

Executive Summary 2009

Universities of Newcastle and New England

Joint Medical Program

This Report sets out the findings of the AMC Team that conducted the 2009 follow-up assessment of the Joint Medical Program (JMP) offered by the University of Newcastle and the University of New England. The JMP was first accredited by the AMC in 2007 for introduction in 2008 as a major change to the five-year, undergraduate medical course offered by the University of Newcastle. The JMP remains unique in Australian medical education as a partnership between Universities and Area Health Services offering a truly joint medical program, accredited as such. When the AMC initially assessed the proposal for the JMP in 2007, governance arrangements were evolving and effort was concentrated on the immediate priority of introducing Year 1 at the University of New England. Preparation for the JMP's 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 JMP, governance arrangements have been implemented and the first cohort of JMP students is in Year 2. Students from both Universities are enthusiastic about their Program. A restructured Year 3 is being trialled for the current University of Newcastle BMed students and there is more work to be done ahead of the larger Year 3 cohort. Detailed planning for clinical placements for Years 4 and 5 is well in hand.

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

Areas of strength:

- i. clearly articulated governance arrangements and a commitment to transparency and openness among JMP partners, together with a committee structure that can manage and deliver the joint program through the development phase;
- ii. a dedicated communication strategy that seeks to engage a wide audience in the activities and achievements of the JMP and the substantial work to link the new Clinical Schools into the JMP;
- iii. an inclusive management approach that brings together the two University partners at all levels of curriculum development, implementation, evaluation and review;
- iv. Area Health Service commitment at senior level, as JMP partners, mostly supported by hospital managers and clinical teachers;
- v. a common set of rules for students enrolled through two separate Universities;
- vi. complementary expertise in education at the two University campuses and the creation of the new JMP position of Academic Developer;
- vii. improved student representation on key committees, student involvement in JMP governance and curriculum management, and appropriate and timely responses to issues raised by students;

- viii. a student intake showing an increased proportion of rural students, in line with the JMP vision;
- ix. excellent student support for Aboriginal and Torres Strait Islander students;
- x. a commitment to maximising the use of electronic and video learning opportunities appropriate for a program taught at multiple sites.

Areas that require consideration and development:

- i. the relatively new Clinical School arrangements and the need to ensure strong links between all Clinical Schools and the JMP;
- ii. governance arrangements and a management committee structure appropriate to the Program's needs once the JMP moves from development to a steady state and in particular consideration of whether duplicating course management positions across the two sites continues to be required;
- iii. the value of formalising the group of staff involved in medical education development into a discrete Medical Education Unit which can meet the Program's needs, based on the strengths developed at both institutions and the University of Newcastle's established reputation as a leader in medical education innovation and development;
- iv. staff resources, in medical education, information technology support and in the Office of the JMP Dean, and the need to provide respite for staff who have borne the brunt of curriculum development and implementation;
- v. development and appraisal needs of clinical teachers;
- vi. ensuring the planned changes for Year 3 for the acquisition of clinical skills can meet the learning needs of students;
- vii. development of formal mechanisms to evaluate the consistency of program delivery and educational outcomes across multiple sites, with appropriate feedback to students;
- viii. continued implementation of the evaluation plan, with initial focus on more systematic tutor and teacher feedback;
- ix. continued effort to engage students in all significant decisions and student membership on the Monitoring and Evaluation Committee;
- x. improved support for international students including facilitating their integration into the student body;
- xi. strategies for pastoral care and advice for the larger numbers of students in rural and isolated settings;
- xii. assistance with student travel and accommodation particularly if students are travelling from rural to city or regional placements where no support is available;
- xiii. facilitating more collaboration and linkages between the two student associations as well as their ability to contribute to JMP governance;

- xiv. partnership opportunities for approaches to funding agencies and bodies to assist the further development of clinical placements for students including capital investment in general practice facilities and community health facilities;
- xv. exploration of opportunities for further development of clinical skills learning facilities, including further simulation facilities;
- xvi. remote access to information technology for individual students in remote, primary care and general practice placements;
- xvii. resolution of differences between the two Universities with respect to “Blackboard” and streamlined enrolment processes that enable students access to both University libraries and facilities.

The Medical School Accreditation Committee, at its October 2009 meeting, considered the Team’s report. Since the visit, a number of changes in senior staff have been announced, with a new Pro-Vice-Chancellor (Health) at Newcastle expected to start in 2010 and the JMP Dean’s intention to step down in 2010. The University of New England is recruiting a new Vice-Chancellor. While the Team had been of the view that the JMP’s governance structures are robust enough to accommodate changes in senior staff, it was agreed that the AMC should monitor the JMP’s continued capacity to meet standards relating to governance and management through key changes in management. This is reflected in the recommendations included in this report.

Recommendations 2009

Accreditation of a Major Change

The AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures* provides the following options for the accreditation of major course change:

- (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 of the Joint Medical Program (JMP) offered by the School of Medicine and Public Health, the University of Newcastle, and the School of Rural Medicine, University of New England until 31 December 2014, subject to:

- (i) The JMP's submission of periodic reports to the Medical School Accreditation Committee addressing satisfactorily the areas for improvement set out in the AMC Accreditation Report;
- (ii) The following key issues being addressed satisfactorily in the 2010 report:
 - staff resources, in medical education, information technology support and in the Office of the JMP Dean, and the need to provide respite for staff who have borne the brunt of curriculum development and implementation
 - ensuring the planned changes for Year 3 for the acquisition of clinical skills can meet the learning needs of students
 - strategies for pastoral care and advice for the larger numbers of students in rural and isolated settings
 - remote access to information technology for individual students in remote, primary care and general practice placements
 - a report from the JMP Governance Committee on the Joint Medical Program's continued capacity to meet Standards 1.1 to 1.3 dealing with governance, leadership, autonomy and management, with specific reference to appointment of the JMP Dean and other executive level staff involved in JMP governance (also to be reported in 2011).