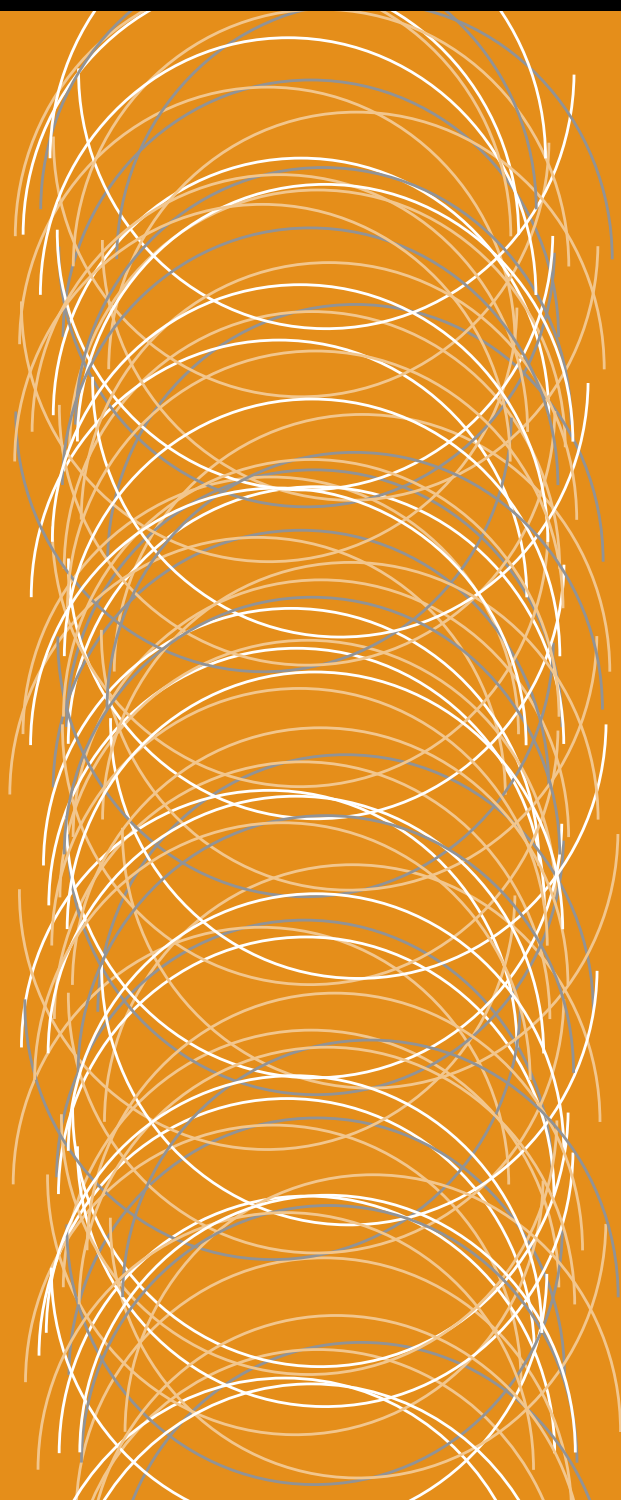


Australian Medical Council Limited

Accreditation of
Curtin University, Faculty of Health Sciences
Curtin Medical School

AMC



Medical School Accreditation Committee
October 2016

December 2018
Digital Edition

ABN 97 131 796 980
ISBN 978-1-938182-70-9

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Australian Medical Council Limited

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Executive summary 2016

Curtin University, Faculty of Health Sciences, Curtin Medical School is seeking accreditation of its proposed five-year direct entry Bachelor of Medicine/Bachelor of Surgery program, to commence in 2017.

The proposed first intake is 60 students, growing by 10 students each year to 110 in 2022. In Year 1, students will complete an interprofessional year with other Curtin health professional students, and Years 2 to 5 of the medical program will be modelled on the AMC-accredited Flinders Medical Program curriculum. The School's main campus is located at the University's Bentley campus in south Perth, and a large network of clinical schools and facilities are planned to contribute to the delivery of the program.

Accreditation process

The AMC's *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015* provide for education providers to seek assessment of proposed new medical programs.

The AMC will only assess a new medical program if the education provider has the support of the relevant state/territory and national authorities concerning student places and clinical facilities. Curtin University received federal and state government approval in May 2015.

In establishing a new school, the education provider must submit a Stage 1 submission to the AMC. The AMC assesses the Stage 1 submission to determine if the planned program of study is likely to comply with the approved accreditation standards and if the education provider has demonstrated that it is able to implement the program.

The Curtin Medical School provided the AMC with a Stage 1 submission for its proposed five-year direct entry Bachelor of Medicine/Bachelor of Surgery (MBBS) in May 2015. In June 2015, the AMC Directors agreed that the Stage 1 submission demonstrated that the planned program of study was likely to comply with the approved accreditation standards and invited the School to submit a Stage 2 submission and proceed to a site visit assessment by an accreditation team.

A Stage 2 submission addresses the accreditation standards and provides the outline of the full program of study with details for at least the first two years; details of the resources (including clinical training resources and supervisors) to implement all years of the program and to support the program when fully implemented; and an institutional assessment of strengths and weaknesses in relation to this development.

The School submitted its Stage 2 submission to the AMC in October 2015. The AMC Directors approved the membership of the team which reviewed the School's submission and the Curtin Student Guild's submission. The team visited the School and its proposed associated clinical sites from 22 to 26 February 2016.

This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet the accreditation standards. The AMC may also grant accreditation if the program of study and the education

provider substantially meet the accreditation standards, and imposing accreditation conditions will lead to the program meeting the standards 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.

Accreditation of new education providers and / or programs

In accordance with the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015*, section 5.2, the accreditation options are:

- (i) Accreditation for a period up to one year after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual progress reports. The conditions may include a requirement for follow-up assessments to review progress in implementing the program. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.
- (ii) Accreditation will be refused where the education provider has not satisfied the AMC that it can implement and deliver the study at a level consistent with the accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC.

At its meeting on 16 May, the Medical School Accreditation Committee requested additional information from the School before it finalised its recommendations on accreditation of the program to the AMC Directors.

The School provided further information on the points below to the AMC on 19 August 2016.

- Demonstrate the School has adequate educational expertise available to develop the medical program in readiness for a 2017 commencement (Standard 1.4).
- Demonstrate that planned appointments are in place to ensure adequate staff resources are available to develop the program during 2016 and implement the program in 2017 (Standard 1.8.1).
- Provide the finalised Year 1 curriculum, including samples of Year 1 problem-based learning cases and map how the Year 1 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).
- Provide a summary of the structure and major elements of the Year 2 curriculum, highlighting any changes made as a result of finalisation of the Year 1 curriculum in 2016, the linkages between Years 1 and 2, and major milestones for finalisation of the curriculum (Standard 3.2).
- Provide evidence of purposeful curriculum design articulating how the themes are integrated in the curriculum and in learning and teaching activities, in particular the horizontal integration of the themes in Year 1, and the vertical integration across Years 1 and 2 which ensures that students are adequately prepared for the transition (Standard 3.3).

- Provide specific learning objectives for Years 1 and 2 aligned to the four Curtin themes and the program's graduate outcomes (Standard 3.4).
- Finalise the detailed medical program admission guide, and provide evidence that the selection policies and procedures regarding the different entry pathways are transparent (Standard 7.2).

The Committee considered the School's progress on these items at its 12 September 2016 meeting and integrated the information provided into this accreditation report. The Committee then finalised its accreditation recommendations and conditions.

The AMC is satisfied that the Curtin Medical School's medical program substantially meets the approved accreditation standards.

The 20 October 2016 meeting of the AMC Directors agreed:

- (i) That the five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery medical program of the Curtin University, Faculty of Health Sciences, Curtin Medical School be granted accreditation to **31 March 2023**;
- (ii) That accreditation of the program is subject to meeting the monitoring requirements of the AMC, including: satisfactory progress reports; a **follow up visit in the first half of 2018** to assess whether the detailed plans for the later stages of the program meet the standards; and the following conditions:

2016 Conditions

By 1 November 2016

- Provide evidence of ongoing consultations with clinicians and healthcare providers in relation to plans for the medical program, its purpose and clinician involvement in its delivery (Standard 1.1.3).
- Provide formal agreements with the School's major health partners to confirm effective partnerships for the delivery of the program for the period of accreditation (Standard 1.6).
- Provide confirmation of appointments to the two roles of Professor of Clinical Teaching and Clinical Skills Lecturer (Standard 1.8.1).
- Confirm the Year 1 assessment program, including the schedule and the public documents concerning the specific Year 1 assessment and progression requirements for the medical program (Standard 5.1).
- Confirm assessment methods and formats to assess the intended learning outcomes in Year 1 and demonstrate they are fit for purpose; provide blueprints that map assessment in Year 1 against the themes and unit learning outcomes (Standard 5.2).
- Confirm the validated methods of standard setting to be used in Year 1 (Standard 5.2).
- Provide the 2017 Medicine Undergraduate Guide that will be given to students at orientation (Standards 7.3 and 3.4).
- Finalise the School's fitness to practise procedure (Standard 7.4).

- Demonstrate active engagement with the other two medical schools in Western Australia to ensure adequate clinical facilities and teaching capacity for the program at all shared sites including the Rural Clinical School (Standard 8.3.4).

2017 Conditions

- Provide evidence that the medical program's committee structure, in particular relating to the governance of the curriculum, is functioning adequately to meet the needs of the program (Standard 1.1.1).
- Provide the finalised Year 2 curriculum and map how the Year 2 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).
- Confirm the Year 2 assessment schedule (Standard 5.1.1); and clearly document the Year 2 assessment and progression requirements for the medical program (Standard 5.1.2).
- Confirm assessment methods and formats to assess the intended learning outcomes in Year 2 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Year 2 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Year 2 (Standard 5.2.3).
- Provide outcomes from interrogation of early student results from Year 1 to identify any medical students performing below the level of the medical student cohort (Standard 5.3.1).
- Provide details of the finalised mechanism for regular feedback following assessments, and regular feedback to supervisors and students on student cohort performance (Standard 5.3).
- Demonstrate implementation of a program of review of the program's assessment policies and practices, and processes to ensure consistency across sites (Standard 5.4).

2018 Conditions

- Provide evidence of the processes to be implemented from Year 3 to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites (Standard 2.2.3).
- Provide the finalised Years 3 to 5 curriculum, and map how the Years 3 to 5 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).
- Provide details of the proposed Year 4 longitudinal training model (Standards 3.2 and 8.3).
- Provide evidence of purposeful curriculum design articulating how the themes are integrated in the curriculum and in learning and teaching activities, in particular the vertical integration across Years 3 to 5 (Standard 3.3).
- Provide specific learning objectives for Years 3 to 5 aligned to the four themes and the program's graduate outcomes (Standard 3.4).
- Provide evidence of opportunities for students to pursue studies of choice that promote breadth and diversity of experience (Standard 3.6).
- Confirm the Year 3 to 5 assessment schedule (Standard 5.1.1); and clearly document the Year 3 to 5 assessment and progression requirements for the medical program (Standard 5.1.2).

- Confirm assessment methods and formats to assess the intended learning outcomes in Years 3 to 5 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Years 3 to 5 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Years 3 to 5 (Standard 5.2.3).
- Confirm plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics (Standard 6.2).
- Provide evidence that outcome evaluation results are made available and the School considers stakeholder views (Standard 6.3).
- Provide evidence of sufficient patient contact to achieve the program outcomes (Standard 8.3.1); and of sufficient clinical teaching facilities to provide clinical experiences (Standard 8.3.2).
- Provide evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility, and of processes for supervisor training, monitoring and support (Standard 8.4).
- Define the responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements (Standard 8.4).

Key findings of the AMC's 2016 accreditation assessment of the Curtin Medical School medical program

Under the *Health Practitioner Regulation National Law*, the AMC can accredit a program of study if it is reasonably satisfied that: (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

The AMC uses the terminology of the National Law (meet/substantially meet) in making decisions about accreditation programs and providers.

Conditions: Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard.

Recommendations are quality improvement suggestions for the education provider to consider, and are not conditions on accreditation. The education provider must advise the AMC on its response to the suggestions.

1. The context of the medical program	Substantially met
--	--------------------------

Standards 1.1, 1.6 and 1.8 are substantially met.

2016 Conditions

By 1 November 2016

Provide evidence of ongoing consultations with clinicians and health care providers in relation to its plans for the medical program, its purpose and clinicians involvement in its delivery (Standard 1.1.3).

Provide formal agreements with the School's major health partners to confirm effective partnerships for delivery of the program for the period of accreditation (Standard 1.6).

Provide confirmation of appointment to the two roles of Professor of Clinical Teaching and Clinical Skills lecturer (Standard 1.8.1).

2017 Condition

Provide evidence that the medical program's committee structure, in particular relating to the governance of the curriculum, is functioning adequately to meet the needs of the program (Standard 1.1.1).

Commendations

The Faculty's strong and collegial support for the Medical School (Standard 1.1.1).

The long-term strategic plans to embed research in the medical program, enhancing the Faculty's existing research success (Standard 1.7).

The Faculty's Health Sciences teaching staff for the high level of engagement in teaching and delivery of the medical program (Standard 1.8).

Curtin’s proactive policies for Indigenous staff, the Centre for Aboriginal Studies’ role in support of Indigenous staff, and the appointment of Indigenous staff to the Indigenous Health Unit that will contribute to the medical program (Standard 1.8.3).

2017 Recommendations

Confirm the arrangements between the medical program, the Director Indigenous Engagement, the Centre for Aboriginal Studies, and the Indigenous Health Unit to ensure sustainable input to the medical program (Standard 1.1).

Determine the costs of future clinical teaching through discussions at the state level, and factor the cost into the program’s funding model (Standard 1.5).

Consider opportunities for cross-representation on executive and substantive committees of the School’s health partners where appropriate, and for continued regular meetings at varied levels of management to facilitate effective partnerships with the health sector (Standard 1.6).

2. The outcomes of the medical program	Met
---	------------

Standard 2.2.3 is substantially met.

2018 Condition

Provide evidence of the processes to be implemented from Year 3 to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites (Standard 2.2.3).

Commendations

The School’s commitment to be a culturally competent medical school and its efforts to prioritise cultural competence as an educational outcome (Standard 2.1.2).

The School’s thorough approach in designing the medical program’s purpose and educational activities to meet the healthcare needs of the communities it serves (Standard 2.1).

3. The medical curriculum	Substantially met
----------------------------------	--------------------------

Standards 3.2, 3.3, 3.4 and 3.6 are substantially met.

2017 Condition

Provide the finalised Year 2 curriculum and map how the Year 2 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).

2018 Conditions

Provide the finalised Years 3 to 5 curriculum, and map how the Years 3 to 5 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).

Provide details of the proposed Year 4 longitudinal training model (Standards 3.2 and 8.3).

Provide evidence of purposeful curriculum design articulating how the themes are integrated in the curriculum and in learning and teaching activities, in particular the vertical integration across Years 3 to 5 (Standard 3.3).

Provide specific learning objectives for Years 3 to 5 aligned to the four Curtin themes and the program's graduate outcomes (Standard 3.4).

Provide evidence of opportunities for students to pursue studies of choice that promote breadth and diversity of experience (Standard 3.6).

Commendations

The School's emphasis on embedding Indigenous health in the curriculum and student experience (Standard 3.5)

2016 Recommendation

By 1 November 2016

Place more emphasis in Year 1 on assisting medical students to develop their professional identities in relation to clinical practice (Standard 3.2).

4. Teaching and learning	Met
---------------------------------	------------

All standards are met.

Commendations

The active engagement of a variety of willing teachers from diverse clinical and non-clinical backgrounds (Standard 4.5).

The strong inclusion of interprofessional learning in Year 1 and the plans to continue to integrate interprofessional learning and teaching throughout the program (Standard 4.7).

5. The curriculum – assessment of student learning	Substantially met
---	--------------------------

Standards 5.1, 5.2, 5.3 and 5.4 are substantially met.

2016 Conditions

By 1 November 2016

Confirm the Year 1 assessment program, including the schedule and the public documents concerning the specific Year 1 assessment and progression requirements for the medical program (Standard 5.1).

Confirm assessment methods and formats to assess the intended learning outcomes in Year 1 and demonstrate they are fit for purpose; provide blueprints that map assessment in Year 1 against the themes and unit learning outcomes (Standard 5.2).

Confirm the validated methods of standard setting to be used in Year 1 (Standard 5.2).

2017 Conditions

Confirm the Year 2 assessment schedule (Standard 5.1.1); and clearly document the Year 2 assessment and progression requirements for the medical program (Standard 5.1.2).

Confirm assessment methods and formats to assess the intended learning outcomes in Year 2 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map

assessment in Year 2 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Year 2 (Standard 5.2.3).

Provide outcomes from interrogation of early student results from Year 1 to identify any medical students performing below the level of the medical student cohort (Standard 5.3.1).

Provide details of the finalised mechanism for regular feedback following assessments, and regular feedback to supervisors and students on student cohort performance (Standard 5.3).

Demonstrate implementation of a program of review of the program's assessment policies and practices, and processes to ensure consistency across sites (Standard 5.4).

2018 Conditions

Confirm the Year 3 to 5 assessment schedule (Standard 5.1.1): and clearly document the Year 3 to 5 assessment and progression requirements for the medical program (Standard 5.1.2).

Confirm assessment methods and formats to assess the intended learning outcomes in Years 3 to 5 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Years 3 to 5 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Years 3 to 5 (Standard 5.2.3).

2017 Recommendation

Customise the chosen ePortfolio system to allow reporting in meaningful domains (Standard 5.1).

6. The curriculum - monitoring	Substantially met
---------------------------------------	--------------------------

Standards 6.2 and 6.3 are substantially met.

2018 Conditions

Confirm plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics (Standard 6.2).

Provide evidence that outcome evaluation results are made available and the School considers stakeholder views (Standard 6.3).

7. Implementing the curriculum - students	Met
--	------------

Standard 7.4 is substantially met.

By 1 November 2016

Provide the *2017 Medicine Undergraduate Guide* that will be given to students at orientation (Standards 7.3 and 3.4).

Finalise the School's fitness to practise procedure (Standard 7.4).

Commendations

The thoughtful approach to student selection by addressing areas of significant need in medical workforce (Standard 7.1)

The proactive approach to the recruitment of students from under-represented groups and rural origin via liaison with local school principals regarding selection targets, and the recruitment programs available in the University and the Centre for Aboriginal Studies which focus on under-represented groups (Standard 7.2).

The existing and diverse student support services, particularly those available to Curtin's Indigenous students (Standard 7.3).

The significant student representation on a wide-range of School committees including the executive, curriculum, assessment, evaluation and admission committees (Standard 7.5).

2017 Recommendation

Separate mentoring/learning coach roles from assessment roles as soon as practicable (Standard 7.3.4).

8. Implementing the curriculum- learning environment	Substantially met
---	--------------------------

Standards 8.3 and 8.4 are substantially met.

2016 Condition

By 1 November 2016

Demonstrate active engagement with the other two medical schools in WA to ensure adequate clinical facilities and teaching capacity for the program at all shared sites including the Rural Clinical School (Standard 8.3.4).

2018 Conditions

Provide evidence of sufficient patient contact to achieve the program outcomes (Standard 8.3.1).

Provide evidence of sufficient clinical teaching facilities to provide clinical experiences (Standard 8.3.2).

Provide evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility, and processes for supervisor training, monitoring and support (Standard 8.4).

Define the responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements (Standard 8.4).

Commendations

The design and construction of the medical school building, and the campus health precinct (Standard 8.1).

The established library and ICT resources that will be available to the medical program, its staff and students (Standard 8.2).

The plans for coordination of clinical experiences in Aboriginal health via the Indigenous Placement Coordinator and the wide range of settings where students will gain experience in the provision of culturally competent health care (Standard 8.3.3).

2017 Recommendation

Strengthen the School's plans to train and support clinical tutors in the professionalism domain (Standard 8.4).

Introduction

The AMC accreditation process

The AMC is a national standards body for medical education and training. Its principal functions include assessing Australian and New Zealand medical education providers and their programs of study, and granting accreditation to those that meet AMC accreditation standards.

The purpose of AMC accreditation is to recognise medical programs that produce graduates competent to practise safely and effectively under supervision as interns in Australia and New Zealand, with an appropriate foundation for lifelong learning and further training in any branch of medicine.

The *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* list the graduate outcomes that collectively provide the requirements that students must demonstrate at graduation, define the curriculum in broad outline, and define the educational framework, institutional processes, settings and resources necessary for successful medical education.

The AMC's Medical School Accreditation Committee oversees the AMC process of assessment and accreditation of primary medical education programs and their providers, and reports to AMC Directors. The Committee includes members nominated by the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Committee of Presidents of Medical Colleges, the Medical Council of New Zealand, the Medical Board of Australia, and the Medical Deans of Australia and New Zealand. The Committee also includes a member of the Council, and a member with background in, and knowledge of, health consumer issues.

In establishing a new school, the AMC first assesses if the planned program of study is likely to comply with the approved accreditation standards and if the education provider has demonstrated that it is able to implement the program. The AMC only assesses a proposed new medical program if the education provider has the support of the relevant state/territory and national authorities concerning student places and clinical facilities. The education provider is required to submit its initial (Stage 1) proposal for consideration. If the proposal is approved by the AMC Directors, the education provider is invited to proceed to a Stage 2 assessment.

The education provider's full Stage 2 accreditation submission forms the basis of the assessment. Following a review of the submission, the team conducts a visit to the school and its clinical teaching sites. This visit may take a week. Following the visit, the team prepares a detailed report for the Medical School Accreditation Committee, providing opportunities for the medical school to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to the AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

After it has accredited a medical program, the AMC seeks regular progress reports to monitor that the provider and its program continue to meet the standards. Accredited medical education providers are required to report any developments relevant to the accreditation standards and to address any conditions on their accreditation and recommendations for improvement made by the AMC. Reports are reviewed by an independent reviewer and by the Medical School Accreditation Committee.

The University, Faculty and the School

Curtin University was established in 1987 as Western Australia's third university, and Australia's first university of technology. In 2015 the University had approximately 39,722 undergraduate and 10,942 postgraduate students enrolled, and 3,287 academic and professional staff members.

The University's organisational structure consists of five faculties:

- Centre for Aboriginal Studies
- Curtin Business School
- Faculty of Health Sciences
- Faculty of Humanities
- Faculty of Science and Engineering.

The Faculty of Health Sciences has eight schools with the establishment of the Curtin Medical School, including Biomedical Sciences; Nursing, Midwifery and Paramedicine; Occupational Therapy and Social Work; Pharmacy; Physiotherapy and Exercise Science, Psychology and Speech Pathology; and Public Health. The Faculty has 22 undergraduate health professional courses and has approximately 10,000 students.

Planning for the Curtin Medical School commenced in November 2009. The foundation Dean of Medicine was appointed in September 2012. In May 2015, the new school gained federal approval for Commonwealth supported places, and planning moved to the implementation phase.

The proposed medical program is a five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery. The School is seeking accreditation from 2017. The proposed first intake cohort size is 60, growing by 10 students each year to 120 (including 10 international) students in 2022.

In Year 1 of the program, students will complete the Curtin interprofessional first year with other health professional students, including medicine-specific units and shared health professional units. The AMC-accredited Flinders Medical Program Doctor of Medicine curriculum will be modified and implemented for Years 2 to 5 of the program.

The School's main campus is located at the University's Bentley campus south of Perth and a large network of clinical schools and facilities are planned to contribute to the delivery of the program.

Accreditation background

The AMC considered Curtin's Stage 1 proposal in June 2015, and invited the School to proceed to a Stage 2 assessment of the medical program.

When conducting a Stage 2 assessment, the AMC assesses the proposed program against the approved accreditation standards for primary medical education. An AMC team reviewed the School's submission and the Curtin Student Guild's submission, and visited the School and associated future clinical teaching sites in the week of 22 February 2016.

This report

This report details the findings of the 2016 accreditation assessment. Each section of the accreditation report begins with the relevant AMC accreditation standards.

The members of the 2016 AMC team are at **Appendix One**.

The groups met by the AMC team in 2016 are at **Appendix Two**.

Appreciation

The AMC thanks the University, Faculty and Curtin Medical School staff for the detailed planning and the comprehensive material provided for the team. The AMC also acknowledges and thanks the staff, clinicians, students and others who met members of the team for their hospitality, cooperation and assistance during the assessment process.

1 The context of the medical program

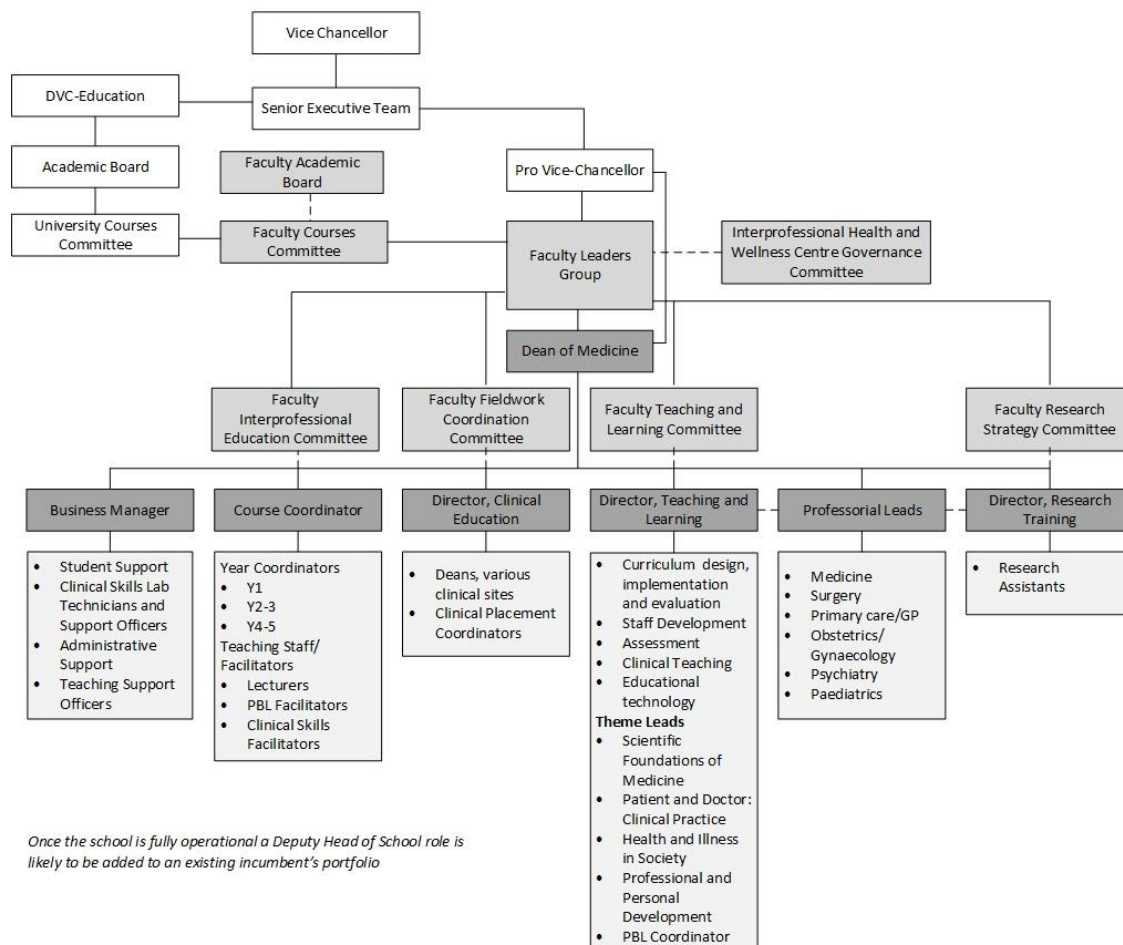
1.1 Governance

- 1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher education institution.*
- 1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.*
- 1.1.3 The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance.*

The University Council, the Vice-Chancellor and the Senior Executive Group of the University demonstrate a strong commitment to the establishment and success of the Curtin Medical School. Curtin University is a relatively large, well established and successful institution. The University established a steering committee in 2009 to commence formal planning for the medical program, and the foundation Dean of Medicine was appointed in September 2012. In May 2015, the new school gained federal approval for Commonwealth supported places, and the University's planning moved to the implementation phase.

An interim implementation governance structure has been in place, overseen by the Vice-Chancellor's Executive Group. The permanent governance structure for the Medical School is shown at Figure 1. The School is transitioning to this structure in 2016 as it appoints academic staff.

Figure 1: Curtin Medical School governance structure



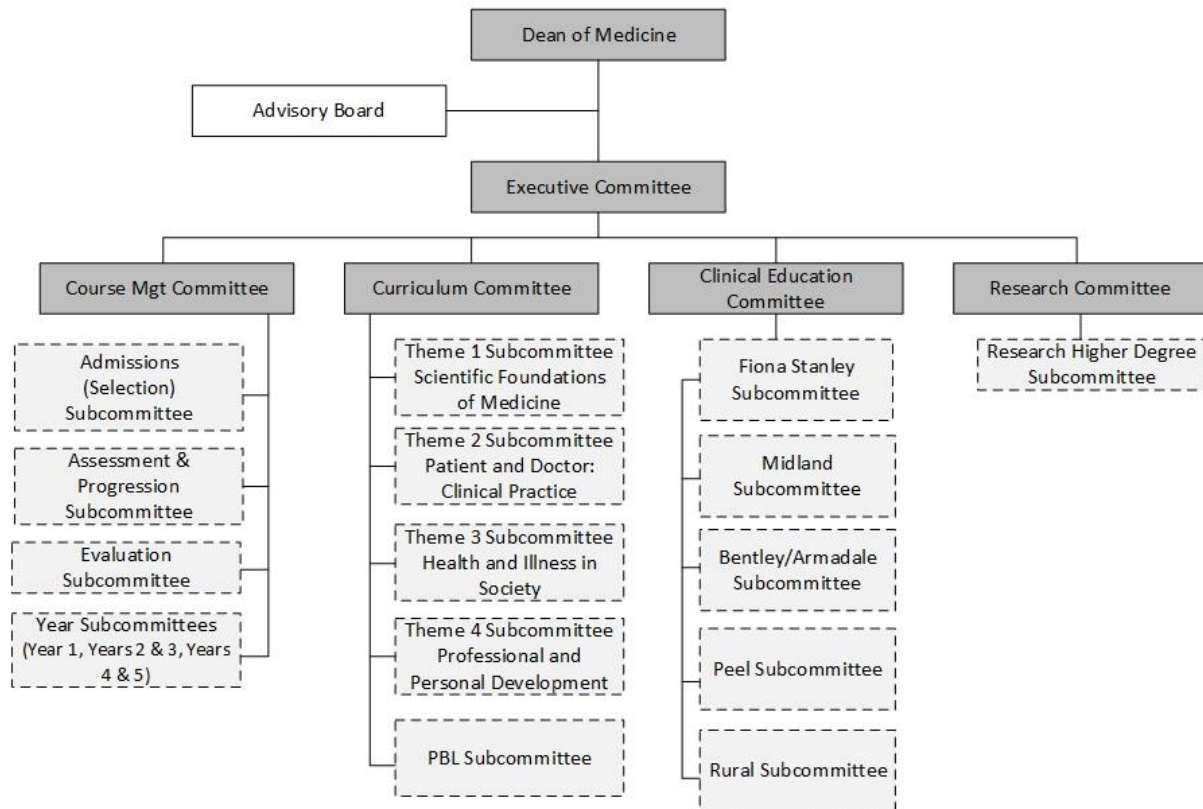
The University has a highly delegated leadership and management structure. The Faculty of Health Sciences is the business unit responsible for establishing the School, under the leadership of the Pro Vice-Chancellor (PVC) Health Sciences, who reports to the Provost. The PVC Health Sciences leads a successful Faculty that provides a large number of health professional programs that are well integrated into the State's health system, many of which are regulated by the Australian Health Practitioner Regulation Agency.

Other schools within the Faculty that will contribute teaching in the program are Biomedical Sciences, Pharmacy, Psychology and Public Health. The University's Centre for Aboriginal Studies will also be involved in teaching, and in staff and student support.

The Faculty Leaders Group manages Faculty business, chaired by the PVC Health Sciences and includes four Deans (Research, Learning and Teaching, Students, and International), eight Heads of School (one of these is the Dean of Medicine) and the Faculty Business Manager. This group meets three weeks out of four and is strategic rather than operational. Issues can be raised by individual Heads of School and a collaborative approach is taken to solving problems. The Group reported that there are strong learning and teaching governance structures in each school. Members are aware that some medical school issues may be different and expressed a willingness to support the development of policies that may be more medicine specific. The team commends the Faculty for demonstrating its strong and collegial support for the Medical School.

The Medical School has a clear organisational structure (shown at Figure 2). Each of the Committees has terms of reference, a membership list and a location in the organisational chart. The committee structure had not been fully implemented at the time of the visit due to the timing of commencement of some key staff positions.

Figure 2: Curtin Medical School committee structure



The Executive Committee comprises the Dean of Medicine, the Director of Learning and Teaching, the Course Coordinator and the School Business Manager and these roles are filled. In addition, the Committee will include the Director Clinical Education (recruitment underway at time of visit), the Director Research and Graduate Studies as a 1.0 FTE to be appointed at the commencement of 2017, and the Deputy Dean (to be appointed during 2017). The Director of the University’s Centre of Aboriginal Studies is a member of the Committee by invitation. The Executive Committee has the overall responsibility and authority to implement the medical program. Should an adjustment be required to the program, this committee can approve changes that do not require changes in resource allocation or contributions from other Schools. Where changes outside the Medical School are required, this is discussed at the Faculty Leaders Group.

Four committees report to the School Executive Committee: the Curriculum Committee chaired by the Director Learning and Teaching, the Course Management Committee chaired by the Course Coordinator, the Clinical Education Committee to be chaired by the Director Clinical Education, and the Research Committee to be chaired by the Director Research and Graduate Studies. These committees will become operational later in 2016.

Four theme subcommittees responsible for vertical integration report to the Curriculum Committee as does the Problem-based Learning (PBL) subcommittee (refer to Standard 1.3).

The Course Management Committee is an operational committee with the following subcommittees: Admissions; Assessment and Progression; Evaluation; and three Year Subcommittees responsible for horizontal integration and program delivery (Year 1, Years 2 and 3, Years 4 and 5). The year committees will be formed as the program is implemented and membership will be determined from the relevant year groups and representatives. There will be Indigenous representation on the Admissions Committee.

The School is required to report on the function of the new committee structure, in particular the governance of the curriculum.

Faculty committees oversee aspects common across programs, such as learning and teaching, interprofessional education and the coordination of clinical placements. The Faculty is proud of its strong commitment to interprofessional education and health workforce development, and has developed both cross-program and program-specific management structures to ensure that learning outcomes are achieved and research development is optimised. The Faculty plays a stronger role in the Year 1 shared health profession subjects, in simulation, and in managing policy frameworks for clinical placements and research, while the Medical School will manage medicine-specific subjects and directly negotiate clinical placements for medical students.

The School indicated that the University's Centre for Aboriginal Studies will work closely with the medical school in areas such as community networking, curriculum design and delivery, and student support. The new Faculty Indigenous academic role, Director Indigenous Engagement, commencing mid-2016 was not reflected in the governance structure. There was also no detail on the proposed Faculty Indigenous Health Unit, structure, function, responsibility or budget in the program's governance or staffing plan. It appears there would be scope to improve the alignment between the proposed Indigenous health curriculum, its resourcing, and representation and coordination on appropriate committees. The team recommends that arrangements between the medical program, the Centre for Aboriginal Studies, the Director Indigenous Engagement and the Indigenous Health Unit be formally articulated to ensure sustainable input to the medical program.

Senior University management has held regular discussions with Government, senior leadership of the Western Australia Department of Health, and chief executives of public and private hospitals and other health services. These groups appear to be strongly supportive of the purpose of the new medical school, with its focus on increasing access to medical careers for lower socio-economic groups, and developing doctors interested in working in under-served communities, particularly Aboriginal communities.

The Advisory Committee has representation from key stakeholder groups and has ensured strong high-level support. Membership will comprise a range of clinicians from several public and private hospitals, community health organisations and general practice, Indigenous representatives, student representatives, health department and health provider representatives, and community members. The purpose of the Committee is to provide external advice across the range of its activities. At the time of the visit, membership was being finalised. The School has subsequently indicated that the membership and terms of reference have been finalised and the Committee will meet in May 2016 for the first time. It is expected to meet twice a year once the program is implemented.

The team considers that engagement with the groups who will deliver the program, particularly the clinicians who will supervise students in the hospitals and in rural communities, could be enhanced. Local general practitioners and some hospital and community services are well represented in the School's committees and thinking, but hospital consultants at several sites appear uncertain of how the three local medical schools will each provide teaching and support in shared settings. At some sites, meeting with clinical teachers has been delayed by requests to allow new hospital organisations to become established, but the time frames are becoming more pressing and engagement with clinicians is a priority in coming months.

Following the site visit the School provided evidence of enhanced engagement with local healthcare providers, and significant progress in planning with other medical schools for a common clinical placement strategy for Western Australia. The program is encouraged to continue its efforts to consult clinicians and healthcare providers in relation to its plans for the medical program, its purpose and clinicians involvement in its delivery.

1.2 Leadership and autonomy

1.2.1 The medical education provider has autonomy to design and develop the medical program.

1.2.2 The responsibilities of the academic head of the medical school for the medical program are clearly stated.

Within the collegial leadership structure of the Faculty of Health Sciences, the Dean of Medicine/Head of School position has clear responsibilities for the delivery of the medical program. These include delegated academic and budgetary responsibility, day-to-day leadership, management and development of the School, staff recruitment, and stakeholder engagement to ensure support of the School externally.

The Dean chairs the School Executive Committee, which has the overall responsibility and authority to implement the program. The Dean reports to the Pro Vice-Chancellor, Faculty of Health Sciences who is supportive of the School and who confirmed the Dean's autonomy to manage the medical school budget.

The Faculty Leaders Group provides a forum for discussion of important issues at School level and is described as a strongly supportive group that helps individual Heads of School to manage their programs and to solve problems, some of which may be shared.

The team considers that the Faculty organisational structure is not unusual in Australian medical schools and considers it will allow the Dean of Medicine sufficient authority to manage the program.

1.3 Medical program management

1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.

1.3.2 The medical education provider assesses the level of qualification offered against any national standards.

The Curriculum Committee is a strategic committee tasked with the ongoing development, review and renewal of the curriculum and the provision of related training to academic staff. Reporting to the Executive Committee, it is chaired by the Director, Learning and Teaching with

members including the theme leads, a Year 1 nominee, PBL coordinator, the Years 4 and 5 coordinator, the Director of Indigenous Engagement, a nominee from the Flinders Medical Program (the Flinders curriculum is to be used for Years 2 to 5), student representatives and health department nominees.

Four theme subcommittees responsible for vertical integration report to the Curriculum Committee as does the Problem-based Learning Subcommittee. The Curriculum Committee will meet weekly as needed during program implementation.

The School has representation across its theme subcommittees from the Faculty's Schools of Biomedical Sciences, Psychology, Pharmacy and Public Health. Membership of the theme committees also includes a range of external members. The School has advised that there will be Indigenous representatives on the theme subcommittees and PBL committee.

The School will determine membership of its three year subcommittees as the program is implemented. The program's interprofessional first year involves medical students undertaking common health profession units (detailed under standard 3). Should change to these units be needed, the School advised that the recommendations would be discussed at the Faculty Course Committee.

The School identified in its submission that integration of the medical school and program into the Faculty's existing matrix management structure has potential to create challenges in the broader context for course review and approval such as delayed decision making and the potential loss of autonomy. It will be important to factor adequate time for discussion about future change to the medical program and for seeking Faculty approval. Updates will be of interest in future.

The program has been mapped against the Australian Qualifications Framework as achieving Level 7 (bachelor level) learning outcomes. This has been achieved by removing some of the research components of the Level 9E Flinders Medical Program.

1.4 Educational expertise

1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.

The program has the benefit of the considerable expertise within the Faculty of Health Sciences, the Learning and Teaching and Student Support services of the University, and Flinders University. Curtin's contractual agreement with Flinders Medical Program, a school well known for its educational expertise, includes medical education support for a period of five years.

The School had made two key full-time appointments at the time of the visit, with its Course Coordinator commencing January 2016, and the Director Learning and Teaching commencing March 2016. Both of these academics have well-established expertise in the provision of medical education. The Course Coordinator will chair the Course Management Committee and the Director Learning and Teaching will chair the Curriculum Committee, with both on the Executive Committee. Recruitment to the role of Director Clinical Education was underway, with one full-time or two part-time appointments anticipated. This role will assist as Deputy Dean, as the Patient and Doctor theme lead, and will be responsible for clinical coordination.

Education re-design expertise is required within the School to integrate and articulate the interprofessional Year 1 course to the Flinders program, and develop a coherent five-year

school-leaver medical program. As this expertise was not available in the School until recently, the pace of development of Year 1 and the transition to the more clearly described Flinders Medical Program was slowed. With the commencement of the Course Coordinator and the Director Learning and Teaching this situation will improve. Additional resources may be necessary to reach the development milestones prior to commencement in 2017.

Following the site visit, the School concluded recruitment of academic staff with expertise in medical education. The new staff should possess adequate educational expertise to develop the program and complete the work in curriculum, assessment and evaluation required for a 2017 commencement.

The University has a strong Indigenous focus and the excellent Curtin Centre for Aboriginal Studies will be a valuable resource for the program. The Centre's Director will assist with providing leadership and guidance in integrating Indigenous health into the curriculum and with professional development for staff engaging with local communities. The appointment of the Faculty Director, Indigenous Engagement to commence mid-2016 is positive. The AMC requests the program confirm the utilisation of Indigenous health roles and resources in the program (as noted under standard 1.1).

1.5 Educational budget and resource allocation

1.5.1 The medical education provider has an identified line of responsibility and authority for the medical program.

1.5.2 The medical education provider has autonomy to direct resources in order to achieve its purpose and the objectives of the medical program.

1.5.3 The medical education provider has the financial resources and financial management capacity to sustain its medical program.

The responsibility for the medical program lies with the Dean of Medicine, who reports to the Pro Vice-Chancellor (PVC) Health Sciences, who in turn reports to the Provost of the University. The Vice-Chancellor, Provost and PVC Health Sciences have confirmed their strong support for the Dean of Medicine to manage the program with adequate resources.

The organisational unit with primary financial responsibility for the program is the Faculty of Health Sciences. This is a large and successful group that provides a wide range of health professional programs in a collaborative environment. The Dean of Medicine, as one of the Heads of School on the Faculty Leaders Group, has delegated financial and human resources authority to manage the program.

The annual budget is approved at Faculty level following the normal university resource allocation model. School budgets are developed within each school and, once approved by the Faculty, are managed by each Head of School, who has financial delegation up to \$250,000. All human resources delegations up to Level C academic appointments, excluding casual or sessional positions, require Faculty sign-off. Appointments at Level D/E require both Faculty and Provost Approval.

The University Council, the Vice-Chancellor and the senior executive team displayed a strong commitment to developing the program. This includes an agreement to 'forego' Commonwealth income for student places until the end of 2019, when Commonwealth supported places will become available. The University has a written commitment from the Commonwealth

Government for this funding. The student contribution component will be collected through HECS-Help loan or up-front payments on a semester basis. This University commitment has been estimated to require up to \$50 million over the first five to six years, when the program will run with substantial annual deficits. After this period the program will run on the normal budget allocation model, which sees 53% of teaching income held centrally, 7% retained by the Faculty and 40% allocated to the School budget. The Faculty is aware that this may be insufficient to manage the program in the medium or longer term and it indicated it is prepared to allow deficits to continue, potentially with cross-subsidisation from the Faculty budget.

Curtin University has committed capital expenditure for the development of new learning, teaching and clinical infrastructure, including the new medical school building at the Bentley campus, purchase of the Flinders medical curriculum, and expansion of library resources. Funds have been drawn from University reserves and not from the operating budgets of other schools or faculties. The new Midland Clinical School building has funding from the Western Australia state government.

Rural Health and Multidisciplinary Training (RHMT) funding arrangements for the Curtin Medical School were not known at the time of the visit, although early discussions had been held with the Director of the Rural Clinical School about the possibility of Curtin joining the University of Western Australia and the University of Notre Dame Australia, School of Medicine Fremantle as joint partners in the Rural Clinical School. It is expected that Curtin will be required to contribute funds, and additional infrastructure such as housing for rural students will also be required (refer to standard 8.3 regarding co-located medical schools). Updates in future will be necessary.

The School indicated it has budgeted for the payment of sessional fees for preclinical tutors. Details regarding the costs of clinical teaching were yet to be determined. The other two Western Australian medical schools described the use of varied models for clinical teaching costs. Discussions at the state health level are recommended.

The funding model for the program appears adequate, but may require review in the future as the real cost of clinical teaching becomes apparent. It is recommended that the School determine the costs of future clinical teaching through discussions at the state level, and factor the cost into the program's funding model.

1.6 Interaction with health sector and society

1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.

1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.

The Faculty of Health Sciences has strong relationships and formal agreements with several organisations to provide clinical placements across a wide range of health professional programs.

At a high level, similar commitments appear in place or are promised for the medical program, at least verbally. The team conducted meetings with Western Australia Department of Health, with executives from St John of God Health Care at Midland, Fiona Stanley Hospital, Royal Perth Hospital, Peel Health Campus, in addition to meeting community care clinicians and the Head, Rural Clinical School of WA.

The School has letters of support from health services indicating general capacity for clinical placements and supervision, though specific details are to be confirmed. Years 1 to 3 students from 2017 onwards will attend familiarisation visits under supervision and from 2020, the first cohort of 60 Year 4 students will commence clinical placements.

While the School has the general support of the Department of Health and hospitals, no formal agreements were provided as evidence to support this standard. Agreements with each health service should confirm predicted capacity and commitment to take a defined number of medical students across specified placements throughout implementation as student numbers grow to capacity. It is appreciated that student clinical placement allocations will be approximate given they are for future years (capacity will not be reached until 2027 when the Year 3, 4 and 5 numbers are 110 students each).

The AMC requires formal agreements with the School's major health partners to confirm effective partnerships for delivery of the program for the period of accreditation. Agreements with co-located medical schools are discussed under standard 8.3.4.

The team recommends the School considers opportunities for cross-representation on executive and substantive committees of its health partners where appropriate, and continued regular meetings at varied levels of management to facilitate effective partnerships with the health sector.

The University and Faculty have strong relationships with local and regional Aboriginal community and health organisations. These relationships provide an opportunity to make a strong contribution to Aboriginal health through enhanced service delivery and workforce development.

The Centre for Aboriginal Studies is working with the School to establish partnerships with the Aboriginal Health Council of Western Australia, various Aboriginal health services, and schools. The team noted the appropriate early engagement and letters of support from Indigenous health and community organisations. The new Faculty role of Director, Indigenous Engagement will be well positioned to build on partnerships, although at this early stage it is not clear what proportion of the role will be School focused and what proportion will be devoted to Indigenous health sector engagement. Updates will be required in future once the role is established.

1.7 Research and scholarship

1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.

Curtin University has a strong and successful research base. The Faculty of Health Sciences performs well as a research group, reporting a research income of \$22M per year. The University is aware of the potential for the medical school to enhance that success. The Faculty has adopted a long term view for development of medical research, with an expectation that it may take at least ten years to see a measurable difference as the initial focus will be on

education quality. The Faculty reported that collaborative research partnerships were being developed with existing Faculty research groups and industry partners.

The team visited the impressive Curtin Health Innovation Research Institute biosciences precinct at the Bentley campus that provides biomedical and pharmaceutical sciences facilities, and translational and clinical research in areas including ageing, dementia, chronic disease prevention, Indigenous health, mental health and population health.

Research capacity is a factor considered in academic staff appointments, with most academic staff intended to be research active. There will be a small number of research-only positions to further build existing strengths, such as public health/epidemiology, neuroscience and diabetes.

The University works collaboratively with the other Western Australian universities and with Western Australia Department of Health. Examples include a recently announced joint professorial position in genetics with the University of Western Australia and the state-wide collaboration to bid for research translation project funding. A Director of Research will be appointed within the School to foster intercalated degrees and PhD programs.

The School and Faculty are commended on the long-term strategic plans to embed research in the medical program, and enhance the Faculty's existing success.

1.8 Staff resources

1.8.1 The medical education provider has the staff necessary to deliver the medical program.

1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and to manage and deploy its resources.

1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.

1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.

1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.

The School has a staffing plan for academic, professional and technical staff that indicates when appointments will commence from 2015 to 2019. In the first years, some staff will hold more than one role.

Appointments of new staff have been slower than expected. This has had an impact on the tailoring of Year 1 and 2 courses to improve the transition into the Flinders Medical Program content. The Course Coordinator commenced in January and the Director of Learning and Teaching commenced in late March 2016. The School has appointed three of the four theme chairs, with leadership of the fourth theme linked to a new Clinical Director appointment. Six 0.2 FTE professorial leads are scheduled for appointment in early 2018. Preclinical and PBL tutors are yet to be appointed, although expressions of interest have been received, and potential tutors were invited to meet the team. The School will also receive academic curriculum and assessment expertise from Flinders Medical Program.

The preclinical teaching will largely be delivered by existing Faculty staff in biomedical sciences, public health and epidemiology for example. These areas have experience in the teaching of medical students having delivered the preclinical biomedical components of the University of Notre Dame, School of Medicine Fremantle medical program from 2005 to 2013. The adequacy of staff resources and workloads has been considered by the Faculty, and casual tutors may be added to address any areas of shortage. The Health Sciences teaching staff displayed a high level of engagement in teaching and delivery of the medical program which is commended.

The industrial situation at Fiona Stanley Hospital at the time of the visit may impact on employment arrangements for clinical teachers more broadly and careful negotiations may be necessary to facilitate a system-wide solution.

As the School sits within a research-intensive faculty it is important that staff recruitment achieves a balance of skills in both teaching and research. It is recommended that the School consider initial appointments that focus on educational rather than research expertise. This will ensure that the program is well supported in the early years, and able to transition into a productive research unit after the initial consolidation phase.

The planned staff profile for professional and technical staff appears appropriate. The School has a business manager and general administration officer, with the remainder of professional positions to be recruited in 2016. Professional staff in financial services and human resources will be provided by Faculty-based teams in conjunction with university central services. Technical staff are employed centrally and a help desk is available to staff and students during semester from 09:00 to 21:00 weekdays and 13:00 to 17:00 on weekends.

Overall, the planned staff profile is considered adequate for implementation of the medical program from 2017, though confirmation of timely recruitment is necessary. The School provided information following the site visit to confirm that most of the planned appointments are in place. The School is required to demonstrate that appointment to the remaining key roles are in place to develop the program during 2016 and implement the program in 2017.

The University has a policy of preferential recruitment of Aboriginal and Torres Strait Islander staff in most categories, and an exemption from the Racial Discrimination Act. The University's Reconciliation Action Plan has a target of Indigenous staff participation rate of 2.4% by 2017. Considerable success has been achieved, with Aboriginal people employed in a wide range of technical, professional and academic roles across the University.

The School will engage with the Centre for Aboriginal Studies (CAS) and aims to recruit additional staff who identify as Aboriginal or Torres Strait Islander. In collaboration with CAS, the Faculty plans to establish an interprofessional Indigenous Health Unit with the Director Indigenous Engagement, a dedicated Indigenous Curriculum coordinator and a Clinical Placement Coordinator (Indigenous). Updates on progress in establishing the Indigenous Health Unit, recruiting staff and the proportion of its involvement with the medical program will be welcomed.

Curtin University is commended on its proactive policies for Indigenous staff, for the role of the Centre for Aboriginal Studies in its support of Indigenous staff, and for the appointments of Indigenous staff to the Indigenous Health Unit that will contribute to the medical program.

The Faculty has well-established procedures for recruiting volunteer and simulated patients for clinical skills training in its other health profession programs. The School advised it has a list of

people who have expressed interest in being a volunteer or a simulated patient for the medical program. Updates will be required in future.

The University has appropriate policies for indemnification of University staff and affiliated staff with regard to their involvement in the program and in research. The School confirmed that this covered external clinicians and staff involved in teaching students.

1.9 Staff appointment, promotion & development

1.9.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions.

1.9.2 The medical education provider has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those staff who hold a joint appointment with another body.

Curtin University has well-established procedures for appointment, promotion and development of academic staff. Criteria for academic levels appear similar to medical schools in other universities. Staff with clinical duties and qualifications can negotiate clinical loading, a right to private practice, and time to maintain their clinical skills and scope of practice.

The Director Learning and Teaching will design and implement a specific medical education program for academic staff, which will also be available to joint and/or adjunct title holders.

2 The outcomes of the medical program

2.1 Purpose

2.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, societal and community responsibilities.

2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Maori and their health.

2.1.3 The medical education provider has defined its purpose in consultation with stakeholders.

2.1.4 The medical education provider relates its teaching, service and research activities to the health care needs of the communities it serves.

The School's purpose is to improve the availability of high-quality medical care in the community. The School aims to graduate competent, work-ready and compassionate doctors with special emphases on patient safety and quality, evidence-based practice, primary health care, rural health, Aboriginal health, aged care and mental health. Core to its vision is to educate and develop doctors that are suitably equipped for the changing needs of health care in Western Australia. It was evident that the School's purpose is recognised and embraced by members of the University, Faculty, School and by the clinicians keen to teach in the program.

The School states it is committed to being a culturally competent medical school. It demonstrated a deeply-held intent to address the health of Aboriginal and Torres Strait Islander peoples by ensuring that its graduates are culturally competent and appropriately educated in the prevention and management of chronic diseases. The curriculum is well designed to provide early exposure through the Year 1 foundational unit, 'Indigenous cultures and health behaviours', and there is evidence of integration of Indigenous content throughout the program using the *Aboriginal and Torres Strait Islander Health Curriculum Framework*. All staff will participate in cultural awareness training including strategies to develop a culturally safe learning and teaching setting. The School is commended for its efforts to ensure that cultural competence is an educational priority.

The School has consulted extensively with a wide range of stakeholders including politicians, medical and other health professionals, consumers and Indigenous health advocates. It is also clear that the School's purpose has been informed by some of this consultation. However, the School is encouraged to consult more widely in its endeavours to engage with local clinicians (as noted under standard 1.1), as well as other bodies such as the Australian Indigenous Doctors Association which is likely to be a strong and supportive ally.

The School has identified specific health needs of the communities it serves, with a key community being underserved regions of Perth and Western Australia. The School aims to focus its teaching, service and research activities on issues facing the state health system and workforce, including shortages of general practitioners and doctors in outer metropolitan and rural areas, a growing and ageing population with chronic comorbidities, and needs in Aboriginal health, aged care, palliative care and mental health.

It is evident that the program's purpose and educational activities have been designed to meet the healthcare needs of the communities it serves, and the School is commended for its thorough approach. The selection processes, the program and the resources available align

completely with its stated purpose. Moreover, the School specifically intends to produce doctors who are suitably equipped for the changing needs of health care within Western Australia.

While it is too early to confirm that the School's service and research activities will meet the health needs of the community, it appears highly probable as the Faculty's existing research interests align well with local health needs. It is a defining characteristic of the Faculty to develop its research in a collaborative and interprofessional manner and the Faculty Leaders were enthusiastic to build partnerships with the medical school.

2.2 Medical program outcomes

A thematic framework is used to organise the AMC graduate outcomes into four domains:

- 1 Science and Scholarship: the medical graduate as scientist and scholar*
- 2 Clinical Practice: the medical graduate as practitioner*
- 3 Health and Society: the medical graduate as a health advocate*
- 4 Professionalism and Leadership: the medical graduate as a professional and leader.*

2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.

2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

The School has adopted the AMC Graduate Outcome Statements as its own graduate outcomes. The four domains of these statements align well with the four inter-related themes of the curriculum, which are intended to integrate horizontally and vertically across all five years of the program. Students will be assessed throughout the program by theme against these Graduate Outcome Statements.

Additionally, Curtin University has nine graduate attributes expected of all Curtin graduates, and the medical program has nine priority goals, termed as Course Learning Outcomes. The AMC Graduate Outcome Statements have been used to map both the Curtin Graduate Attributes and the Course Learning Outcomes.

The outcomes of the program are entirely consistent with the AMC's goal. Preparation for lifelong learning is stated as an aim, and the program is well designed to promote teamwork, open enquiry and critical thinking. Although the intent is to produce graduates who are work-ready and able to enter any field of postgraduate study, there is a clear emphasis on primary care, chronic disease, aged care, mental health, Aboriginal health and population health. These areas of emphasis are well supported by the teaching and research strengths of other schools of the Faculty, especially the School of Public Health.

The Director Learning and Teaching and Director Clinical Education will have specific responsibilities to ensure comparable outcomes through comparable educational experiences and equivalent assessment methods across sites within a given discipline. The School plans to

adopt the Flinders online curriculum framework to facilitate centralised program management of learning and teaching content and resources, and to add a quality control mechanism.

It is not possible to comment on whether comparable outcomes have been achieved at this stage. It does appear that the School has the necessary resources to monitor outcomes, and will also benefit from the expertise of the dispersed Flinders Medical Program. The School is encouraged to monitor outcomes closely given the expected wide and diverse range of Curtin clinical teaching sites. Evidence of processes to be implemented from Year 3 will be required to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites.

3 The medical curriculum

3.1 Duration of the medical program

The medical program is of sufficient duration to ensure that the defined graduate outcomes can be achieved.

The proposed Bachelor of Medicine/Bachelor of Surgery (MBBS) is a five-year, school-leaver direct entry program.

Year 1 follows the Faculty of Health Sciences pre-existing model of the interprofessional first year. This year comprises 'core units' delivered to an interprofessional cohort, 'shared units' which are delivered to students in cognate areas, and 'specific units' that are tailored to the specific needs of each health science profession. The School has developed two specific units to cater to the needs of medical students in Year 1. The interprofessional first year is a well-established model for interprofessional teaching and the Faculty received an Office of Learning and Teaching award for its interprofessional practice placement program in 2012.

The duration of Year 1 is 36 weeks with two 12-week semesters plus additional orientation week, tuition-free weeks, and exam weeks. A medicine-specific Semester 1 Orientation Week is planned with a five-day camp at Pinjarra that will include Indigenous involvement and first aid training.

Years 2 to 5 of the program are derived from the Flinders Medical Program MD curriculum reaccredited by the AMC in 2014. The School intends to make minor modifications to Years 2 to 3 in the first years and plans to progressively adapt and modify the curriculum as the program is implemented and evaluated. It is not expected that the program duration will change as a result of modification. The duration of Years 2 to 5 is documented in Table 1. The team is satisfied that there is sufficient learning and teaching time available in the program to allow students to achieve the program outcomes.

Table 1: Duration of medical program

	0 week	Study period	Tuition free weeks	Exam weeks	Notes	Total weeks
Year 1 (Inter-professional first year) S1 S2	1 week each semester [^]	12 weeks each semester	3 weeks each semester	Two weeks each semester	[^] S1 plus 1wk camp pre-O week	S1 19 weeks and S2 18 weeks = 37 weeks
Year 2 S1 MED 1 S2 MED 2	1 each semester	16 each semester	3 weeks each semester	2 weeks each semester	End of Y2, dissection elective 3-4 weeks	22 weeks/ semester = 44 weeks
Year 3 S1 MED 3 S2 MED 4	1	16	3	2	End of Y3, research elective 3-4 weeks	22 weeks/ semester = 44 weeks
Year 4 S1 MED 5 S2 MED 6	Longitudinal integrated clinical placement (LICP) Comprises medicine, surgery, paediatrics, psychiatry, GP, O&G; integrated learning – 3 models of LICP to be used					2 x 21 weeks
Year 5 S1 MED 7 S2 MED 8	5 x 6 week selectives (acute medicine, acute surgery, ambulatory/acute care, psychiatry, undesignated selective) 2 x 6 week electives (can include research, Go Global, or remote)					42 weeks

3.2 The content of the curriculum

The curriculum content ensures that graduates can demonstrate all of the specified AMC graduate outcomes.

3.2.1 Science and Scholarship: The medical graduate as scientist and scholar.

The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of medical knowledge.

3.2.2 Clinical Practice: The medical graduate as practitioner.

The curriculum contains the foundation communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession.

3.2.3 Health and Society: The medical graduate as a health advocate.

The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations.

3.2.4 Professionalism and Leadership: The medical graduate as a professional and leader.

The curriculum ensures graduates are effectively prepared for their roles as professionals and leaders.

The School has adopted the AMC Graduate Outcome Statements to reflect the graduate learning outcomes of the program, and the four themes that scaffold learning align directly with the AMC's four domains of medical education as shown in Table 2. The Flinders Medical Program MD curriculum is thematically organised around the three themes of Knowledge of Health and Illness, Doctor and Patient, and Health, Professions and Society, and the adopted Flinders curriculum objectives will therefore require re-alignment to the Curtin themes.

Table 2: AMC domain alignment to Curtin themes

AMC graduate outcome domains	Curtin medical program themes
Science and Scholarship	1. Scientific Foundations of Medicine
Clinical Practice	2. Patient and Doctor: Clinical Practice
Health & Society	3. Health and Illness in Society
Professionalism and Leadership	4. Professional & Personal Development

While considering the full five years of the program, the team looked in detail at the first two years of the program and its readiness for implementation in 2017.

The Year 1 interprofessional curriculum includes existing interprofessional units and new medicine-specific units. It is delivered by academics from across the Faculty of Health Sciences and comprises 50% core units, 25% shared and 25% discipline-specific units. The curriculum has a strong pedagogical design aimed at supporting and retaining students. There is a strong emphasis on learning in the medical sciences for students enrolled in medicine, which represents 50% of students' credits in Year 1. The two medicine-specific units are Foundations of Medicine and Foundations of Medical Practice. Since the assessment visit, the School has confirmed that with the introduction of PBLs in the two medicine-specific units, all themes will be covered in those units.

The Foundations of Medicine unit will address the fundamentals of biomedical science, including introduction to the biopsychosocial approach to medicine; concepts in microbiology, haematology and histopathology; and an introduction to molecular genetics and molecular biology. Students will also be introduced to PBL. The School plans to engage general practitioners as PBL tutors.

The Foundations of Medical Practice unit will introduce students to the doctor-patient relationship, including ethical and legal frameworks, and the influences of culture and social circumstance on health and wellbeing. Students will also be provided with experiences that will smooth the transition to clinical training, through reflective practice and clinical reporting, and will be introduced to the tools of clinical assessment by way of a mini OSCE and an ePortfolio

item. PBL continues in this unit. Overall, the content of the two medicine-specific units is satisfactory however more detail is required regarding the specific learning outcomes of the Year 1 medicine-specific units.

PBL sessions in Year 1 will be delivered on a fortnightly cycle, with the second and first sessions book-ending each two week period of learning. In the Semester 1 unit, key learning topics of the PBL will focus on areas of medical science, to reinforce key topics and encourage self-directed learning. In Semester 2, key learning elements will centre on topics related to the doctor-patient relationship, and the impact of cultural and social factors. The School anticipates modifying some of the Year 2 PBLs for use in Year 1, though this work had not been completed at the time of the visit.

The shared units in Year 1 include human biology with students across the Faculty, anatomy with medical imaging students, and physiology with nutrition and nursing students. The emphasis on the medical sciences, including human structure and function, is in line with Year 1 in other medical programs around the country. Introduction to the societal basis of illness, evidence-informed practice and professionalism is a strength of Year 1.

The team recognises the challenges in teaching common subjects to students of wide-ranging academic abilities, and monitoring of medical student feedback in future will be of interest. Evidence that Year 1 prepares the students for a smooth transition to the Flinders graduate-entry level program will be necessary (refer to standard 3.3).

Based on the unit credits provided by the School, the Scientific Foundations of Medicine theme is approximately 50% of Year 1, the Health and Illness theme around 25%, and the Patient Doctor and Personal and Professional Development themes each around 12.5%.

As the School plans to make modifications to Years 1 and 2 content and PBLs, updates on the finalised curriculum content and the medicine-specific unit learning objectives, will be required prior to implementation.

While the Year 1 unit outlines and unit learning outcomes are linked to the nine Curtin Course Learning Outcomes, it is not clear how they align to the program's graduate learning outcomes by theme or year. It is not evident which outcomes are addressed at different stages of the program, and in particular, what performance standards are required by the end of Year 1. It will be important to provide clarity on this information, for both students and staff.

Following the team's visit, the School finalised the Year 1 curriculum and provided samples of PBL cases. The School also provided mapping which demonstrates progression toward the graduate outcomes.

While the emphasis on interprofessional education in Year 1 of the program has many strengths, the team recommends that the School place more emphasis in Year 1 on assisting medical students to develop their professional identities in relation to clinical practice. Other engagement and extension activities for the medical student group, formal and informal, are essential for students' early professional development. Such adjustments to Year 1 learning can assure an outstanding student experience of medical education in Year 1, and will provide optimal preparation for the Year 2 experience.

The Years 2 to 5 content is the four-year Flinders MD program. Each year comprises two units delivered by semester, Medicine 1 and 2 in Year 2, through to Medicine 7 and 8 in Year 5.

In Years 2 and 3 the focus is on the PBL curriculum. Year 2 learning in the Scientific Foundations of Medicine theme resides mainly within PBL sessions, and linked laboratory/practical sessions. Discipline areas introduced in Year 1 are pursued in PBL in relation to organ systems in a clinical context and revisit body systems in greater depth, focussing more on pathology, clinical pharmacology, surgical and radiological anatomy. Supporting lectures in molecular biology are also proposed for delivery by Faculty of Health Sciences members in Year 2.

Core clinical skills are developed in Years 2 and 3, and interprofessional virtual case studies develop the Patient and Doctor theme further. The School is developing a transition to clinical practice experience in Year 3, Semester 2. Students will do intensive clinical skills training, and will also cover general practice content under supervision in aged care settings, general practice or Aboriginal Medical Services (details and duration are to be finalised).

The Year 4 curriculum focus is on clinical medicine with education and intensive clinical training in the workplace. A year-long longitudinal placement will be offered to 25% of the cohort in a rural setting which will be grounded in general practice and incorporating other community services such as aged care, private specialists and community hospitals. Alternatively, the students not in the Rural cohort will do two 21-week clinical placements in one of the four identified clinical school regions (Peel, Fiona Stanley/Cockburn, Bentley/Royal Perth, and Midland) with one of the placements attached to a health campus and the other placement linked to a general practice. The AMC found that this placement model at Flinders received positive staff and student feedback. All Year 4 students will be required to achieve the same learning outcomes regardless of the clinical setting. The School will be required to provide details of the proposed Year 4 longitudinal training model prior to commencement.

In Year 5, the focus is on pre-internship and students will undertake full-time clinical placements as a member of the healthcare team. In Year 5 students will complete the Flinders Professional Induction to Practice topic. The School will also deliver the Flinders Transition to Internship module.

The team recognises that in 2014 the AMC found the Flinders curriculum content to be comprehensive and well integrated, and agrees that the content overall addresses the graduate outcomes. The School advised of its plans to review the Flinders Years 1 and 2 PBLs for Curtin Years 2 and 3, and to remove the Flinders 'Advanced Studies' content which is the research-specific content for the MD, replacing this with Curtin-specific content that is yet to be determined.

The School will need to ensure that any modified or new content aligns to the unit objectives, that the unit objectives align to the four Curtin themes, that the Curtin objectives are set at Level 7 of the AQF, and that it is clear which objectives must be met in each year of the program. The School is required to map the learning objectives and curriculum content for each of the Years 2 to 5 to the program's graduate outcomes to demonstrate progression throughout the program.

3.3 Curriculum design

There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.

The School's program outcomes map demonstrates how the nine Curtin University Graduate Attributes map to the nine MBBS graduate attributes, to the professional competencies (aligned with AMC Graduate Outcome Statements) and to the Curtin MBBS course learning outcomes in tabular form. This overview provides an indication at a high level of purposeful curriculum

design. As noted above, it does not document how the stated program graduate outcomes are progressively developed in the curriculum throughout the program.

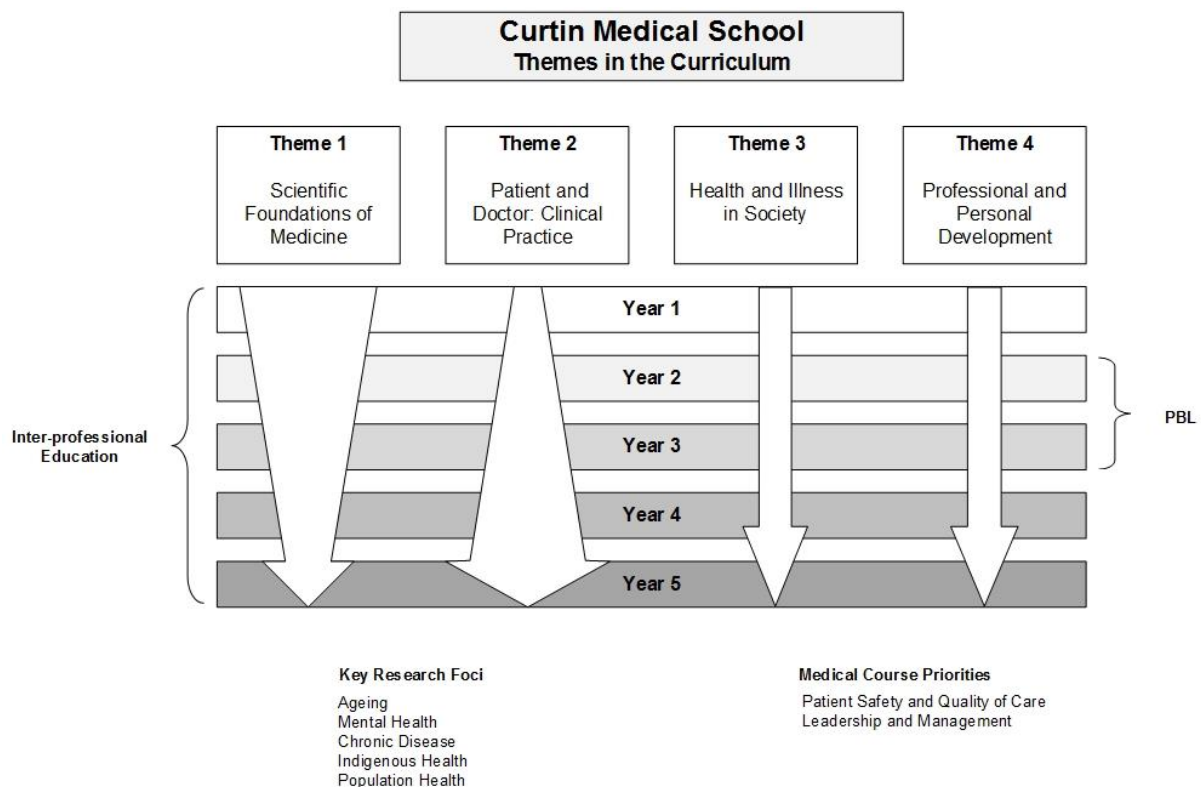
The School's submission describes a gradual transition over the program from an emphasis on medical science to an emphasis on clinical practice. There is a strong emphasis on the scientific foundations of medicine including the functioning of organ systems in the early years, in Year 2 60% of content, while also including learning of communication skills, history taking, introductory clinical procedures, ethics and professionalism.

There is evidence of horizontal integration in components of the interprofessional Year 1, and the School has an opportunity to develop its two medicine-specific units in a way that will reinforce that integration. Improved horizontal integration of the four themes is recommended across the core units in particular. The School's decision to add problem-based learning to Year 1 will assist with horizontal integration in Year 1 and articulation to Year 2.

The interprofessional education components facilitate horizontal integration of themes across Years 1 to 3. Excellent foundations for interprofessional learning will be established in Year 1, and while there are interprofessional case studies in Years 2 and 3, it would be worthwhile for the School to plan how best to develop and revisit interprofessional education in Year 2 and beyond. This will be an important feature of student learning that will help to integrate Year 1 with the Flinders curriculum.

The distribution of the four themes across the program is shown in Figure 3:

Figure 3: Distribution of themes across the medical program



In Years 2 and 3 the themes are largely integrated via PBL. In Years 4 and 5, the themes are integrated into patient-centred care.

At the time of the visit, it was not clear how student learning in the different themes and content areas would evolve as the program progresses into Year 2 and beyond. It was not clear how the key objectives of medical student learning in the school-leaver interprofessional Year 1 progress vertically into the Flinders Year 2 graduate-entry curriculum. For example how the medicine-specific Year 1 units articulate with the learning objectives for Year 2 PBL and lecture/laboratory sessions.

This clarity can only emerge as the School develops a more detailed description of the curriculum, in the themes and in specific teaching sessions, particularly in Years 1 and 2. Clear expression of how the four Curtin themes will evolve can demonstrate an adequate perspective on the spiral of learning and attention to vertical integration throughout the curriculum. Clarification of the learning activities that will contribute to the evolution of student learning is also needed. The team is confident that this work is achievable within the short timeframe with the additional educational resources.

Following the site visit, the School provided detailed analysis of curriculum design, including numerous examples of horizontal integration of the themes in Year 1, primarily through the use of PBL, and of vertical integration between Years 1 and 2. Evidence of vertical integration of the themes and learning objectives across the program will be required once the curriculum for subsequent years is available.

Articulation with subsequent stages of training is well planned. From secondary school to medical school, the interprofessional Year 1 includes specific content to support students transitioning to university study. Transition from the preclinical phase to the clinical years is facilitated by the 'transition to clinician practice' experience in the latter part of Year 3, designed to ensure students are prepared to enter full-time clinical placements in Year 4, which is particularly important for the large proportion of Year 4 students who will be longitudinally in primary practice. Transition to internship is developed gradually through Year 5 with specific topics and a final intensive clinical training rotation to complete the program.

3.4 Curriculum description

The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.

Following the site visit, the School provided a clear statement of the overall learning outcomes to be achieved by the end of Year 1 in the medical program, which would provide clarity for the medical students and inform their expectations.

In Years 2 to 5, the Flinders curriculum documents learning objectives for each unit aligned to its three themes. At the time of the visit, these units had not been re-designed to Curtin units that align to the four Curtin themes and Curtin graduate outcomes. The School plans to adapt aspects of the Flinders curriculum for Curtin's Years 2 to 3, while also removing the Flinders MD research components, though it was also not confirmed what elements of the Flinders program will be dropped to align the outcomes of the Curtin program with Level 7 AQF.

While a gradual transition from medical science to clinical practice is articulated in the documents it may be useful to identify a key transition point at which students can be assessed against specific performance criteria, prior to becoming immersed in the clinical setting. From

the documentation provided it is not clear whether such a transition point occurs at the end of Year 2, or in the middle or end of Year 3.

As noted under standard 3.3, it was not clear how the curriculum provides for progressive learning in the four themes during each year/stage, so that the required graduate outcomes are attained by the end of the program. A thorough examination and restatement of the Years 2 to 5 learning outcomes and content is necessary for the complete program.

Following the team's visit, the School provided specific learning objectives for each year aligned to the four Curtin themes and the program's graduate outcomes. While there is work remaining to finalise the details of some specific learning objectives associated with PBLs in Year 2, it appears this work is on track.

3.5 Indigenous health

The medical program provides curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).

The University's exemplary work with Indigenous cultures and the presence of the Centre for Aboriginal Studies (CAS), positions the School to provide an outstanding experience in Indigenous health for students in the program.

Students in Year 1 will be introduced to the concepts of Aboriginal and Torres Strait Islander experience prior to the commencement of formal classes during a visit to a significant site in local Aboriginal history led by an Aboriginal Elder from CAS, as part of the Year 1 Orientation Camp. Engagement of the medical students with CAS prior to commencement of formal teaching will promote students' awareness of cultural and social disadvantage, and is likely to form a strong impression that will inform their approach to learning in this area.

During Year 1 students will also complete an interprofessional unit of study in Indigenous Cultures and Health Behaviour, in which they will examine culture and diversity in local, national and global Indigenous populations, and will analyse determinants of health in the current cultural and health contexts of Aboriginal and Torres Strait Islander peoples.

In Years 2 and 3, the Flinders program has Indigenous health content in lectures, seminars, PBLs and tutorials. Curtin plans to include specific PBLs and units in Years 2 and 3 in Indigenous health. In Years 4 and 5, students will have opportunities in the clinical setting to further develop their Indigenous health knowledge. Development of Curtin theme and year learning objectives related to Indigenous health is recommended to demonstrate good vertical integration in the program.

The University is well placed to deliver excellent clinical learning and teaching in a range of locations. The new hospital at Midland engages Aboriginal and Torres Strait Islander staff in all areas of employment, and provides health services to a high proportion of Aboriginal clients, with 4% of the local population identifying as Aboriginal. Opening of the Midland Clinical School in 2019 will enhance the range and number of opportunities available to students to experience Indigenous engagement in both doctor-patient, and interprofessional interactions. Proposed development of similar services at Peel Health Campus suggests that this component of the curriculum will be further enhanced in future years.

The School is commended on embedding Indigenous health in the curriculum and student experience.

3.6 Opportunities for choice to promote breadth and diversity

There are opportunities for students to pursue studies of choice that promote breadth and diversity of experience.

The program offers the potential for students to pursue studies of choice that promote breadth and depth of experience in accordance with the Flinders curriculum, and the opportunities are expected to be available to the Curtin students.

The School advises that students will have the option to take an anatomy elective at the end of Year 2, and will have a level of choice regarding their Year 4 and 5 selective sites. There are two electives in Year 5 also. The Curtin 'Go Global' program offers four-week international placements for Year 5 students mid-year or at the end of the year.

Students interested in pursuing a research-focused degree can apply for a research-intensive honours year between Years 3 and 4. Consideration as to how to refresh student's clinical skills for the transition to clinical placements in Year 4 following the research year would be beneficial. In Year 5, students can also choose a research elective.

This standard is difficult to assess at this early stage, and the School will be required to provide evidence in future of choices that promote breadth and diversity.

4 Learning and teaching

4.1 Learning and teaching methods

The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program.

The Faculty has strong credentials in learning and teaching in the health professions which will provide an excellent context for delivery of a quality learning experience for medical students in the new program.

The Faculty is well resourced and able to deliver a wide variety of learning experiences to students in the new program. The suite of learning and teaching proposed for the program includes lectures, face-to-face and online workshops, practical classes and simulations, as well as community and patient interactions, intensive clinical skills, ward rounds, clinical attachments and bedside consultations.

Figure 4: Proposed learning and teaching methods in the program

Method	Year 1	Year 2	Year 3	Year 4	Year 5
PBL Sessions	✓	✓	✓		
Case Based Learning Sessions				✓	✓
Large Group Learning Sessions (Lectures)	✓	✓	✓	✓	
Tutorials	✓	✓	✓	✓	
Workshops	✓	✓	✓	✓	✓
Practicals/Laboratories/Simulation	✓	✓	✓	✓	
Intensive Clinical Skills Sessions	✓	✓	✓	✓	
Interactive IT	✓	✓	✓	✓	✓
Community Environment/Inter-professional Teamwork	✓	✓	✓	✓	✓
Patient Encounters	✓	✓	✓	✓	✓
Ward Rounds			✓	✓	✓
Clinical Attachments/Bedside Consultations			✓	✓	✓

All course information and communications are provided through the Blackboard learning management system.

Year 1 teaching will follow the standardised interprofessional first year model that the Faculty delivers to all Year 1 health sciences students. Core units taken by Year 1 health sciences students are delivered to a large cohort of around 2,500 students through iLectures, followed up in smaller sessions of 45 to 50 in a flipped classroom model with two academics providing learning support. Students in these sessions are grouped in small, interprofessional groups of approximately six to facilitate peer-to-peer learning and to develop small-group interactive skills.

'Shared units', conducted with cognate disciplines, are considerably smaller (100 to 150). The sizes of these cohorts will increase during the phase-in period as medical student numbers increase. The aim is to provide these cohorts with small group-sessions in the form of workshops for around 25 students. Delivery of materials will involve blended formats including iLectures, practical classes, short videos and interactive technologies.

PBL will be introduced in Year 1 on a two-week cycle. It will help students develop a framework for learning in all four themes. PBLs will be delivered in a two-session model; the precise size and method of operation of the PBL groups was being considered, with options being 10 students and individual reporting, or 15 students with a rotating presenter and 7 discussant pairs. The PBLs for Year 1 are under development by the newly-appointed Course Coordinator who has expertise in this area, and the Faculty has used PBL in pharmacy.

The School advised that students will use an ePortfolio from Year 1 primarily for reflection on their development and progression during the program. Details were yet to be confirmed at the time of the visit.

Learning materials for Years 2 to 5 are from the well-developed and comprehensive Flinders Medical Program and include PBL materials for Years 2 and 3. The Flinders case-based learning will be introduced in Year 4 and continue in Year 5, and will be supported by a wide range of learning approaches that the School plans to confirm in detail in coming years.

The Faculty has an established Learning and Teaching Committee, and expertise in innovation in learning and teaching methods. The School's Director Learning and Teaching and the Course Coordinator both have experience in training and supporting course and PBL tutors. Curtin ICT provides learning and teaching support to academics in development and integration of technology in their teaching, aims to ensure consistency in its approach, and is experienced in the design and production of learning resources.

4.2 Self-directed and lifelong learning

The medical program encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.

The educational model used in the interprofessional first year provides for self-directed, team-based learning from the outset. Teaching approaches, including the flipped classroom, will require students to engage independently with online elements in a staged manner. Student participation will be followed up in tutor-mediated workshops where medical students will report to an interdisciplinary team of students of other professions. These skills will be further developed in Year 1, Semester 2 when students are introduced to PBL. These sessions will, in turn, prepare them for the more complex PBL sessions in Years 2 and 3, in line with the Flinders Medical Program.

The School plans to develop and implement the Flinders progress test (discussed under standard 5) which will allow students to evaluate their learning periodically. An emphasis on formative assessment during the program will also encourage students to take responsibility for their learning.

In Years 4 and 5, many students will be in long-term rural and regional clinical placements, often placed in pairs with one clinician, and will be required to take responsibility for their learning in a less structured environment.

4.3 Clinical skill development

The medical program enables students to develop core skills before they use these skills in a clinical setting.

In Year 1, students will begin to develop history-taking skills in peer-to-peer interactions and will practise surface anatomy in either peer-to-peer sessions or using volunteer or recruited models. From late in Semester 1, students will visit aged care community and hospital settings in small groups, or general practitioners in pairs to become familiar with the healthcare setting.

In Years 2 and 3, students begin to develop the necessary clinical skills. Following the Flinders Year 1 content, Curtin Year 2 students will be introduced to basic life support, cardiovascular skills, injection technique, note-taking, renal abdominal examination, respiratory skills, surface markings and vital signs, and will experience a nursing attachment. The Flinders model provides for learning in small groups or workshops, using standardised patients, peer-to-peer learning, and includes opportunities for self-assessment. The team notes that the Flinders mastery model of remediation in the clinical skills component of the program, particularly related to communication skills, was commended by the AMC in 2014.

The Faculty advised it has a wide range of resources, including simulations and videos, that it can draw on to assist students in developing clinical competencies. At the time of the visit, those relevant to the program in the early years were yet to be identified. Updates will be expected in future progress reports.

Consistent with the Flinders model, the Curtin Year 3 content will focus on the students' transition to clinician and will provide for increasing practical, virtual, and simulated scenarios.

4.4 Increasing degree of independence

Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.

Students will attend supervised visits to healthcare settings from Year 1 to familiarise them with clinical settings, develop communication skills and complement formal learning. In Years 3 to 5, students will participate in clinical placements attached to a clinical team, becoming more involved in clinical care as they progress.

The broad objectives of the Year 3 to 5 clinical placements and descriptions of the required competencies are defined, although it was not clear during the visit what the expected milestones for student learning will be at each stage (refer to standard 3.4).

4.5 Role modelling

The medical program promotes role modelling as a learning method, particularly in clinical practice and research.

The School states that being a good role model will be engrained in the culture of education and it will expect high standards of clinical competence, teaching skills and personal qualities in its teachers.

The School plans to appoint general practitioners to its PBL tutor roles, commencing in the unit Foundations of Medical Practice in Year 1. This will allow students the opportunity to identify with medical practitioner role models. The School will develop tutor training materials to enable development of the required skills.

Many of the clinicians with whom the team met during the visit expressed enthusiasm for professional development in teaching. Clinicians will provide opportunity for a focus on role modelling in education, including concepts around the hidden curriculum.

The active engagement of a variety of teachers from diverse clinical and non-clinical backgrounds who are willing to teach in the program is commended.

4.6 Patient centred care and collaborative engagement

Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.

The School has a clear focus in its documentation on patient-centred care. The Flinders material has a pedagogical focus on patient-/person-based learning. The details of learning opportunities in clinical settings will be developed by the incoming Director of Clinical Education.

While the clinical environments in which students will learn are still being identified, most of the proposed sites are accustomed to catering to medical student needs in both the University of Western Australia and University of Notre Dame Australia, School of Medicine Fremantle medical programs. Clinical staff with whom the team met at the proposed sites expressed their support for engagement with an additional cohort of students and a strong sense of collaborative engagement with the new program.

4.7 Interprofessional learning

The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.

The Faculty has a well-established Interprofessional Education Committee and an award-winning interprofessional education program.

A distinctive feature of the medical program will be the allocation of students to interprofessional groups from Week 1. The interprofessional first year experience is based on a model that caters to health science, allied health and nursing students, in which much of the teaching is delivered simultaneously to students across the range of professions. Year 1 'core units' involve students from all 24 health professional courses, while 'shared units' pool together students from cognate areas. A specific goal of the learning experience is to place students in small interprofessional teams to develop an understanding of the various roles of different health professionals. The Faculty uses its *Interprofessional Competencies Assessment Tool* to grade students' levels of attainment in four stages, from 'novice' to 'entry to practice'.

In Year 2 of the program, interprofessional learning will continue through participation in online workshops with clearly articulated learning outcomes. For example, students may be required to 'describe the role and responsibilities of a medical practitioner to the case, recognise and respect the roles and responsibilities of the other members of their team, and collaborate interprofessionally to identify and prioritise key issues, goals and strategies to implement high-quality client and family-centred care'.

The workshops will run over three weeks, each week requiring around 2.5 hours of work including online readings, discussion boards, videos and wiki activities. Contributions will be posted on Blackboard and students will have access to the postings of other members of their team. Contributions, particularly 'care plan' postings, will be monitored online by a facilitator and feedback will be provided. Facilitators may also ask questions of the team, or probe to obtain deeper or more challenging discussion.

The School has preliminary plans to continue interprofessional learning through the program in online workshops and in clinical training environments. The Faculty has existing interprofessional practice placements at two primary schools and in aged care and community care settings.

Management and oversight of interprofessional fieldwork opportunities will be at the Faculty level, and the nexus with medicine for interprofessional learning in the latter years is yet to be explored. Interaction with the 24 health professional programs available at Curtin will be a major strength of the program if successful.

The School is commended for its strong inclusion of interprofessional learning in the program and is encouraged in its plans to continue to integrate interprofessional learning and teaching throughout the program.

5 The curriculum – assessment of student learning

5.1 Assessment approach

5.1.1 The medical education provider's assessment policy describes its assessment philosophy, principles, practices and rules. The assessment aligns with learning outcomes and is based on the principles of objectivity, fairness and transparency.

5.1.2 The medical education provider clearly documents its assessment and progression requirements. These documents are accessible to all staff and students.

5.1.3 The medical education provider ensures a balance of formative and summative assessments.

Curtin University has clear assessment policies, practices and rules that will apply to the medical program. The assessment policy has ten overarching principles that align with the AMC Standards. The policy is available online in the University's *Assessment and Student Progression Manual*.

The School's Assessment and Progression Subcommittee will be responsible for the implementation of the assessment program. It will be chaired by the Course Coordinator and report to the Course Management Committee.

The School will adopt the Flinders Medical Program assessment processes along with the curriculum it has purchased for Years 2 to 5 of the program. This will allow the School to use the Flinders assessment materials, item analysis, psychometric capacity and standard setting procedures. While the utility may be as yet undetermined, there is also the added potential to benchmark student performance against the Flinders medical student cohorts. The Flinders assessment process aligns well with the Curtin assessment policies.

The School provided the team with the existing 2015 interprofessional Year 1 unit outlines, each including the unit assessment schedule, detailed information on the assessment tasks, pass requirements and assessment policy for supplementary exams. The medicine-specific unit outlines follow the same format and were in draft at the time of the visit.

The School will require students to pass each of the four themes within each assessment task. University representatives confirmed that University policy is flexible enough to permit this, however how this will work in practice, particularly in the interprofessional shared subjects, requires clarification. There is a possibility for student appeals if there are seen to be different requirements for different student groups. Extended timelines are frequently involved in seeking university approvals and careful documentation of these specific requirements is encouraged.

The specific detail regarding the assessments of medicine-specific units in Year 1 and any required variation in standards required for medical students within the shared interprofessional Year 1 units was yet to be finalised and this is required.

The School plans to implement the Flinders' progress testing as a key formative assessment tool in the Curtin program. This is in contrast to the use of progress testing as a summative assessment as part of a programmatic assessment approach at Flinders. The agreed schedule of progress testing in the Curtin program, such as the number of tests per year, was not determined at the time of the visit. The introduction of formative progress testing will help to provide a balance between formative and summative assessments within the Curtin program, yet there will be challenges in benchmarking against the Flinders summative progress test

results if the tests are used formatively at Curtin. Confirmation of the details of progress testing for Years 1 and 2 will be required.

The School plans to utilise an ePortfolio system such as ePASS as a student/tutor interface for communicating results and progress information. It intends to populate the ePortfolio with formative and summative assessment data from the Blackboard system to integrate student results in one system. At the time of the visit, the specific ePortfolio system was not confirmed. The team recommends the customisation of the ePortfolio system to allow reporting in meaningful domains.

Overall, the School is required to confirm the entire Year 1 assessment schedule and clearly document the specific Year 1 assessment and progression requirements for the medical program in time to proceed through university governance processes and meet publication deadlines (prior to the end of 2016). This should include statements addressing the issues around requirements for attendance or participation, around specific progression requirements for medical students, and provide further detail regarding the proposed exit pathway for students - mentioned as an option for students who determine that medicine is not a desirable or achievable career path for them. Details for further years will be required prior to implementation.

The team acknowledge the recent appointment of two senior academic staff with expertise in assessment and evaluation and anticipate that these staff members will have a significant contribution to make in the finalisation of assessment plans.

5.2 Assessment methods

5.2.1 The medical education provider assesses students throughout the medical program, using fit for purpose assessment methods and formats to assess the intended learning outcomes.

5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.

5.2.3 The medical education provider uses validated methods of standard setting.

Adoption of the Flinders curriculum and assessment practices has ensured a range of fit for purpose assessment methods and formats will be implemented. As noted under standard 5.1, in Year 1 the detail for the new medicine-specific units is yet to be finalised and this detail will be required.

The School provided initial assessment blueprints for the Years 1 and 2 units that map each unit's assessment modalities to the AMC Graduate Outcome Statements at a high level. The School can complete the blueprint relevant to assessment across the themes and unit objectives in Years 1 and 2 once the details of the Year 1 medicine-specific units, and the Year 2 content and any modifications, are confirmed (refer to standards 3.2 to 3.4). Provision of assessment blueprints that map assessment by year are required. These should map assessments against the themes and specific unit learning outcomes.

The standard setting procedures to be used in the medicine-specific units and any specific requirements for medical student performance standards in the interprofessional and shared units in Year 1 were yet to be determined. Any adaptation to the Flinders standard setting processes required for Curtin medical students in Years 2 to 5 was likewise yet to be determined. The standard setting process for progress testing for Curtin students was yet to be

established. The School is required to confirm the validated methods of standard setting to be used in in each year.

For each year of the program the School is required to confirm the assessment methods and formats to assess the intended learning outcomes and demonstrate they are fit for purpose; provide blueprints that map assessment by year against the themes and unit learning outcomes; and confirm the validated methods of standard setting to be used in each year. The team considers the School now has the expertise to address these issues, and can supply these details for Year 1 prior to commencement. Details for further years will be required prior to implementation.

5.3 Assessment feedback

5.3.1 The medical education provider has processes for timely identification of underperforming students and implementing remediation.

5.3.2 The medical education provider facilitates regular feedback to students following assessments to guide their learning.

5.3.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.

The School plans to identify medical students performing below the level of the cohort through frequent formative assessment, the use of student and staff mentors, and monitoring by staff. The team acknowledges the important role the Year 1 Co-ordinator will play in providing support for Year 1 students, in conjunction with PBL facilitators and through liaison with unit coordinators.

The medical student cohort is a small proportion of the large health professional student cohort in the interprofessional first year and there will be a broad spread of academic ability across the full cohort. The School is required to specifically interrogate the early student results from Year 1 to identify any medical students performing below the level of the medical student cohort (not necessarily below the level of the full health professions cohort). The ICT team indicated that the Curtin student management system could be interrogated for this subset of data.

The team expects that the Year 1 medicine-specific units will provide an easier environment for detection of underperforming students and remediation, given the planned focus on small group teaching and the cohort size of sixty. The School intends to include weekly assessment in the Year 1 Foundations of Medicine unit to detect underperforming students.

Students who are struggling academically will be able to access remedial university support services. Indigenous students can also access programs on offer at the Centre for Aboriginal Studies. The interprofessional Year 1 units include early assessments that may detect underperforming students, such as in the Foundations for Professional Health Practice unit which tests adequacy of English language and academic writing standards. If required, up to ten tutorials are provided to improve academic writing.

The School plans to integrate feedback to students into its usual teaching activities. It expects that progress tests and a programmatic approach to assessment will provide regular feedback to students. The team acknowledges the pivotal role the ePortfolio system will have in facilitating regular feedback to students following formative and summative assessments, and its potential to aid self-reflection and promote life-long learning.

The proposed ePASS (ePortfolio) system is intended to facilitate feedback to supervisors and teachers on medical student performance. The detail of how this will work in practice is yet to be determined. The team acknowledges that the Assessment and Progression Subcommittee meeting provides opportunity to inform teachers of student and cohort performance each semester. A continued focus on this work is encouraged, particularly for the initial cohorts into the program given that at the time of visit, the ePortfolio was not confirmed.

The School is required to provide details of the finalised mechanism for regular feedback following assessments, and regular feedback to supervisors and students on student cohort performance.

5.4 Assessment quality

5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.

5.4.2 The medical education provider ensures that the scope of the assessment practices, processes and standards is consistent across its teaching sites.

Curtin University has established University-wide processes to address assessment quality issues, including the eVALuate program and the University's Comprehensive Course Review program. Additional measures to review quality, including in assessment, are discussed under standard 6.1.

The School intends to use Flinders assessments and expertise initially, and gradually decrease its reliance on the Flinders materials and experts over time. The advantages of this arrangement are acknowledged yet challenges may arise. For example, the focus on themes within the Curtin program may suggest a different exam blueprint for assessment and reporting and call into question the robustness of the subsections of individual assessments. Consideration must be given to the potentially different rate of skill acquisition of cohorts in the different programs, and the challenges which may arise when comparing a graduate-entry cohort with a school level cohort across two different sites, particularly for students in the first two years of these two medical programs.

The School has recently appointed staff with assessment expertise and the team encourages its plans to recruit further experts in learning and teaching to build capacity in this area.

The School has important work to undertake in terms of expectations of training and calibration of examiners across different sites and clinical assessors engaged in assessing students from the two graduate-entry programs in addition to the Curtin students. This will become more important in the later years of the program.

The School will need to demonstrate in future that it has implemented a program of review of its assessment policies and practices, and has processes to ensure consistency across its sites.

6 The curriculum – monitoring

6.1 Monitoring

6.1.1 *The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.*

6.1.2 *The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.*

6.1.3 *The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.*

The Medical School is part of a well-established Faculty of Health Sciences and University, and its medical program will be included in the University's comprehensive teaching quality assurance programs, the *Curtin Quality Framework*. The University reviews all programs formally in both an annual course review process, based on course evaluation data collected for each subject, and in a comprehensive course review held every five years. The annual reviews will drive relatively minor, short-term continuous quality improvement, whereas the five-yearly reviews will drive more strategic, longer term quality improvement and planning.

Within the Medical School, the Director Learning and Teaching is the responsible person for curriculum monitoring, and reporting to the Curriculum Committee. In conjunction, the School Evaluation Subcommittee will oversee the review processes and prepares reports. It will be chaired by the Head of School and formally report to the Course Management Committee.

All students are invited to participate in course evaluations via the University-wide eVALUate program, and each semester, the reports for each unit will be sent to the Director Learning and Teaching, and the Faculty Dean Learning and Teaching.

The School plans to implement more reflexive, rapid-cycle evaluation measures, particularly for the first few student cohorts, using primarily qualitative methods such as brief on-line surveys for trends, and focus groups for deeper exploration of issues that emerge. The incoming Director Learning and Teaching is aware of the risk of evaluation fatigue in the early cohorts of a new program. The preferred approach will be to conduct weekly evaluations on one-third of the students, such that each student participates only once every three weeks. There are plans to conduct exit interviews for students who leave the program early.

The Medical School has indicated its intentions to join the ACCLAIM (Australian Collaboration for Clinical Assessment in Medicine) and IDEAL (International Database for Enhanced Assessments and Learning) assessment consortia. Once the program has commenced, it will be able to share in the Medical Deans Australia and New Zealand assessment benchmarking project. As noted under standard 5, there are plans to benchmark assessment with students at the same stage in the Flinders Medical Program although how helpful this will be is still to be determined. The School also plans to participate in the development of progress testing in Australia with other medical programs (e.g. Flinders and Monash Universities) which should provide interesting comparative data.

6.2 Outcome evaluation

6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.

6.2.2 The medical education provider evaluates the outcomes of the medical program.

6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.

The University, Faculty and School intend to carefully monitor graduate outcomes to determine the impact on the health workforce, and the AMC will expect updates on these plans. It may be possible to collaborate with other Western Australian medical schools by adopting the University of Western Australia approach to annual employer surveys of graduate distribution and work readiness.

The School plans to conduct assessment in the Year 5 pre-internship of graduate markers/competencies. It also plans to evaluate the outcomes of the medical program via the Australian Graduate Survey.

Student performance will be examined in relation to student characteristics based on the data gathered through all evaluation processes. The School is acutely aware that the special entry students in particular may need additional support to achieve required standards.

The School will be required to confirm its plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics prior to implementation.

6.3 Feedback and reporting

6.3.1 The results of outcome evaluation are reported through the governance and administration of the medical education provider and to academic staff and students.

6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, and considers their views in continuous renewal of the medical program.

The School plans to report the outcomes of evaluations to staff and students. Some of the feedback will be automated through the University-wide eVALUate program and the outcomes of the more reflexive internal processes will be reported through regular reports on the intranet and through committees in which students will have representation. The School will be required to provide evidence of this in future.

The School has strong consumer and health sector representation on several committees and these committees will receive regular reports on the outcomes of evaluation data.

7 Implementing the curriculum - students

7.1 Student intake

7.1.1 *The medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.*

7.1.2 *The medical education provider has defined the nature of the student cohort, including targets for Aboriginal and Torres Strait Islander peoples and/or Maori students, rural origin students and students from under-represented groups, and international students.*

7.1.3 *The medical education provider complements targeted access schemes with appropriate infrastructure and support.*

The Curtin medical program will be the only direct-entry medical program in Western Australia. The School plans to gradually increase the size of the medical student intake over the first six years of the program from 60 students in the first year, increasing by 10 students per annum, to 120 (including 10 international) students in 2022. The nature of the student cohort from 2017 to full capacity in 2022 is defined in Table 3.

Table 3: Student cohort targets

	2017	2018	2019	2020	2021	2022
CSP	60	70	80	90	100	110
Rural (25%)	15	18	20	22	25	28
Indigenous (5%)	3	3	4	5	5	5
Outer Urban Low SES (20%)	12	14	16	18	20	22
Remainder (50%)	30	35	40	45	50	55
International	0	0	0	0	0	10
TOTAL	60	70	80	90	100	120

Of the planned 120 students in 2022, 110 of these will be Commonwealth supported places and 10 will be international fee paying places. While the full details of international selection processes has not yet been fully developed, Curtin University has campuses in Singapore and Malaysia which may be a focus for recruitment of their international cohort. The School has stated that language proficiency standards will be a critical factor in the selection process and a minimum International English Language Testing System (IELTS) of 7.0 would be required.

The School will specifically aim for 25% of student intake from rural and remote backgrounds (under the Rural Clinical Training and Support program which requires five years in an area with an Australian Standard Geographical Classification – Remoteness Areas/ASGC-RA 2-5), 20% from outer urban low socioeconomic status groups with an Index of Community Socio Educational Advantage (ICSEA) of 1000 or less (primarily from the eastern corridor of Perth), and 5% Indigenous students. (N.B After 2017, the School will use the Modified Monash Model/MMM 3-7, in place of the ASGC-RA as per the Federal requirement.)

The targets are consistent with the School's purpose to address the shortage of doctors in underprivileged areas and to graduate doctors prepared to practise in rural and remote practice and outer suburban locations. The team commends this thoughtful approach to student selection in addressing areas of significant need in medical workforce.

The gradual increase in student numbers has been deliberately chosen to ensure adequate capacity to resource the program and to provide required supports to the diverse student group. There are good existing support structures in place within the University and particularly for Indigenous students through the Centre for Aboriginal Studies. The School is working on the further development of specific supports for medical students (refer to standard 7.3).

7.2 Admission policy and selection

7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.

7.2.2 The medical education provider has policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses.

7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Maori.

7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.

The selection policy for the medical program defines specific admission requirements for each of the four pools of applicants - general, rural background, Outer Urban Low SES scheme, and Indigenous.

The School will accept applications from Australian and New Zealand citizens and Australian permanent residents who have completed Year 12 or equivalent. Program prerequisites are chemistry and English, with Year 12 mathematics a recommended subject.

All non-Indigenous students will be required to sit the Undergraduate Medical and Health Sciences Admission Test (UMAT) and students will be required to achieve a score of 50 on each section of the UMAT. The intake is focused on school leaver students and it is expected the majority of applicants will apply for the program while still completing their Year 12 studies. Applicants who can demonstrate financial hardship are able to apply for assistance with the UMAT fee.

Stage 1 of the selection process ranks prospective students on their academic ability within their selection pathway. Applicants for the general pathway require a secondary school predicted Australian Tertiary Admissions Rank (ATAR) of 95% or above to apply and will be ranked for interview on the basis of their UMAT and predicted ATAR (50% of each). Applicants applying for the equity scheme will be eligible for the 'StepUp to Curtin' scheme which applies a bonus weighting of five extra marks to their ATAR. Applicants for the rural background pathway must provide proof of origin in an area classified as ASGC-RA 2-5 (MMM 3-7 after 2017) of at least five years since the commencement of primary school. If an applicant fits both equity and rural pathways, the five-point bonus may only be applied once.

The School will allow for only 8% non-school leaver students in total across all the selection pathways. These applicants require Year 12 chemistry and English equivalence, and may also be Curtin course switchers. An ATAR will be derived based on their course weighted average (CWA) from a completed degree or for partial completion of an undergraduate degree up to 2 years full-time (or part-time equivalent), and previous ATAR.

Stage 2 of selection process is the interview process where the highest ranked applicants from Stage 1 undertake a multiple mini interview (MMI). The number of interviews offered will be three times the required student numbers. The rural background and equity scheme pathway interview places will be ranked separately. Selection to the medical program for general, rural background and equity scheme places will be determined via ranking of a composite score made up of 40% (actual) ATAR, 20% UMAT and 40% MMI, and applicants will compete within their pathway. If there are insufficient qualified applicants for the rural or equity pathways, these places will revert to general quota places.

Applicants from the rural, equity or Indigenous pathways who meet general selection requirements will be grouped with the general pool (in both Stage 1 and 2), allowing space for more students from rural, equity and Indigenous backgrounds. Aboriginal and Torres Strait Islander students are encouraged however to select the Indigenous pathway (described below).

The School intends to undertake MMIs in December following ATAR examinations. Students who have an ATAR score which exceeds their secondary school's prediction will be offered MMIs in January. The MMI will involve eight stations and all interviewers will be volunteers from across the University and general community. Interviewers will be trained during late 2016, and any with an identified conflict of interest will be excluded. The MMIs were not yet developed, however the School advised that the interview process will be developed by the foundation staff in collaboration with Flinders Medical School and other members of the Faculty. The stations will be developed with a blueprint for the attributes the program is seeking in its students. The MMI will assess communication skills, motivation attitudes to learning, decision-making, ethical dilemmas and interest in and suitability for working in rural and regional settings. All interviews will be held on campus at the School. Rural applicants may be eligible for a scholarship to enable them to complete the UMAT.

Applicants who are Aboriginal or Torres Strait Islander peoples may apply through the other pathways but will be encouraged to make use of the pathway through the University's Centre for Aboriginal Studies (CAS). The Faculty has recently hired a Director Indigenous Engagement who will work with CAS on selection of Aboriginal and Torres Strait Islander applicants. However, allocation of work between CAS and the School is still to be determined (as discussed at Standard 1).

Aboriginal and Torres Strait Islander applicants making use of the CAS pathway will be assessed to determine academic aptitude for likely completion of the program. These applicants will be interviewed by CAS and the shortlisted applicants will be recommended to the School for admission. Applicants may be required to participate in the CAS tertiary enabling courses. CAS is in the process of developing a preparation for medicine bridging program. This will be offered in 2017 for the 2018 intake.

There are excellent existing supports for Indigenous students and Curtin University has a good record for both Indigenous student recruitment (facilitated through CAS) student retention and course completion. Notable programs include the Australian Indigenous Mentoring Experience

(AIME) and other outreach initiatives such as Addressing Higher Education Access Disadvantage (Curtin AHEAD) and enabling programs including UniReady and the Indigenous Tertiary Enabling Course (ITEC). CAS also provides material support to Indigenous students through textbooks, computers and iPad technology, and importantly a culturally safe place to meet at the Centre. There are also existing scholarships targeted towards disadvantaged groups.

The admission policies are in accord with the broader Curtin University-specific eligibility criteria for students from disadvantaged groups. Curtin offers specific entry pathways to low socio-economic, rural and isolated groups and Indigenous Australians. In addition there are general university policies around medical conditions, injury, caring requirements, financial hardship and family circumstances posted on the general university policy area around entry to university programs.

The School/University has proactive strategies to ensure they recruit and retain the diverse group of students targeted.

The selection process is defined in the School's draft *2017 Admissions Guide*. Following the team's visit, the School finalised the *Admissions Guide*, and provided evidence that the selection policies and procedures regarding the different entry pathways are transparent. The admissions guide is also available on the School's website.

The School has stated it will ensure that students identified with infectious diseases are offered assessment and referral to an appropriate specialist for advice. It has stipulated that all medical students must be immunised and those who are not will be referred to an infectious disease specialist for risk assessment. The Dean confirmed the intention to publish information regarding access for students with disabilities, and ability levels required for a career in medicine.

General information about admission to Curtin University and the admission appeals process is publically available. Of note, appeals relating to the Tertiary Institutions Service Centre (TISC) processes (including ATAR calculations) are directed to TISC, which acts on behalf of Curtin in such matters, and refers to Curtin if required. The School plans to publish its specific requirements on the University website soon.

The team commends the School on the engagement work it has done in liaising with local secondary school principals about student targets for the medical school, and for the programs in the University and the Centre for Aboriginal Studies which focus on underrepresented groups.

7.3 Student support

7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs.

7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including:

- students with disabilities and students with infectious diseases, including*
- blood-borne viruses*
- students with mental health needs*

- *students at risk of not completing the medical program.*

7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.

7.3.4 The medical education provider separates student support and academic progression decision making.

Curtin University has established student support services including the Student Transition and Retention Team (START) which implements a specific program for students entering from schools with lower university representation, students on equity scholarships and students from selected rural/isolated postcodes.

The University provides a student mentoring program involving Curtin alumni, counselling and disability services, and health services which include vaccinations and addressing students with infectious diseases. It provides student support services, programs addressing student diversity such as gender and culture, and the Curtin Careers Centre for students and alumni of up to 18 months to facilitate career management skills, particularly for career transitions. There is an active scholarships and financial assistance program including emergency student loans and relocation scholarships.

The School will encourage student feedback through the Curtin Annual Satisfaction Survey and the subject-specific eVALUate program. Exiting student cohorts report that student inquiries and concerns lodged through central facilities are responded to quickly.

The *Curtin 101* program involves 101 days of messages sent to new students via email, messaging or social media to orient and inform students regarding 'what to do, where to go, who can help and how to be more socially involved' at university.

The University has on-campus student accommodation which prioritises students from rural and remote areas over local students. The University also offers students living off campus assistance with finding accommodation.

The University has an active student guild which, along with School staff, plans to assist the medical students to establish a medical students' society and to establish links with the Australian Medical Students Association.

Other programs focussed on study include UniPASS which is a voluntary peer-facilitated academic assistance program which will be available to medical students for the interprofessional Year 1 units considered academically challenging by existing students. The School has spoken of its intention to assist the initial cohorts of students set up UniPASS tutoring programs for the medicine-specific subjects for future cohorts.

The University has existing processes to support students on clinical placements including phone counselling services. Medical students will also have access to the WA Doctors Health Advisory Service which includes a confidential 24-hour service. Remote student support is provided via contractors, local connections and other arrangements, many of which are already in place and supporting the Faculty's existing placement of health students in remote WA. The AMC will assess student support in clinical environments in detail in future.

The team commends the University and School on the existing and diverse support services available to Curtin students, particularly those to Indigenous students.

The School has described its intention to advertise both the general university support services and those specifically designed for medical students.

In terms of medical student-specific support, the School plans to use PBL tutors, who will be practising clinicians, to provide mentoring and student support for the initial cohort of students. The School intends to provide these clinicians with specific training in student support. It is planned that these PBL tutors will also review student results in the ePortfolio. The School recognises the challenges inherent in having assessors and mentors embodied in the same person and states it plans to separate these roles in future. The team recommends the School separate mentoring/learning coach roles from assessment roles as soon as practicable.

The School has plans to support medical students experiencing academic and personal difficulties. These plans include the use of mentors to assist in identifying students at risk of not completing the program. The Dean advised of plans to recruit student mentors for medical students in the initial cohort, initially from health professional courses like medical radiation science or from Curtin alumni who are now doctors. Developments in this area should be included in progress reports.

The team was informed that a *Medicine Undergraduate Guide* for 2017 would be developed and provided to students at orientation in February 2017. A copy of this guide should be provided to the AMC.

7.4 Professionalism and fitness to practise

7.4.1 The medical education provider has policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine.

7.4.2 The medical education provider has policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.

The University/Faculty has policies and procedures for managing students whose impairment raises concerns about their fitness to practise in their profession and for the management of professionalism issues.

The School is in the process of establishing guidelines for professional behaviour which will be developed from the document *Good Medical Practice: A Code of Conduct for Doctors in Australia*. The intention is that these guidelines will include a fitness to practise procedure which considers fitness to practise in relation to both professional behaviour and health. The School has indicated that the Professional and Personal Development theme leaders will consider this area using the Flinders guidelines as an initial plan. The team queried how the professional behaviour guidelines would interface with the generic university requirements and highlighted the often time consuming process of having these documents progress through the required university pathways for approval. The School is required to complete this work before students are enrolled, as issues of professional behaviour may arise early in the program.

The Faculty Director of Students advised that the Faculty has six other health profession programs requiring student registration with the Australian Health Practitioner Regulation Agency (AHPRA), and medical student registration will fit with this process well. The Faculty is familiar with the threshold for notification to AHPRA and indicated it has made notifications numerous times.

7.5 Student representation

7.5.1 The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.

At a university level, students are represented on all significant committees, including the University Learning and Teaching Committee, University Admissions Committee and the Student Services and Amenities Fee Expenditure Committee. Similarly, student representation is reflected at the existing faculty, school and program level.

The School will have significant student representation on its committees. The Curriculum Committee will have three students, one from each of Year 1, Years 2/3 and Years 4/5. The four theme committees and the PBL Subcommittee will each have a student representative (year level not specified), and a postgraduate student will be on the Research Committee, the School Executive Committee and the Advisory Board. The Admissions/Selection Committee will have a student from 2019 (year level not specified), the Evaluation Subcommittee will have student representatives from each year and clinical site, and the Assessment and Progression Subcommittee will have a student representative (year level not specified), though the terms of reference require the student not be present when individual students are discussed.

In addition, the Dean has made a commitment to meet regularly with the year level representatives. In 2017, the Dean will meet with the Year 1 representative monthly, and from 2018 onwards, as the number of years grows the meetings will drop. By 2021 with all five years in the program, each year representative will meet twice a year with the Dean.

The team commends the School's plan for student representation in its governance to provide timely input into the program. The team suggests that the School will need to develop year level stipulation for the student involvement (where not currently specified) as the program rolls out.

7.6 Student indemnification and insurance

7.6.1 The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.

The School has stated that medical students will be covered by the existing Curtin University Personal Accident, Public Liability and Professional Indemnity insurance cover. This applies to all students enrolled at the University and participating in approved study with a limit of A\$300 million per claim (and A\$300 million for all claims in any one year).

8 Implementing the curriculum – learning environment

8.1 Physical facilities

8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to achieve the outcomes of the medical program.

The construction of the Medical School building on the Curtin main campus at Bentley is on-track for completion in May 2016, and has the advantage of being adjacent to the University's health sciences precinct. The five storey building is 6,250 square metres and has 24 clinic rooms suitable for OSCEs and multiple mini interview use, and open learning space on every floor. The School will reach full capacity in 2027 and the new building will adequately accommodate the students and School staff members.

In the interim the building will accommodate more general teaching groups, notably in health sciences. The University is commended on the design and construction of the medical school building, and the campus health precinct approach. It will be an exciting challenge to maintain the value of the shared arrangements within the School building in terms of supporting interprofessional learning once at capacity.

Existing facilities available to be shared with the medical students at the Bentley campus include laboratories and resources. Capacity seems to be adequate for biomedical sciences teaching with access to microbiology, pathology, human biology and anatomy laboratories. These have state of the art technology including *Anatmage* virtual dissection hardware, and both physical and timetabling capacity. Additionally, the Dean advised he had committed \$60K in 2016 to the purchase of 3D-printed soft plastic anatomical models for medical student use in the new building.

There are simulation training areas and adequate lecture theatres available. The learning and teaching centre used by Nursing provides space for scenario teaching, and is a potential resource available to the medical program, pending timetabling.

The team visited the Curtin Health Innovation Research Institute building and facilities at Bentley and formed the view this infrastructure represents a strong environment to support research. This building has been recently refurbished with a \$35M investment and accommodates a range of basic sciences and clinical research capacity. There is also capacity for research support including higher degree by research students in the new medical school building. The Perkins Institute will provide access to research-led teaching into the program particularly in Year 3. Membership of the Western Australian Health Translation Network will provide a range of networked and exciting future capacity for the School.

The Centre for Aboriginal Studies will provide a safe resource space and supportive staff for students of Indigenous background. This will articulate with the teaching of Indigenous health in the program and is a strength.

The Faculty of Health Sciences offers an Interprofessional Health and Wellness Centre for the general public, with clinics staffed by students under supervision. This training site will include medicine in due course.

Substantial town planning at Bentley is revamping the local environment and this includes student accommodation. Public transport improvements are also being made.

The School will have five main regional clinical school sites at Midland, Bentley/Armadale, Fiona Stanley, Peel and Rural.

The Midland Health Precinct is located thirty minutes from Bentley in east Perth. It includes the 307 bed St John of God Midland Public Hospital, which opened in 2015 following the closure of the Swan District Hospital. It provides free hospital services for patients in Perth's east metropolitan and Wheatbelt regions, and is operated under a public private partnership between the State Government and St John of God Health Care. It has a strong focus on Aboriginal health, with a large Aboriginal population and Aboriginal staff.

The team visited the Midland Health Precinct and observed that the existing facilities include quality space for student study and access to IT services. A new \$22M multi-disciplinary clinical school is scheduled for completion in 2019, which will include the necessary learning spaces such as lecture theatres, simulation facilities and learning centre. Once completed, the facilities will be appropriate for the number of Curtin medical students planned. There should be close alignment with the hospital staff, administration and the University in planning this facility, and this collaboration has started. St John of God is keen to include students in its social outreach clinics including Aboriginal health, mental health and drug and alcohol, which will only strengthen the breadth of training in urban locations.

The Fiona Stanley Hospital in Murdoch, located thirty minutes south west of Curtin, is a large 783 bed public hospital opened in 2015. The team visited the site and observed the education building with lecture rooms, simulation and clinical skills facilities. There is a library/study space and the wards have adjacent tutorial rooms. The educational facilities have capacity for additional students and will offer an excellent clinical learning environment. The costs of education support will need to be partly borne by the University. Also close to Murdoch are the Cockburn Integrated Health GP Superclinic, which is available to take Curtin students, and the St John of God Private Hospital, which is to be confirmed as a clinical placement site.

The Peel Health Campus at Mandurah is located one-hour south of Perth. Peel is a 193 bed public and private hospital owned and operated by Ramsay Health Care under a public-private partnership with the State Government. It has an emergency department with 46,000 presentations per year, has 1,100 deliveries a year, and offers a large range of acute and community care, including aged care facilities, paediatrics, Aboriginal Medical Service and primary care practice. The Campus has some existing education rooms and a simulation room and the Peel Health Foundation is seeking to co-fund a student learning space (regional clinical school) if an agreement can be reached with other partners. Student facilities at Peel will require assessment by the AMC in future.

The site called Bentley/Armadale includes Royal Perth Hospital (RPH), twenty minutes north of Curtin, and the Bentley Hospital ten minutes from Curtin. RPH is a large tertiary care provider with 855 beds, a busy emergency department, and mental health unit. Midland refers its tertiary cases to RPH while maternity services have moved to Bentley and the Fiona Stanley Hospital. Bentley Hospital is a facility of the Royal Perth Group, and is a 199-bed hospital offering maternity, mental health, aged care and rehabilitation services. RPH has existing lecture and tutorial rooms. Student facilities at RPH and Bentley will require assessment by the AMC in future.

Armadale Kelmscott District Memorial Hospital is a 290-bed public hospital, 30 minutes southeast of Curtin, and while primarily a Notre Dame Fremantle placement site, the School has

identified it as potentially taking a small number of Curtin students. The Perth Children's Hospital at Nedlands (to open 2016) has also been identified as a potential paediatric clinical placement. If placements eventuate, student facilities at these sites will require assessment by the AMC.

The rural clinical sites were yet to be determined at the time of the assessment. Negotiations were underway with the Rural Clinical School of WA (refer to standard 8.3). The School has identified its preferred areas for rural placements as the Kalgoorlie/Boulder, Pilbara, Peel/Murray regions, the Wheatbelt region and Geraldton. Expansion in the rural locations would require significant capital and recurrent investment into the Rural Clinical School of WA, especially around student accommodation. Updates will be required in future progress reports.

8.2 Information resources and library services

8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.

8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.

8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.

Sophisticated and dispersed ICT capacity exists at Curtin University with the central University ICT systems and support teams. Curtin ICT is responsible for iLectures and learning technology in the University. Blackboard is the central learning management system, Microsoft is used for email, and Netspot runs Echo360. Webex is to be rolled out in 2016 for students to organise their own meetings and new IT applications can be developed with robust systems. There are systems in place to track students in different courses and provide real-time feedback on student progress. Adaptive release within Blackboard and other support mechanisms are in place to monitor medical students' progress specifically.

Faculty students commented they liked the flexibility provided by iLectures that can be downloaded, though reported iLecture quality varied depending on the lecturer. Curtin ICT is proud of their flexibility and responsiveness, and student and staff satisfaction rates are around 85%.

There is excellent ICT capacity to provide support at remote and dispersed locations and Curtin University has had distributed classroom technology in place for three years, allowing synchronous and asynchronous learning, and has had success with other health profession students at remote sites. The ICT team has developed self-help IT support tools for dispersed students and has a 24-hour ICT help line via the Library. Overall, the ICT resources should meet the needs of the program and its students.

The Curtin ICT team trains and supports academic staff in the development of learning resources, and the delivery of new platforms and systems for learning and teaching, ensuring consistency and usability. Faculty Learning Engagement Teams have been provided in a recent restructure within ICT to link to the course delivery areas of the University. Student-initiated work is also well supported.

The T L Robertson Library on main campus provides excellent services and facilities with an enthusiastic and ready team. Greater involvement of the library's staff in relevant curriculum planning is suggested. The library has a number of group study zones, computers, and laptops, as well as Wi-Fi. The library provides online access to a wide range of materials such as databases, eBooks and journals permitting 24-hour access for staff and students. The library carries a wide range of health-related resources already. Library funding for the medical program is supplied centrally and will be released on an annual basis. Funds of \$100K had been approved for new medical library acquisitions in 2017, with a total of \$700K in the forward budget to ensure adequate resources are available to the medical students.

Library resources are available at Fiona Stanley Hospital, St John of God Murdoch Hospital, Royal Perth Hospital, Armadale, and at Curtin in Kalgoorlie. Library services are not available at Midland although there was quality learning space and access to IT.

Curtin is commended on its library and ICT resources that will be available to the medical program, staff and students.

8.3 Clinical learning environment

8.3.1 The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, and is appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice.

8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.

8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Maori.

8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.

The School has outlined its clinical placement strategy with approximate placement numbers at several appropriate locations. The outer metropolitan and rural/regional areas of Western Australia will be the School's primary areas, in addition to Fiona Stanley Hospital and the new Perth Children's Hospital. The School states it has identified clinical placement sites that are known to be underutilised for medical students, and at sites planned for expansion. The team notes that the growth of Curtin's student placements from Year 4 in 2020 aligns with the anticipated growth in clinical need in Western Australia.

There is limited patient contact in Year 1. Students working in pairs will be linked with a senior citizen in one of five local aged care settings. Students will do an orientation visit and then visit a minimum of six times during the year, to learn about communicating with the elderly, the impacts of aging and the patients' experiences with the healthcare and aged care systems. Each visit is followed by a group reflective class on campus.

In Year 2, students will be involved in supervised clinical visits and short placements in the community, in aged care, general practice, clinics and smaller hospitals. In the second half of Year 3, students will again attend aged care settings, general practice or Aboriginal Medical

Services. The frequency and duration of these visits is to be confirmed. The School has identified a range of community health services which have agreed to take students.

In Year 4 (from 2020), students will undertake clinical placements across the five proposed clinical school sites. The School has modelled a proposal based on 100 students, with approximately 24 students at Fiona Stanley/St John of God Murdoch, 32 at Midland, 8 at Armadale/Bentley, 10 at Peel and 26 at Rural (detail regarding the curriculum and placement models is provided under standard 3.2). Required numbers of general practice placements out of each clinical school have been noted. Details regarding the Year 4 proposed longitudinal training model will be required in due course.

In Year 5, modelling on 100 students has been proposed across a range of sites with core placements in medicine, surgery, emergency and mental health, and additional potential placements to be advised.

Table 4: Summary of clinical training locations, Years 4 and 5

N.B. Based on 100 students per year

Site	Year 4 predicted	Year 5 predicted	Status of agreement	Capacity for predicted students
Midland precinct, with links to Wheatbelt, AMS, and clinics	32 (incl. 16 GP tbc)	10 (med, surg, ED, mental health)	Signed March 2016 GP agreements TBC	Yes
Fiona Stanley	16 (incl 12 GP tbc)	15 (med, surg, mental health)	Uncertain	Yes
Murdoch St John of God	8		Uncertain	
Peel Health Campus	10 (incl 8 GP tbc)	7 (5 ED, 2 mental health)	Signed April 2016	Yes
Rockingham		6 (2med, 2surg, 2mental health)	Uncertain	
Bentley/Armadale	8 (incl 4 GP tbc)	4 Bentley (2ED, 2 mental health) 2 Armadale (2 ED)	Uncertain	Yes
Rural	26	8+	No	Yes
Additional		2 Wheatbelt 4 Karratha (2 med, 2 surg)	Uncertain	Yes
Undesignated (TBD rural, mental health, Paeds)	-	20	Uncertain / no	
Electives (TBD)	-	20	Uncertain / no	TBD
Approx. totals	100	100		TBD

The School has advised that the capacity for clinical placements at these sites has been agreed by hospital executives. The team learned from its discussions with Midland, Peel, and Bentley that there was agreement in general terms that the sites had adequate capacity to take the proposed numbers of Curtin students. Peel has definite capacity and great enthusiasm to provide a broad clinical experience for medical students. Bentley indicated adequate capacity

and its strong desire to take students given the Royal Perth Hospital's proud tradition of being a premier teaching hospital.

At Fiona Stanley Hospital, the capacity for clinical placements remains uncertain. The team heard that placements in medicine and surgery are popular though other areas are underutilised, and the Hospital was in the process of mapping clinical placements. The team is confident that places will be available for Curtin students at Fiona Stanley Hospital.

Clinical training places at Royal Perth Hospital, Rockingham and Nedlands (Children's Hospital) are yet to be finalised by formal agreement.

Overall, the team considers that there will be adequate clinical placement capacity for the full cohort of Curtin students. Agreement of specific numbers for the range of clinical placement sites and discipline areas remains a work in progress. Evidence of sufficient patient contact to achieve the program outcomes and of sufficient clinical teaching facilities to provide clinical experiences are required in future.

There are preliminary plans to continue interprofessional learning through the program including at the Cockburn Integrated Health Superclinic, through online workshops and in clinical training environments. Research training opportunities including a gap year can be accommodated and are actively supported by the team.

Input to Aboriginal and Torres Strait Islander training is strong in Year 1 and staff are appointed to ensure vertical application in Years 2 to 5. The School will be well placed to deliver excellent clinical learning and teaching in Aboriginal health in a range of locations, particularly at the Midland Health Precinct with the opening of its clinical school in 2019, and also at Peel. Both of these sites are adjacent to busy Aboriginal Medical Services. There are existing relationships with Aboriginal community settings in schools and a housing development, and the Centre for Aboriginal Studies is exploring with the School links with Derbarl Yerrigan Health Services which provides clinical services in the Perth region. The School's plans to coordinate placements via an Indigenous Placement Coordinator are commended. Student experience in provision of culturally competent Aboriginal health care should be a major strength of the School in future.

The School will be the third medical school in the state alongside the University of Western Australia and the University of Notre Dame Australia, School of Medicine, Fremantle. The team met separately with the Deans of these schools and the Western Australia Department of Health, and while a plan for the co-located schools to manage their clinical sites and placements had not been clarified there was acceptance and general good will among the parties. Stronger collaboration is encouraged with the other medical schools and WA Department of Health.

The team considers that decisions about equitable access to clinical placements and clarification of an agreed clinical school and placement model will need to include significant discussion at the WA Department of Health level. The initial student numbers and expansion goals toward 2022, and the clinical placements required, need to be negotiated and agreed by the three medical schools. Consultation around rural sites and allocations may also need to involve the Department of Health.

Following the site visit, the School provided a report detailing significant progress on consultations with the other two medical schools in Western Australia. It is clear these discussions have resulted in a joint collaborative approach around access to clinical placements

to ensure adequate clinical facilities and supervisors for the program's clinical years. The School has joined the Rural Clinical School of WA with 15 students obtaining rural clinical placements in 2020. The team encourages the Curtin Medical School to continue to develop the relationship with the other medical schools to ensure a collaborative approach in managing the clinical environment, and to continue to report on progress in this area.

8.4 Clinical supervision

8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.

8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.

8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.

8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.

The School intends to use a supervision model that draws on public and private facility doctors, general practitioners, clinical supervisors employed by the University, and interprofessional supervision. It plans to appoint clinical deans at its four clinical school sites. It also aims to appoint heads of discipline at its sites, though recognises that not each site may have all discipline heads. It will negotiate adjunct titles or supervisory roles with individuals. It will be necessary to engage with a balance of hospital consultants and primary care practitioners for the range of clinical placements planned.

The model for clinical supervision is yet to be confirmed by the School pending confirmation of clinical placements. Additionally, Midland as a new hospital requested that the School allow the hospital and clinicians time to become established prior to holding supervisor meetings.

The School has a commitment to hands-on and immersion experiences, with a mixture of didactic and real-life experiences in the clinical environment. There is previous experience from clinical tutors in offering this training.

The School has engaged with around 100 future clinical supervisors from a wide range of medical backgrounds. The team met a number of supervisors who all expressed enthusiasm to teach Curtin students for a range of reasons, including that they supported Curtin's purpose and its school-leaver medical program, they had capacity to take students and supervise, and their discipline/region required more doctors. The team recognises the School has a sound basis to develop a good clinical supervision system given the interested and active clinicians from a wide range of areas with capacity.

The School has plans to support clinical supervisors with clear student learning outcomes, strong coordination and communication from the School, and opportunities for professional development in clinical supervision.

The School's Director Learning and Teaching has plans to develop orientation, training and monitoring processes for clinical supervisors. The Faculty's Learning and Teaching staff have expertise in supporting clinical supervisors. The Faculty runs training for clinical supervisors, both one- and three-day courses, and can tailor the training to be medicine specific and at

clinical sites as needed. The School will have access to well-developed clinical supervisor training packages, and mentoring and support.. Curtin offers a graduate certificate in education that supervisors can complete, and it offers short courses in learning and teaching.

Ongoing interaction with interprofessional learning (IPL) in the clinical environment was identified as a possibility from the clinicians and will need to be linked with online IPL workshops and community placements.

There will be challenges in managing supervision and clinician engagement across multiple sites, and investment will need to be made. The team recommends that the School strengthen its plans to train and support tutors in the professionalism domain.

The School plans to work with facilities to ensure time is allocated for teaching, and will clarify requirements in service agreements. Evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility will be required in due course, as will processes for supervisor training, monitoring and support. Overall, the team considered that clinician workload did not appear to be a barrier to clinical training.

The School plans to define responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements for the student, the facility coordinator, the facility clinical supervisors and Curtin clinical tutors. Details will be required in the future.

Overall, the team considers that there will be adequate clinical placement capacity and that the School is in a good position to further develop effective relationships with a range of clinical supervisors in order to deliver quality clinical experiences in the medical program.

Appendix One Membership of the 2016 assessment team

Professor David Ellwood (Chair) MA, DPhil, MB, BChir, FRANZCOG, CMFM, DDU
Professor of Obstetrics and Gynaecology, Deputy Head of School Research, School of Medicine, Griffith University; Chair of AMC Medical School Accreditation Committee; Gold Coast Health District - Director of Maternal-Fetal Medicine

Professor Richard Hays (Deputy Chair) MBBS, PhD, MD, DipRCOG, FRACGP, FACRRM, FRCGP, FACGP
Professor of Medical Education and Dean of Medicine, School of Medicine, University of Tasmania

Professor Annemarie Hennessy MBA PhD MBBS FRACP
Dean, School of Medicine, University of Western Sydney

Professor Jan Provis PhD BSc (Hons)
Associate Dean Phase 1 (Teaching and Learning), Professor of Anatomy, Australian National University Medical School

Dr Anna Ryan PhD MBBS BApp.Sc (Clin)/B.Chiro.Sc GradCert Uni Teaching
Senior Lecturer/Medical Education Senior Fellow, Department of Medical Education, Melbourne Medical School, University of Melbourne

Ms Stephanie Tozer
Manager, Medical School Assessments, Australian Medical Council

Ms Fiona van der Weide
Accreditation Administrator, Australian Medical Council

Appendix Two Groups met by the 2016 assessment team

Senior leadership

Chief Financial Officer
Deputy Pro Vice-Chancellor, Faculty of Health Sciences
Deputy Vice-Chancellor (Academic)
Director, Centre for Aboriginal Studies
Pro Vice-Chancellor Health Sciences
Provost and Senior Deputy Vice-Chancellor
Vice President, Corporate Relations
Vice-Chancellor

Faculty of Health Staff

Acting Dean, Learning and Teaching
Associate Dean and Course Coordinator, Curtin Medical School
Faculty Business Manager, Faculty of Health Sciences
Dean, Curtin Medical School
Dean, International, Faculty of Health Sciences
Dean, Research and Graduate Studies, Faculty of Health Sciences
Dean, Learning and Teaching, Faculty of Health Sciences
Director, Interprofessional First Year
Director, Students, Faculty of Health Sciences
Director, Learning and Teaching, Curtin Medical School
Faculty of Health Sciences Librarian
Head, School of Biomedical Sciences
Head, School of Nursing, Midwifery and Paramedicine
Head, School of Occupational Therapy and Social Work
Head, School of Pharmacy
Head, School of Physiotherapy and Exercise Science
Head, School of Psychology and Speech Pathology
Head, School of Public Health
School Business Manager, Curtin Medical School

School and Faculty Committees

Assessment Committee
Centre for Aboriginal Studies

Director, CHIRI Biosciences Research Precinct
Evaluation staff
Faculty Leaders Group
Health and Illness in Society Theme Committee
ICT Systems and support staff
Patient and Doctor – Clinical Practice Theme Committee
Professional and Personal Development Theme Committee
Research Committee
Scientific Foundations of Medicine Theme Committee
Selection Committee
Student Support Committee
Learning and Teaching Committee
Year 1, Interprofessional First Year Leadership
Year 2 and 3 Committee, Curtin Medical School
Year 4 and 5 Committee, Curtin Medical School

Students

Representatives from Curtin Student Guild
Representatives from Interprofessional First Year, Faculty of Health Sciences

Clinical sites

Bentley / Royal Perth Hospitals

Executive Director, Royal Perth Hospital
Medical Co-Director

Rural Clinical School of Western Australia

Head, RCS WA

Fiona Stanley Hospital

Assistant Director, Fiona Stanley Hospital
Clinicians
Director, Medical Education, Fiona Stanley Hospital

Peel Health Campus

Chief Executive Officer

St John of God Midland Public and Private Hospitals

Chief Executive Officer

Clinicians

Director, Medical Services

National Medical Director, St John of God Healthcare

Stakeholders

Department of Health, Western Australia

Acting Director of Workforce and Clinical Planning

Medical Advisor

Representative Post-graduate Medical Education

Health Consumers Council

Community, Consumer and Engagement Coordinator

University of Notre Dame Australia, School of Medicine Fremantle

Dean, School of Medicine

University of Western Australia

Dean, Faculty of Medicine, Dentistry and Health Sciences

