of  
School of Medicine, Sydney  
The University of Notre Dame Australia

AMC DIRECTORS REPORT

Executive Summary

November 2011

## **EXECUTIVE SUMMARY 2011**

The AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures* describe the procedures by which an institution may seek assessment of a proposal to establish a new medical program. This involves an assessment of plans before the program is introduced, and subsequent follow-up assessment if required. In 2005, the AMC assessed and accredited plans for the introduction of a four-year, graduate-entry medical program at the University of Notre Dame Australia (UNDA), Fremantle. In 2007, the AMC then considered plans for the four-year, graduate-entry medical program to be offered by the University's School of Medicine, Sydney. As students graduating from these two programs receive different qualifications, and the programs are managed and run as distinct academic programs, the AMC has assessed and accredited the two programs separately.

The AMC requires institutions establishing a new program to present the following for the first accreditation assessment: the outline of the full program with details for at least the first two years; details of the financial, physical and staff resources available to design and implement all years of the program, and to support the program when fully established; and an institutional assessment of strengths and weaknesses.

The 2007 AMC assessment resulted in accreditation of the medical program being established at the School of Medicine, Sydney for the maximum possible period, which is until two cohorts have graduated (2013). At this time, the AMC considered the School had appropriate structures and clear plans to support the implementation of the medical program. Because the University chose to present the detailed curriculum plans for the medical program in stages, the AMC completed a follow-up assessment in 2009 to consider the development of plans for years 3 and 4 of the medical program, which were to be implemented from 2010. This assessment noted the successes in establishing the School of Medicine and implementing the early years of the Sydney medical program. It also raised concerns regarding the pace of progress towards implementation of Years 3 and 4, and the organisation of the resources necessary to make this phase a success. The AMC decided to complete a further assessment in 2010.

An AMC Team visited the School and clinical teaching sites in April 2010. The AMC was unable to complete its assessment, because of changes in the School's leadership shortly after the visit. It indicated that it would need to review the program implementation in the changed circumstances. An AMC Team completed this assessment in October 2010.

At its November 2010 meeting, the AMC Directors found that the medical program of the University of Notre Dame Australia, School of Medicine Sydney substantially met the AMC Accreditation Standards. The AMC changed the School's accreditation to December 2011, and imposed conditions on the accreditation. The School was required to report on these conditions in December 2010, February 2011, the start of the 2011 academic year, April 2011 and August 2011.

In May 2011, having received the School's April 2011 report on accreditation conditions an AMC Team visited the School to discuss progress with students, staff and School committees.

The AMC Team reported to the October 2011 meeting of the Medical School Accreditation Committee. The Committee also considered advice from the Team Chair concerning the School's August 2011 report on accreditation conditions and advice from the new Dean of the School of Medicine Sydney on developments since her appointment in May 2011.

The Committee decided on the final report and recommendations on accreditation.

This report presents the Committee's recommendation on accreditation as endorsed by the AMC Directors and the detailed findings against the AMC accreditation standards.

### **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 the provider and 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 in 2011 the University of Notre Dame Australia, School of Medicine Sydney MBBS program substantially meets the accreditation standards.

The report describes significant progress in important areas, including leadership, staffing, curriculum governance and implementation. These should enhance the capacity of the School to deliver the curriculum. The implementation of the full four years of the program is a significant milestone. Now that the full program has been implemented, the AMC expects the School will focus on the review and evaluation necessary to improve the curriculum, and on developing medical education expertise to ensure high quality medical education is provided.

In making its accreditation decision in 2010, the AMC considered its unsatisfactory progress procedures. Under these procedures, the Medical School Accreditation Committee may recommend to the AMC Directors:

- (i) that the concerns are being addressed. In this case, the AMC will grant ongoing accreditation for a defined period subject to satisfactory progress reports, or
- (ii) that the concerns can be addressed by imposing conditions on the accreditation. In this case, the AMC will grant ongoing accreditation for a defined period subject to satisfactory progress reports and to the conditions being met within this period, or
- (iii) that the concerns are not being addressed and/or are unlikely to be addressed within a reasonable timeframe and the education provider and its proposed program do not satisfy the accreditation standards. In this case the AMC will revoke the accreditation.

In 2011, the Medical School Accreditation Committee considers that a number of the conditions have been addressed. Others can be addressed by retaining or imposing conditions on the accreditation. At their November 2011 meeting AMC Directors agreed:

- (i) that the expiry date on the period of accreditation of the Bachelor of Medicine, Bachelor of Surgery medical program of the School of Medicine Sydney, University of Notre Dame Australia return to 31 December 2013 subject to the following conditions:

- A. By 30 April 2012, evidence to address the conditions detailed in the Key Findings Table relating to:
- Standard 1.1 - Governance
  - Standard 1.2 - Leadership and autonomy
  - Standard 1.4 - Educational expertise
  - Standard 1.9 - Staff appointment, promotion and development.
- B. By the 2012 progress report evidence to address the conditions detailed in the Key Findings Table relating to:
- Standard 1.6 – Interaction with the health sector
  - Standard 3.3 - Curriculum integration
  - Standard 5.1 - Assessment approach
  - Standard 5.2 - Assessment methods
  - Standard 8.2 - Information technology.
- C. By the 2013 comprehensive report to the AMC, evidence to address the conditions detailed in the Key Findings Table relating to:
- Standard 3.2 - Curriculum structure
  - Standard 6.1 – Monitoring
  - Standard 8.3 - Clinical teaching resources.
- (ii) that the School of Medicine provide a comprehensive report to the Medical School Accreditation Committee by September 2013. As well as reporting on the conditions listed above, the report should outline the School’s development plans for the next four to five years. The AMC will consider this report and, if it decides the School is satisfying the accreditation standards, the AMC Directors may extend the accreditation up to December 2017, taking accreditation to the full period which the AMC will grant between assessments, which is ten years.

### **Overview of findings**

The following ‘Key Findings Table’ sets out the findings of the 2011 AMC assessment.

Where accreditation standards are noted as ‘substantially met’ the School must provide to the AMC evidence of actions to meet the specific standard, as specified in the right column of the Key Findings Table and in accordance with the timeframe as specified in part (i): A, B and C above.

The Table also lists recommendations for improvements in the medical program. These are listed in the left column of the Key Findings Table. While the AMC expects the School to consider and report on its response to these recommendations in progress reports, they are not conditions of accreditation.

## Key Findings Table

Areas for improvement	Conditions
1. Context (governance, autonomy, course management, educational expertise, budget, health sector, research context, staff)	Overall this set of standards remains <b>SUBSTANTIALLY MET.</b>
1.1 Governance	1.1 remains substantially met  The AMC requires evidence that the new governance arrangements established to address issues of variation in curriculum delivery and student experience across the School's dispersed clinical sites are effective and that the relevant School processes are being universally applied.
1.2 Leadership and autonomy  <u>Areas of strength</u> <ul style="list-style-type: none"> <li>The appointment of the Dean will enhance stability and provides the School with an opportunity to formulate a strategic plan for its further development.</li> </ul>	1.2 is now substantially met  The AMC requires evidence that the Dean's management review has resulted in effective leadership of the medical program with clear responsibility for the management of the medical program backed by appropriate medical education expertise.
1.3 Medical course management  <u>Areas for improvement</u> <ul style="list-style-type: none"> <li>The Curriculum Management Committee to take responsibility for ensuring the curriculum is delivered in a consistent manner across all clinical sites. Although a challenge in all schools with multiple and dispersed sites, it is important that the curriculum continues to guide selection of clinical placements rather than learning being determined by clinical placement availability.</li> </ul>	1.3 is now met
1.4 Educational expertise  <u>Areas of strength</u> <ul style="list-style-type: none"> <li>The considerable work by staff of the Medical Education Unit to develop the program.</li> </ul>	1.4 remains substantially met  The AMC continues to require evidence that the School has a plan enabling access to sufficient educational expertise for developing and managing the medical program at a level consistent with AMC standards.

1.5 Educational budget and resource allocation	1.5 is now met
1.6 Interaction with the health sector  <u>Areas of strength</u> <ul style="list-style-type: none"> <li>Impressive clinical placement partnerships are developing, both in well-established teaching hospitals, and in growing hospitals that will offer increasingly significant teaching opportunities in the future.</li> </ul>	1.6 remains substantially met  The AMC requires evidence that the agreements with health services are effective in managing specific teaching plans at each site, student placement numbers and the School's expectations of clinicians.
1.7 The research context of the school  <u>Areas for improvement</u> <ul style="list-style-type: none"> <li>Give greater priority to development of an active research program, including: <ul style="list-style-type: none"> <li>(i) involving the School in other University of Notre Dame Australia research and collaboration with other research institutes and/or organisations.</li> <li>(ii) consider the implications of the current staffing model, in which Heads of Discipline and discipline leaders have small fractional appointments, for the capacity of these leaders to be research active.</li> </ul> </li> </ul>	1.7 remains met
1.8 Staff resources  <u>Areas for improvement</u> <ul style="list-style-type: none"> <li>Review the staffing model to ensure that it enables academic staff to engage in academic activities beyond curriculum implementation, and coordination. This may include fostering the development of their discipline, and contributing to the advancement of knowledge and scholarship.</li> </ul>	1.8 is now met
1.9 Staff appointment, promotion and development	1.9 remains substantially met  The AMC continues to require evidence of

<p><u>Areas of strength</u></p> <ul style="list-style-type: none"> <li>The appointment of a Clinical Years Education Support and Liaison Officer.</li> </ul> <p><u>Areas for improvement</u></p> <ul style="list-style-type: none"> <li>In the performance appraisal process for academic staff, require evidence of development of educational skills.</li> </ul>	<p>processes for development of both sessional academic staff and other clinical teachers at all the Clinical Schools.</p>
<p>1.10 Staff indemnification</p>	<p>1.10 remains met</p>
<p>2. Outcomes (mission, course outcomes)</p>	<p>Overall, this set of standards remains <b>MET</b>.</p>
<p>3. Curriculum (framework, structure, content, duration, integration, research, choices, continuum)</p>	<p>Overall, this set of standards remains <b>SUBSTANTIALLY MET</b>.</p>
<p>3.1 Curriculum Framework</p>	<p>3.1 remains met</p>
<p>3.2 Curriculum structure, composition and duration</p> <p><u>Areas of strength</u></p> <ul style="list-style-type: none"> <li>Identification of specific learning goals for the diverse learning opportunities, and communication of these to students.</li> <li>The positive feedback from students about their clinical rotations and the enthusiasm of their clinical teachers.</li> <li>The initiatives by clinical discipline heads to improve communication with respective disciplines leaders and teachers at each site are welcome.</li> </ul>	<p>3.2 remains substantially met</p> <p>The AMC will require evidence that:</p> <ul style="list-style-type: none"> <li>(i) the School has an effective mechanism to provide descriptions of the content, extent and sequencing of the curriculum that guide staff and students on the learning outcomes for each stage of the course. This would be addressed by enhancing the newly developed curriculum map.</li> <li>(ii) the lines of communication essential to the integration of the clinical rotations and to the achievement of uniform learning objectives and assessments across the various learning sites are working effectively.</li> </ul>
<p>3.3 Curriculum integration</p> <p><u>Areas for improvement</u></p> <ul style="list-style-type: none"> <li>Review and enhance the opportunities for formally revisiting the biomedical sciences in MED3000 and MED4000.</li> </ul>	<p>3.3 remains substantially met</p> <p>The AMC will require evidence that:</p> <ul style="list-style-type: none"> <li>(i) the School has evaluated the effectiveness of the mechanisms to improve integration of the formal teaching program and clinical rotations.</li> <li>(ii) the Rural Clinical School is continuing to develop in line with the plans (Standard</li> </ul>

	8.3) and that the School is assessing and monitoring the students' achievement of adequate breadth and depth in the Rural Clinical School settings.
3.4 Research in the curriculum	3.4 remains met
3.5 Opportunities for students to pursue choices	3.5 is now met
3.6 The continuum of learning	3.6 remains met
4. Teaching and learning methods	Overall, this set of standards remains <b>MET</b> .
<p><u>Areas of strength</u></p> <ul style="list-style-type: none"> <li>The Team continues to be impressed by the commitment of teaching staff to working with students individually and in small groups.</li> </ul> <p><u>Areas for improvement</u></p> <ul style="list-style-type: none"> <li>Continue to review the mechanisms by which students record and report on the range of clinical experiences available in different rotations.</li> </ul>	
5. Assessment (approach, methods, rules and progression, quality)	Overall, this set of standards remains <b>SUBSTANTIALLY MET</b> .
5.1 Assessment approach	5.1 remains substantially met
<p><u>Areas of strength 2011</u></p> <ul style="list-style-type: none"> <li>Since the last report the Medical Education Unit has engaged additional staff and has completed a number of assessor training courses at multiple sites in an effort to ensure consistency in assessment across campuses.</li> </ul>	<p>The AMC requires evidence of further development of the assessment policy and practices, including</p> <ul style="list-style-type: none"> <li>(i) reviewing the MED3000 and MED4000 assessment processes</li> <li>(ii) improving formative assessment processes for the clinical rotations to better inform students and staff early of emergent learning difficulties and to ensure consistency of assessment standards and processes across teaching sites</li> <li>(iii) clearer and more detailed marking rubrics.</li> </ul>
5.2 Assessment methods	5.2 is now substantially met



	<p>The AMC requires evidence that:</p> <p>(i) the School has systems to ensure students are receiving feedback from formative and summative assessments on their clinical rotations</p> <p>(ii) there is greater consistency in MED3000 and MED4000 in clinical teachers' approaches across sites and disciplines to completing the clinical competency formative and summative assessments.</p>
5.3 Assessment rules and progression	5.3 remains met
<p>5.4 Assessment quality</p> <p><u>Areas of strength</u></p> <ul style="list-style-type: none"> <li>The School benchmarks some assessment components against those of other medical institutions.</li> </ul> <p><u>Areas for improvement</u></p> <ul style="list-style-type: none"> <li>Use external expertise in reviewing and benchmarking assessment practices, particularly the summative multi-station assessment tasks, short answer questions and the clinical rotation formative assessments.</li> <li>Ensure summative assessments provide adequate testing of students' interpretation of signs and symptoms across a variety of service delivery settings.</li> </ul>	5.4 remains met
6. Monitoring and evaluation (ongoing monitoring, evaluation, feedback and reporting, educational exchanges)	Overall this set of standards is now <b>MET</b> .
<p>6.1 Monitoring</p> <p><u>Areas of strength</u></p> <ul style="list-style-type: none"> <li>Review of elements of MED1000 and MED2000 has resulted in positive changes to areas of the course such as the anatomy curriculum.</li> </ul>	<p>6.1 is now substantially met.</p> <p>The AMC requires evidence that:</p> <p>(i) The School has presented and discussed elements of MED1000 and MED2000 with all relevant discipline heads.</p> <p>(ii) teacher and student feedback from the clinical years is being sought</p>

	systematically within a formal quality improvement framework that includes the discipline heads.
6.2 Outcome evaluation 6.3 Feedback and reporting 6.4 Educational Exchange	Standards 6.2, 6.3 and 6.4 remain met
7. Students (intake, admission, support, representation)	Overall this set of standards is now <b>MET</b> .
7.1 Student intake, 7.2 admission process, 7.4 student representation and 7.5 indemnification  <u>Areas of strength</u> <ul style="list-style-type: none"> <li>The Team commends the positive relationship between the student representative body and the Dean.</li> </ul>	7.1, 7.2, 7.4 and 7.5 remain met
7.3 Student support	7.3 is now met
8. Resources (physical, IT, clinical teaching)	Overall, this set of standards remains <b>SUBSTANTIALLY MET</b> .
8.1 Physical facilities  <u>Areas of strength</u> <ul style="list-style-type: none"> <li>The substantial building program to support the development of the clinical schools and its progress over the last six months.</li> </ul> <u>Areas for improvement</u> <ul style="list-style-type: none"> <li>Review the pathology specimens used in the integrated anatomy, pathology and radiology workshops.</li> </ul>	8.1 is now met
8.2 Information technology	8.2 remains substantially met  The AMC requires evidence that library facilities are of an equivalent standard at all clinical sites, and include core texts for all years.
8.3 Clinical teaching resources	8.3 remains substantially met  The AMC requires evidence:

	<p>(i) of formal and high level communication with all health services and relevant medical schools to support the access of students to the required clinical experience and clinical teaching.</p> <p>(ii) that the Rural Clinical School is continuing to develop in line with plans.</p>
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