



Australian
Medical Council Limited

Accreditation of the University of Melbourne, Faculty of
Medicine, Dentistry and Health Sciences, Melbourne Medical
School

AMC Directors' Report

Executive Summary

2012

Executive summary and recommendations 2012

The document *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council (AMC) 2011* provides for schools to propose major changes to medical courses which require accreditation of the entire course.

In 2005, the University of Melbourne implemented the ‘Melbourne Model’ to reframe the academic degree structure and objectives of the University to deliver a small number of broad undergraduate programs from which students would progress to employment, research higher degrees or a suite of professional and other Masters programs.

The University submitted a major change notification to the AMC proposing Australia’s first master degree program being offered as the professional entry-level qualification for medicine. It is also the first medical program in Australia to award Doctor of Medicine (MD) - a common qualification internationally. The AMC recognises there are additional academic expectations of master degree level programs, and the University had structured its program to account for these expectations. The AMC notes that separate processes exist to audit and assess whether the University’s academic programs are in line with national qualification framework.

The AMC visited the Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne in 2010 to assess the accreditation of the major changes proposed by the Faculty, which were to result in the award of Doctor of Medicine (MD). At its November 2010 meeting, the AMC Directors endorsed the accreditation report and resolved:

- (i) That the major changes proposed to the Medical Program, Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne – including the change to a four-year master degree program – be approved;
- (ii) That accreditation of the six-year MBBS undergraduate entry and four and one half year graduate entry medical program of the Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne be extended until 31 December 2013, subject to the submission of a satisfactory comprehensive report to the Medical School Accreditation Committee by 30 June 2011 on the teach-out phase of the course.
- (iii) That the four-year master degree program of the Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne leading to the award of Doctor of Medicine (MD) **be granted accreditation for six years until 31 December 2016, subject to a follow-up assessment in 2012 to review the implementation of the first two years of the course and detailed plans for Years 3 and 4**, and the submission of satisfactory progress reports to the Medical School Accreditation Committee.

In June 2012, an AMC Assessment Team visited the Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne to review the implementation of the first two years of the new course and the detailed plans for Years 3 and 4. This report presents the findings of the 2012 and 2010 assessments against the approved Standards, and the Executive Summary reflects the 2012 findings in the Key Findings Table.

It should be noted that the AMC Team did not review the current Melbourne MBBS program. The University is phasing out the six-year and four-and-a-half year program leading to the MBBS award. The MBBS program enrolled its last undergraduate students in 2008 and last

graduate-entry students in 2009. Following the Faculty's submission of a comprehensive report in 2011, accreditation of this program was granted an extension of accreditation until the end of 2013.

Following the 2012 assessment, the AMC found that the School had successfully implemented the first two years of the program and that planning for Year 3 of the program was progressing satisfactorily. The School's necessary focus on Year 3 planning at present means it has yet to clarify details of the Year 4 curriculum. The AMC requests that future reporting to the AMC provide details regarding the implementation of Year 3 and detailed plans for the Year 4 curriculum to ensure that the Melbourne Medical School continues to meet the 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 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 as providing a qualification for the purposes of registration.

The October 2012 meeting of the AMC Directors endorsed the accreditation report and resolved:

That the Doctor of Medicine program of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne **continues to meet the approved primary medical accreditation standards.**

That the accreditation of the Doctor of Medicine program of the University of Melbourne Faculty of Medicine, Dentistry and Health Sciences be confirmed until 31 December 2016, subject to the following conditions:

- (i) by the end of 2013, evidence to address the conditions on accreditation detailed in the Key Findings Table (in the Executive Summary) at:
 - Standard 5.3 – Assessment Rules and Progression
 - Standard 5.4 - Assessment Quality
- (ii) satisfactory annual progress reports that continue to demonstrate that the standards are met, and that include the 'items for reporting in the 2013 progress report', as set out in the key findings table and accreditation report.

Overview of findings

The following Key Findings Table summarises the findings of the 2012 AMC assessment against the accreditation standards.

The left column of the Table includes a summary of the findings for each Standard, including areas of commendation and areas for quality improvement. Areas for quality improvement are suggestions for the School and are not an AMC reporting requirement.

The right column of the Table notes any conditions of accreditation. If a standard is ‘not met’ or ‘substantially met’ the AMC imposes conditions to ensure that the medical education provider does meet the standard in a reasonable timeframe. The AMC requires medical education providers to provide evidence of actions taken to address the condition and meet the standard in the specified timeframe.

The right column also notes items that should be reported on in the next progress report to demonstrate that the medical education provider continues to meet the standard. The AMC will include these items for reporting in the next progress report request to the medical education provider.

Key Findings Table

1. Context (governance, autonomy, course management, educational expertise, budget, health sector, research context, staff)	Standard 1 remains MET.
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • The depth and breadth of the educational expertise across all sites. • The appointments of the Chair of Clinical Education and Training Development, and the Associate Dean Indigenous Development. • The continued robust and mutually supportive relationship with the health sector. • The enthusiasm, energy and commitment of staff across all sites, particularly during the teach-out phase of the MBBS Program. <p><u>Areas for quality improvement:</u></p> <ul style="list-style-type: none"> • The strengthening of academic aspects of Aged Care by establishing a Chair. 	<p>No conditions.</p> <p>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</p> <ul style="list-style-type: none"> • Confirmation of sustainable funding for the CRESCENT Program beyond 2012 (1.5). • Confirmation of the specific resources at the Bendigo Regional Clinical School to support implementation of the MD Program (1.6, 1.8, 8.3). • Agreements with remaining health services (1.6).
2. Outcomes (mission, course outcomes)	Standard 2 remains MET.
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • Clear enunciation of graduate attributes. 	No conditions.
3. Curriculum (framework, structure, content, duration, integration, research, choices, continuum)	Standard 3 remains MET.
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • The intersession weeks in Year 2 which afford an opportunity for reflection on clinical experience and consolidation. 	<p>No conditions.</p> <p>To continue to demonstrate that the Standard is met, in the 2013</p>

<ul style="list-style-type: none"> • The potential of the Scholarly Selectives 1 and 2 in Years 3 and 4 to provide students with outstanding exposure to the scientific method. • The year-long Empathic Practice/Ethical Practice program in Principles of Clinical Practice 2 • The School’s innovative approach to interprofessional education, including the student-run interprofessional placement pilot at Northern Clinical School; the interprofessional REACH student-led collaborative clinic. • The School’s vision in the development and implementation of the Curriculum Connect™ tool. <p><u>Areas for quality improvement:</u></p> <ul style="list-style-type: none"> • More definition for students regarding the depth of knowledge and level of skill required at each stage of the program. • Continued development of the pathology program. • Continued vertical integration of Indigenous health across clinical sites. The plan to take a values-based approach to Aboriginal health will likely require further resourcing. • It is recommended that additional funding be sought to expand successful interprofessional pilot programs. 	<p>progress report include:</p> <ul style="list-style-type: none"> • Matching of graduate attributes to the Year 3 and 4 curricula (3.1). • How student development of the graduate attributes will be identified throughout the program (3.1). • Progress of efforts to improve clinical immersion in Year 2 (3.2.1). • Finalised rotation outlines and analysis of implementation of Principles of Clinical Practice 3 (3.2.1). • Year 4 curriculum plans and development (3.2.1, 3.6). • Details of the curricular content of Scholarly Selective 1 in Year 3, and the assessment component of Scholarly Selective 2 in Year 4 , and the opportunities for choice in both (3.4, 3.5).
<p>4. Teaching and learning methods</p>	<p>Standard 4 remains MET.</p>
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • The continuity of student academic support and mentorship offered by the Clinical Skills Coaches and the Empathic Practice / Ethical Practice tutors via weekly tutorials in Year 2. • Clinical Colloquia, a series of 24 discussion sessions at clinical schools, that focus on cases that illustrate how health disciplines work together to improve patient quality of life. • The Primary Care Community Base placements at Northern and Western Hospitals in Years 2 and 3 for one-day a week. • The procedural skills sessions led by clinical nurse educators that begin early in the program. <p><u>Areas for quality improvement:</u></p> <ul style="list-style-type: none"> • Maintain training and calibration sessions for the Clinical Skills Coaches and Empathic Practice / 	<p>No conditions.</p> <p>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</p> <ul style="list-style-type: none"> • Teaching and learning methods implemented in Years 3 and 4.

<p>Ethical Practice tutors.</p> <ul style="list-style-type: none"> • Ensure students at all clinical schools have the same Clinical Skills Coach for the duration of Principles of Clinical Practice 2. 	
<p>5. Assessment (approach, methods, rules and progression, quality)</p>	<p>Overall, Standard 5 remains MET. 5.1 Met 5.2 Met 5.3 Substantially Met 5.4 Substantially Met</p>
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • The integrated approach to assessment, the appropriate balance of formative and summative assessment, and the weighting of clinical skills. • The incorporation of satisfactory professional behaviour as a hurdle requirement, and the role of the Fitness to Practice Committee. <p><u>Areas for quality improvement:</u></p> <ul style="list-style-type: none"> • Reconsideration of the balance of assessment of clinical skills and knowledge, to improve identification of weaker students. • Support the proposed Mini-CEX calibration exercise to improve consistency among assessors and across sites. 	<p>Conditions to be reported on by end of 2013:</p> <ul style="list-style-type: none"> • Demonstrate improved understanding amongst staff and students of the 50% cut-off score in the weighted assessment components (5.3); • Reintroduce criterion-referenced standard-setting procedures for written examinations (5.4). <p>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</p> <ul style="list-style-type: none"> • Analysis of the assessment mix for Principles of Clinical Practice 3 over the next two to three years (5.1). • Details regarding Year 4 assessment (5.1).
<p>6. Monitoring and evaluation (ongoing monitoring, evaluation, feedback and reporting, educational exchanges)</p>	<p>Standard 6 remains MET.</p>
<p><u>Areas of commendation:</u></p> <ul style="list-style-type: none"> • Effective response to student and tutor feedback, as evidenced by changes made to the Year 1 Foundations of Biomedical Science curriculum <p><u>Areas for quality improvement:</u></p> <ul style="list-style-type: none"> • Ensure that there is appropriate coordination of evaluation activities within Phases 2 and 3 across sites. • The separation of senior Assessment and Evaluation roles. 	<p>No conditions.</p>

7. Students (intake, admission, support, representation)	Standard 7 remains MET.
<u>Areas of commendation:</u> <ul style="list-style-type: none"> • The long-term mentoring and support role of the Ethical Practice/Empathic Practice tutors and Clinical Skills Coaches for students. 	No conditions.
8. Resources (physical, IT, clinical teaching)	Standard 8 remains MET.
<u>Areas of commendation:</u> <ul style="list-style-type: none"> • Impressive clinical educational facilities, including clinical skills centres, in most hospitals visited, and plans for future developments at Peter MacCallum Cancer Institute and the Northern Hospital. • Enthusiastic clinical skills centre staff. • Development of the Primary Care clinical placement capacity and infrastructure at Northern and Western. • Curriculum Connect™ remains an impressive concept despite the problems experienced extending use to the wider student community. 	No conditions. To continue to demonstrate that the Standard is met, in the 2013 progress report include: <ul style="list-style-type: none"> • Update on the implementation and evaluation of Curriculum Connect™, including roll-out as a web-based program.