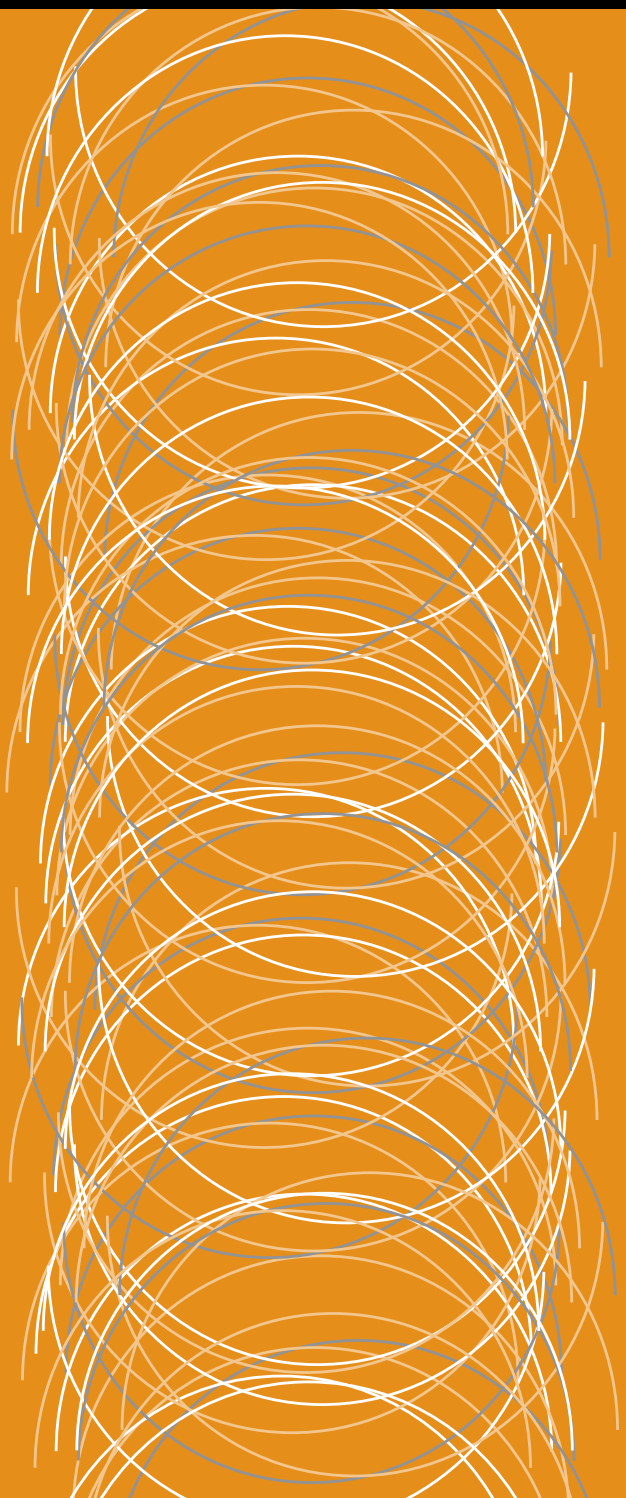
Australian Medical Council Limited

# Accreditation of The University of Sydney Sydney Medical School

AMC



Medical School Accreditation Committee
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Australian Medical Council Limited

Australian Medical Council Limited
PO Box 4810
KINGSTON ACT 2604

Email: amc@amc.org.au
Home page: www.amc.org.au
Telephone: 02 6270 9777
Facsimile: 02 6270 9799

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## Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

## Executive summary 2021

### Accreditation process

According to the Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018, accredited medical education providers may seek an assessment of proposals for major change in programs of study.

The Australian Medical Council (AMC) defines a major change in an accredited program or education provider as a change in the length or format of the program including the introduction of new distinct streams; a significant change in educational outcomes; a substantial change in educational philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes resulting from a major reduction in resources leading to an inability to achieve the purpose and/or outcomes of the program are also major changes. While the gradual evolution of a medical program in response to initiatives and review would not be considered a major change, the AMC may regard a number of minor changes in the areas listed as collectively constituting a major change.

In June 2018 the University of Sydney, Sydney Medical School notified the AMC of intended changes to its Doctor of Medicine program.

The notice of intent outlined several proposed changes to the program in areas such as curriculum content, volume of learning and compressed activity, student selection pathways; and clinical experience and immersion. The School indicated the revised program will lead to the award of Doctor of Medicine planned for commencement in 2020.

The AMC Medical School Accreditation Committee reviewed the notice of intent at its 13 July 2018 meeting and agreed that the changes proposed by the Sydney Medical School would be classified as a major change.

The School was invited to submit a Stage 1 submission for accreditation of a new program. This was accepted by the Committee. As a result, the AMC Directors' 11 April 2019 meeting agreed to invite the School to submit its proposals for assessment by visit from an AMC assessment team in July 2019.

An AMC team reviewed the School's submission and the student report, and visited the School's Camperdown campus and associated clinical teaching sites in the week of 8 July 2019.

Following consideration of the 2019 AMC Accreditation Report and recommendations from the AMC Medical School Accreditation Committee, AMC Directors at The 31 October 2019 meeting of AMC Directors agreed:

(i) that the four-year Doctor of Medicine (MD) medical program (MD2020) of the University of Sydney, Sydney Medical School be granted accreditation to **31 March 2025**; and

(ii) that accreditation of the program is subject to the meeting the 29 conditions described in the report [and summarised at Appendix Three] and to meeting the monitoring requirements of the AMC,

including satisfactory progress reports and follow-up on the implementation of the medical program in 2021.

In 2020, the University of Sydney, Sydney Medical School provided a progress report to the Medical School Accreditation Committee in 2020, in which the Committee determined that the School had demonstrated that it had satisfied a number of the conditions.

In 2021, a small AMC team reviewed the School's 2021 Progress Report and undertook a follow up assessment, as stipulated by AMC Directors. Due to travel restrictions resulting from the pandemic the assessment was conducted via a series of online meetings.

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 that provides it, meet the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards and the imposition of conditions will ensure the program meets 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.

**The AMC is satisfied that the medical program of the University of Sydney, Sydney Medical School substantially meets the approved accreditation standards.**

The 9 December 2021 meeting of AMC Directors agreed:

(i) that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School's continues to substantially meet the accreditation standards;

(ii) that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School's accreditation be confirmed to 31 March 2025;

(iii) that accreditation of the program continues to be subject to the meeting of the following remaining accreditation conditions and the monitoring requirements of the AMC, including satisfactory progress reports.

| Condition number | Condition | Due to be met by |
|---|---|---|
| 8 | Provide evidence that the clinical learning experiences for each discipline will remain comparable across all instructional sites. (Standard 2.2) | 2022 |
| 17 | Evaluate the workplace-based skills assessments to identify whether students are assessed on a sufficient breadth of skills. (Standard 5.2) | 2023 |
| 21 | Evaluate and report on the implementation of the portfolio dashboard to be utilised by Learning Advisors. (Standard 5.3) | 2022 |

A summary of the conditions, recommendations and commendations resulting from the 2019 accreditation assessment is at Appendix Three.

## 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 the approved 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, a member with background in, and knowledge of, health consumer issues, a Māori person and an Australian Aboriginal or Torres Strait Islander person.

The AMC appoints an accreditation assessment team to complete an accreditation assessment. The medical education provider's accreditation submission forms the basis of the assessment. The medical student society is also invited to make a submission. Following a review of the submissions, the team conducts a visit to the medical education provider 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, together with a recommendation on accreditation to the AMC Directors. The Directors make the final accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

The AMC and the Medical Council of New Zealand have a memorandum of understanding that encompasses the joint work between them, including the assessment of medical programs in Australia and New Zealand, to assure the Medical Board of Australia and the Medical Council of New Zealand that a medical school's program of study satisfies approved standards for primary medical education and for admission to practise in Australia and New Zealand.

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, the Faculty and the School**

Founded in 1850, the University of Sydney is Australia's oldest University. The University is organised into six Faculties:

- Arts and Social Sciences
- Business
- Engineering
- Health Sciences
- Medicine and Health
- Science.

And three University Schools:

- Architecture, Design and Planning
- Conservatorium of Music
- Law.

The University employs 7945 staff including 3559 Academic staff members who teach 35,351 undergraduate and 25,958 postgraduate students. The Faculty of Health and Medicine teaches a total of 6748 students.

The newly formed Faculty of Medicine and Health is composed of six Schools:

- Sydney Dental School
- Sydney Medical School
- School of Medical Sciences
- Sydney Nursing School
- Sydney Pharmacy School
- Sydney School of Public Health.

The current University of Sydney Medical Program curriculum was introduced in 1997, when an integrated four-year graduate-entry course replaced an undergraduate-entry course. In 2014, a Doctor of Medicine (MD) degree replaced the previous Bachelor of Medicine & Bachelor of Surgery (MBBS) degree, with the first MD cohort graduating at the end of 2017. The AMC conducted a review of the Medical Program in 2015, and the MD program was reaccredited in 2016.

The program features clinical exposure through the following clinical schools:

- Central Clinical School (Royal Prince Alfred Hospital)
- Concord Clinical School
- Westmead Clinical School
- Nepean Clinical School
- Northern Clinical School (Royal North Shore Hospital)
- Clinical School of the Children's Hospital at Westmead

- The School of Rural Health:
  - Dubbo
  - Orange.
- The University Centre for Rural Health, Lismore
- The University Department of Rural Health, Broken Hill.

As a part of the Murray Darling Medical Schools Network, the University of Sydney has plans to deliver all four years of the program at Dubbo in the future. The AMC has assessed the details of the implementation of the Murray Darling Medical School Network in Dubbo via a separate process.

Student enrolment consists of 912 Commonwealth Supported Places, averaging 228 per cohort. The program does not currently enrol any domestic, full-fee paying students and is committed to a maximum international student enrolment of 25% of each cohort, bringing the target enrolment to 304 per cohort.

**Accreditation Background**

The medical program was first assessed by the AMC in 1993 as a six-year undergraduate Bachelor of Medicine / Bachelor of Surgery (MBBS) program. In 2013, the School submitted advice that the medical program would change to a Doctor of Medicine (MD) from 2014; an AMC assessment team conducted an accreditation assessment in 2015. A summary of the program's AMC accreditation history since 2015 follows.

***2015 Reaccreditation assessment***

The AMC last conducted a reaccreditation of the School in August 2015. The MBBS medical program was granted accreditation to 31 March 2020 to facilitate the teach out of the program. The MD medical program was granted accreditation to 31 March 2022. Both programs' accreditation was subject to satisfactory progress reports.

***2016 – 2017 Monitoring of the program***

The School's 2016 progress report was reviewed by the Medical School Accreditation Committee in November 2016. The Committee considered the commentary of an independent reviewer along with the School's report and the student society's report. Overall, the Committee agreed that the progress was satisfactory and accepted the report.

The Committee considered the School's 2017 progress report in November 2017 and found that the School continued to meet the accreditation standards. The School was invited to submit a Progress report in 2018.

***2018 Notification of proposed changes to MD program***

In June 2018, the School notified the AMC of intended changes to its MD program.

The notice of intent outlined several proposed changes to the program in areas such as curriculum content, volume of learning and compressed activity, student selection pathways, and clinical experience and immersion. The School indicated the revised program will lead to the award of MD planned for commencement in 2020.

The School was invited to submit a Stage 1 submission for accreditation of a new program. This was accepted by the AMC Medical School Accreditation Committee and was approved by the AMC Directors

on 11 April 2019. Following this, the School was invited to submit a Stage 2 Stage 2 submission, which was the basis for an assessment by an AMC Team in 2019.

The assessment was undertaken and, on 31 October 2019, AMC Directors agreed:

(i) that the four-year Doctor of Medicine (MD) medical program (MD2020) of the University of Sydney, Sydney Medical School be granted accreditation to **31 March 2025**; and

(ii) that accreditation of the program is subject to the meeting the 29 conditions described in the report and to meeting the monitoring requirements of the AMC, including satisfactory progress reports and follow-up on the implementation of the medical program in 2021.

In 2020, the University of Sydney, Sydney Medical School provided a progress report to the Medical School Accreditation Committee in 2020, in which the Committee determined that the School had demonstrated that it had satisfied a number of the conditions set in the 2019 assessment.

### *2021 Follow up Assessment for the MD program and material change proposal for Dubbo*

As part of the accreditation decision in 2019, AMC Directors set a requirement for a follow up assessment to review progress on any outstanding conditions. In 2021, a small AMC team reviewed the School's 2021 Progress Report and undertook a follow up assessment, as stipulated by AMC Directors. Due to travel restrictions resulting from the pandemic the assessment was conducted via a series of online meetings.

### This report

This report details the findings of the 2019 major change assessment and the 2021 follow up assessment on the conditions set in 2019 that had not been satisfied at the time of the assessment.

Each section of the accreditation report begins with the relevant AMC accreditation standards.

The members of the 2019 and 2021 AMC teams are at **Appendix One**

The groups met by the AMC team in 2019 in Sydney and Dubbo, New South Wales and online in the 2021 follow up assessment are at **Appendix Two**.

The summary of the conditions, recommendations and commendations resulting from the 2019 and 2021 assessments are at **Appendix Three**.

### Appreciation

The AMC thanks the University and the Sydney Medical School for the detailed planning and the comprehensive material provided for the team. The AMC 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 of Sydney has trained medical students since 1856, and commenced a four-year Graduate Medical Program in 1997, which became a Level 9 Masters (Extended) MD program in 2014. This program is accredited until 2022.

In 2018, the Faculty of Medicine and Health was created at the University of Sydney, incorporating the former faculties of Medicine, Dentistry, Nursing and Midwifery, and Pharmacy. In 2020, the Faculty of Health Sciences will join the Faculty of Medicine and Health, with the Faculty then comprising the Schools of Medicine, Public Health and Medical Sciences (formerly parts of the Faculty of Medicine), Dentistry, Nursing and Midwifery, Pharmacy and Health Sciences. In mid-2018, the Foundation Executive Dean of the Faculty of Medicine and Health was appointed. The Faculty Executive Dean reports to the Provost and Deputy Vice Chancellor.

The Faculty is governed by a faculty board, with representation from all academic schools, including the medical school and its constituent clinical schools. The Faculty Board makes recommendations on governance, which are forwarded for approval to the Senate and modifications to Education Programs, courses and Units of Study, which are then forwarded to the University Academic Board for final decisions. The Faculty Leadership Group includes the Executive Dean, two Deputy Executive Deans (Academic and Research Partnerships), eight Associate Deans, the Heads of Schools and senior professional staff (Faculty General Manager and Director of Strategy and Partnerships). The new Faculty arrangements are undergoing some refinement related to embedding the structures and various responsibilities of the Schools and the new Central Faculty. The School of Health Sciences will be incorporated into the Faculty in January 2020. Precise arrangements between the Faculty and School are yet to be fully operationalised, as the Faculty engages with, and looks to leverage from, the advantages of the new structure. The AMC looks forward to receiving updates as these structures develop and mature.

The School is led by the Head of School and Dean, who is supported by the Sydney Medical School Executive, comprising three Clinical School Heads, the School Manager, the Operations and Project Manager, the Director of the Sydney Medical Program, the Director of Professional Medical Education, the Research Advisor to the Sydney Medical School, and a Discipline Committee representative. The Disciplines Committee is made up from the 22 appointed Heads of Discipline from across the Schools of Medicine and Medical Sciences, and they have responsibility for providing expert input in various teaching programs, influencing the research agenda and providing cohesion to academics.

The Sydney Medical School Executive Committee meets weekly. In addition, a Sydney Medical School Advisory Committee meets four to five times per year to provide advice to the Dean. The membership includes members of the Executive, Heads of Clinical Schools and Heads of Clinical Disciplines. The AMC

looks forward to hearing more details of the function of this committee and matters on which it provides advice.

The Clinical Schools, which are within the Sydney Medical School, are critical contributors to the Program, as are the Schools of Medical Sciences and Public Health. The Program is governed by the MD Program Committee, supported by the Curriculum Management, Admissions, Assessment Strategy, Evaluation, and Portfolio Committees. The MD Program Committee is chaired by the Director of the Program. There are clear terms of reference for each of the committees and the subcommittees are well represented on the MD Program Committee. That being said, it was recognised that the Portfolio Committee and the associated sub committees are forming, and there was some lack of clarity regarding the interaction between the MD Program Committee and the Curriculum Management Committee, as there appears that there may be considerable overlap in content and responsibility. It is recognised that the governance structure for the new Program is evolving, especially as the program is yet to be delivered, and the AMC looks forward to hearing more about the functioning of these important structures.

The new Program was devised after careful reflection and consultation by the Sydney Medical School, and was informed by the University of Sydney Strategic Plan, the 2016 AMC Accreditation Report, the national intern preparedness surveys, the announcement of the Murray Darling Medical Schools Network, and review and consultation by the School. A Community Engagement Advisory Committee is currently being formed which is intended to provide the School with input from a diverse range of stakeholders. Membership is expected to be drawn from the School's metropolitan and rural clinical schools. This committee reports directly to the Dean and Head of School. The School is to be congratulated for the consultation it has conducted which has informed the development of the Program.

### 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.*

It is clear from the way that the Program has been designed that the School has sufficient autonomy to fashion the Program to meet the ambitions of the School and the AMC accreditation standards. Much of the planning for the new program has occurred prior to the formation of the new Faculty of Medicine and Health. The new governance arrangements change the budgetary environment for the Sydney Medical School, moving from a direct budget allocated to the School, to a budget that is negotiated, along with the other schools of the Faculty in discussion with the Executive Dean. The Faculty has processes to decide budgetary allocation, and the Executive Dean has indicated her support for the program and its developmental needs. The School has made the appropriate requests to ensure that it can develop the Program, and has expressed confidence that it will be appropriately developed. The AMC seeks ongoing reassurance that appropriate development of the program occurs.

The roles and responsibilities of both the Head of School and Dean of the Sydney Medical School, and the Director of the Program are clear. They are supported by appropriate committees that ensure that decision making is both endorsed and achieved with a spirit of consensus and consultation.

### 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.*

There are clear committee structures to ensure that the Program is appropriately managed. These structures are suitably supported by appropriate Faculty and University structures.

Significant developments to the Program will involve both the MD Program Committee and the Head of School and Dean of the Sydney Medical School, and will be informed through input from the Sydney Medical School Advisory Committee, which has representation from all senior members of the School. The School Committees report to the Faculty of Medicine and Health Education Committee, which is responsible for ratification of School decisions. This Faculty committee is chaired by the Associate Dean (Education), and the Director of the Program is a member of the committee. The Faculty Board (Executive) has ultimate decision-making responsibility, prior to decisions being put to central University (i.e. Academic Board) processes. The Associate Dean meets regularly with the Deputy Vice Chancellor (Education), and this provides a forum for consultation to occur between the Faculty and the Chancellery.

The School has strong relationships with the Academic Board and other decision-making bodies within the University. The planned Program was reviewed by the Academic Board and the Postgraduate Board of Studies and assessed as an Australian Qualifications Framework (AQF) Level 9 Masters (Extended) degree. There has been additional confirmation that the project component of the MD will enable, in some circumstances, candidates to be suitably qualified for Higher Degree by Research Training. The School has worked well with the Academic Board to have its assessment approaches, and approach to semester length and organisation of units of study ratified, even if they differ from the normal practices of the University.

### 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.*

There is a great deal of educational expertise and leadership in the discipline of medical education within the medical school and associated clinical schools, evident in the thoughtful considerations in the design and development of the Program. Many staff have formal education qualifications and these drive the pursuit of high-quality educational outcomes in the School. The fact that a number of critical leadership positions within the Program have a requirement that the incumbent has formal (medical) education qualifications speaks to the commitment of the School and Program to this important element. The Education Office is under the supervision of the Director of the Program, and there is an appropriate mix of academic and professional expertise to ensure expert planning and delivery of the Program.

The School has adopted a leadership role in a number of initiatives in Medical Education in Australia, and these are to be commended. Particularly, the efforts in leading a number of assessment collaborations have been significant in bringing together elements of the Australian and New Zealand Medical Education community to drive the pursuit of high-quality research and enable reflective benchmarking among institutions.

The School recognises its needs in the area of Aboriginal Health, and has being striving to address these. The recent appointment of an Aboriginal person to the senior Aboriginal Health academic role is a welcome addition. The placement of the Indigenous Health Unit within the Sydney Medical School is also welcomed, though the exact positioning of this Unit, and role of the Associate Dean (Indigenous Strategy and Services) with respect to the Program is still to be fully elucidated in the new Faculty structure. The

AMC looks forward to receiving updates with respect to organisation of Indigenous academic input into the Program.

The team was highly impressed by the widespread commitment of academic staff, both centrally and at the various clinical sites, to the training of medical students, and the thorough dedication, quality and commitment of the professional staff across the School. The School, via its Medical Education Office, has considerable expertise which has informed the planning of the Program. Overall, the School, and its leadership, are to be congratulated for establishing an ambitious, informed and coherent plan for the training of the next generation of University of Sydney medical graduates.

### 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 new Faculty structure has introduced additional levels of authority and decision-making, compared with when the School was a stand-alone entity. This has resulted in some ambiguity regarding reporting and decision-making authority. Once mature, the support and alignment of Associate, School and Executive Deans could enhance decision-making processes.

The School now needs to respond and work within a new Faculty-oriented budget model with necessarily lessened autonomy. The School was unable to identify a specific budget for the Program, as the greatest clarity is around the Faculty budget. As many staff members contributing to the Program also provide other service to the Faculty and University, this is somewhat understandable, though will require careful negotiation and cooperation to ensure sustainability. The ongoing budget for the Program will require monitoring. In addition to the new Program, the School still has at least three years of the existing Program to complete. The Program has its own resource requirements, and ongoing attention to the current Program and its students is required.

The MD2020 program is new and ambitious. The Program introduces a number of innovations to curriculum delivery, including the use of online and other technology enhanced education practices (team-based learning, flipped classrooms, ePassports and ePortfolios), programmatic assessment with the use of Learning Advisors, immersed clinical exposure, starting in first year with graded enhancement to extended pre-intern experience in final year and incorporation of a dedicated block of curriculum time for the completion of the MD research project.

For these innovations to be fully implemented, considerable resources will need to be invested to make the changes that have been proposed, and make the educational model underpinning the new Program sustainable into the future. Change will require the dedicated commitment of the academic staff, and considerable professional and infrastructure support to succeed. It is likely that, if resources are maintained, the School will be able to deliver on its ambitious Program and that the new structure will present considerable opportunities for the School and Program.

### 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 School demonstrated deep, authentic engagement with the Health sector, at both the State government and local health district level. The representatives of the Health sector that the team spoke with were well-informed with respect to the new Program, felt their views had been heard and, where appropriate, incorporated into planning, and were looking forward to ongoing relationships with the School. They were very appreciative of the research endeavours of the School, which provided them with leverage to be able to recruit and retain high-quality staff to deliver high-quality clinical care. These reciprocal relationships have resulted in a considerable commitment from the Health sector towards the education and training of medical graduates, and, to a certain extent, that commitment is seen as an investment in the future. This results in dedicated academic and clinical staff who expect to be involved in clinical training and education, and there appeared to be little consideration or concern as to whether their principal appointment was to the Health sector, the University or a combination of the two. There was a strong sense that these staff see education and training of the next generation of graduates as an important contributor to their own sense of their professional identity and practice. Formal agreements underpin the relationships with the sector. The School is to be commended on its relationships with the Health sector, which have been carefully developed and nurtured over many years.

Relationships with the Indigenous health sector are less well developed in the Sydney region, though, in rural areas, these are strong and a beacon of success. The relationships in the Sydney region are developing and the School has recognised these as critically important to the mission of the School. Indeed, the Head of School and Dean has demonstrated leadership in chairing the Indigenous Health Working Party. The School is reaching out to local Aboriginal organisations and health services, and a number of senior members of the School provide health services to that sector. The School's progress in engaging with the Indigenous health sector is of great interest.

### 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.*

Active and successful researchers are involved in the day-to-day teaching of medical students, and many students are provided with opportunities to be involved in research. The introduction of the 14-week dedicated MD block is positive, and reflects the importance that the School has placed on this activity. The fact that this 14-week block is recognised as qualifying some students for later training (depending on the nature of the work undertaken) as Higher Degree by Research students indicates the potential quality and ambition of the projects. The implementation of the block may present some logistic challenges to the School, in terms of identifying a sufficient number of projects and supervisors, but the School leadership is confident that these goals should be readily achieved by the time of implementation in 2022. The model has the support of the affiliated researchers, and the team looks forward to further reassurance that the capacity for high-quality project experience exists for all students.

### 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 access to the appropriate range and number of high-quality academic and clinical staff to deliver the Program. The ongoing involvement and commitment of staff from the Schools of Medical Sciences and Public Health ensure that links to these important disciplines, which are essential to medical education, are not lost. Engagement with other parts of the Faculty also ensure that a high-quality program can be delivered, and this is perhaps most evident with the area of interprofessional learning.

The current profile of administrative and technical staff, coupled with their expertise and professionalism, provides for appropriate support for the Program. The relationships between professional and academic staff were of a very high quality, and it was clear that many academic staff, noticeably in the clinical sites, were heavily reliant upon the professionalism and expertise of the professional staff to be able to do their jobs for the University and Program. The support for the Program and academic staff in the clinical sites is especially dependent upon robust professional support structures.

The Faculty is undertaking an important review of its professional staffing structures and positions therein. The AMC team recognises the importance of the professional staff review, as do the academic and professional staff affected by the process. The team met with dedicated and committed professional staff, who stated their understanding and support for the review. There was considerable anxiety expressed, however, as the professional staff review process is still in progress, and exactly how staff in different categories were to be considered was still being determined. This anxiety was reflected by many sources across the School, and in many instances, the view was expressed that a major restructure of organisation of professional staff at a time of considerable change represented a considerable risk to the sustainability of the existing, let alone new, program.

The loss of professional staff capacity, including "corporate memory" has the potential for a very destabilising effect. The AMC team is of the view that the uncertainty and lack of clarity created by the review has the potential to jeopardise the sustainability of the programs. The School will need to carefully manage the implications of the final outcome of the review.

The School has demonstrated a commitment to the recruitment and training of Indigenous staff. The School is working closely with the Deputy Vice Chancellor and Associate Dean (Indigenous Strategy and Services) to ensure that training and support for these staff is realised. The AMC looks forward to updates of developments in this area.

The AMC was informed of the support and training provided to community members, and was reassured that these were appropriate. Staff are appropriately indemnified for activities associated with the Program.

### 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.*

The School has a clear commitment to training its staff to be effective educators, and staff reported that they feel well supported in their aspirations for development and promotion. There are clear policies that dictate employment conditions, including assessment development and promotion. It is not entirely clear how the University deals with elements of the service commitment of various roles, but is notable that this was not seen to be a significant matter for staff. The School is engaged with providing multiple opportunities for staff to undertake high quality training in medical education that are appropriate to their roles, and is committed to generating the next cadre of academics, both clinical and otherwise, committed to the delivery of outstanding medical education.

## A 2020 Progress Report

The School reported on progress against all conditions and demonstrated that the following conditions had been satisfied and the related standard had been met.

*To be met by 2020*

| | |
|---|---|
| 2 | To provide ongoing assurance of appropriate development of the program, in annual progress reports, confirm that the budget allocated to the School is adequate for both the development of the new program, and ongoing program delivery. (Standard 1.5) |
| 3 | Confirm the arrangements for providing Indigenous academic input into the medical program, building on the School's Indigenous Health unit, the Faculty structures and the role of the Associate Dean (Indigenous Strategy and Services). (Standard 1.4) |
| 4 | In the context of the evolving relationships and Faculty structure, confirm that the School is able to maintain authority and responsibility for the medical program and has autonomy to direct resources to achieve the program's objectives. (Standard 1.5) |
| 5 | Describe the impact of the professional services review, and confirm that there is adequate professional and infrastructure support for the successful implementation of the new Program. (Standard 1.8) |

Despite the impact COVID-19 has had on the University budget, the School has maintained the professional and academic staff required for the development of the new Program, and ongoing delivery of the current Program. The challenges of emergency remote teaching required during the COVID-19 pandemic have accelerated various features of the MD2020, for example, the conversion to flipped classroom teaching design and the introduction of Workplace-Based Assessments (WBAs)for the last year of the program.

The School confirmed that it had finalised the appointment of the position of Associate Lecturer to the Indigenous Health team that it had planned at the time of the assessment and reported on the new role responsibilities and arrangements, which included. Strengthening the Indigenous health team through the closer connections with the Poche Centre for Indigenous Health at the University of Sydney. The partnership will further increase the number of MD students undertaking MD research projects and clinical placements with the Poche Centre. The school also reported on changes in the role of Associate Dean Indigenous Strategy and Services as the role holder at the time of appointment accepted a Deputy Vice Chancellor position at another university. The School was able to reappoint to the role within the year.

In its progress report, the School demonstrated that it maintains authority and responsibility for the Medical Program and has autonomy to direct resources to achieve the Program's objectives. The Head of School and Dean is on the Faculty Leadership Group which meets weekly with the Executive Dean of the Faculty. Resources are clearly committed to both the implementation of the MD2020 and the continuing delivery of the current MD. The Director of the medical program has the authority and responsibility for overseeing the program with the oversight of the MD Program Committee and Faculty's Education Committee. An update on the professional services review was provided, with details of the professional and infrastructure support for the medical program.

## B 2021 Follow up assessment

The following conditions were satisfied in the follow up assessment.

*To be met by 2020*

| | |
|---|---|
| 1 | Provide evidence to demonstrate the contribution of the Portfolio Committee, and its associated sub-committees, to the Program, detailing the scope and interactions with the School's other committees. (Standard 1.3) |

*To be met by 2021*

| | |
|---|---|
| 6 | In the context of the professional services review, confirm that there is adequate professional and infrastructure support for the sustainability of the new Program. (Standard 1.8) |

During the assessment, a range of staff engaged in the Portfolio Advisory Groups described the data points that are drawn together from the portfolio and the value of the discussion on student progress with a co-ordinated overview of performance. The Year 1 Portfolio Advisory Group meets four times per year and these meetings are timed to provide students with feedback to support them before remediation and further assessment. While the structures, processes and the technology supporting the portfolio is still developing, staff were consistent in their views on the role of the advisory groups, reporting to the committee and the value of the process for all. There was also clear evidence that learning from the process is informing continuous improvement of the program, as well as supporting students in their progress.

Feedback was received on the professional and infrastructure support from Students across a range of years and clinical schools and a range of staff involved in different years and aspects of the program. It was clear that there had been some challenges in ensuring consistent professional support, particularly in the clinical schools. There were also reports from students of excellent support, with professional staff at clinical sites going "above and beyond" to support students during the challenges of the pandemic. There was evidence of strong leadership and commitment at the School level in navigating the difficulties of the Professional Staff Review, with evident responsiveness to students' concerns when escalated. There is an opportunity to reinforce clear role descriptions and expectations around need for professional staff to be student-centred to increase the consistency of support, particularly at clinical schools. Professional staff reported feeling well connected across the School. Good leadership has ensured professional staff are being seen as part of the team with academic staff.

## 2 The outcomes of the medical program

Graduate outcomes are overarching statements reflecting the desired abilities of graduates in a specific discipline at exit from the degree. These essential abilities are written as global educational statements and provide direction and clarity for the development of curriculum content, teaching and learning approaches and the assessment program. They also guide the relevant governance structures that provide appropriate oversight, resource and financial allocations.

The AMC acknowledges that each provider will have graduate attribute statements that are relevant to the vision and purpose of the medical program. The AMC provides graduate outcomes specific to entry to medicine in the first postgraduate year.

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.

### 2.1 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 Māori 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 mission of the Program, has been updated to formally include recognition of the needs of Aboriginal and Torres Strait Islander peoples. The MD2020 Mission is now:

*To deliver excellence in medical education and research training. We will provide opportunities for students to develop personalised pathways and expertise in their area of choice through the Program. Our graduates will be prepared for collaborative practice to improve the wellbeing of all communities, recognising the specific contexts impacting First Peoples' health.*

The inclusion of explicit acknowledgement of the needs of Aboriginal and Torres Strait Islander peoples is welcomed, and much needed. Furthermore, the capability statements include:

- an understanding of cultural competence and cultural safety
- culturally safe communication with Indigenous patients, their families and communities
- acknowledgement of the effect of historical, social and political determinants on health and wellbeing of Aboriginal and Torres Strait Islander peoples
- knowledge of the significant conditions that account for morbidity, mortality and injury risk in Aboriginal and Torres Strait Islander communities
- the importance of advocacy and promoting ethical and reflexive public health practice for Aboriginal and Torres Strait Islander individuals and communities.

The vision of the Program is to:

*Develop compassionate, diverse and innovative lifelong learners, who work in partnership with individuals and communities to improve health through clinical care, education and research.*

The concepts that underlie the Mission and Vision statements, as well as the capability statements, have been developed after consultation with stakeholders in forums that included academics, professional staff, Local Health Districts, Directors and Heads of Medical Research Institutes, affiliates, Government, specialist colleges, recent graduates, student representatives and other relevant bodies. Consumer input was obtained through five focus group activities with patients which were held over a period of three months at the end of 2015 centred around the Program's clinical schools. Input from these sources appears to be represented in the proposed curriculum.

The teaching-learning, service, and research activities are connected to the needs of the community through consumer representation in reforming the curriculum and in the governance via the Community Engagement Advisory Committee. Additionally, the introduction of clinical placements in various community settings in Year 2 widens the exposure to a variety of clinical locations outside acute care settings.

The teaching and learning in the Program refocuses on the evolving health care needs of the community it serves, including prevention of disease, chronic conditions such as diabetes, obesity and cardiovascular disease and caring for the patient across the spectrum of health care providers (both hospital and community-based). The new Year 4, 'Preparation for Practice', aims to ensure graduates are more work-ready by embedding them more deeply into clinical teams and strengthening their activities to align better with the work of interns. There are planned interdisciplinary student-led clinics. Many MD research projects align with university research priorities but also with needs of local health services.

## 2.2 Medical program outcomes

*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.*

Learning outcomes were reported to be developed in accordance with the mission and vision statements and with the intention of fulfilling the AMC's Graduate Outcomes. These domains and the related graduate outcomes are embedded within eight thematic capabilities, namely:

1 Basic and Clinical Sciences (BCS)

2 Clinical Skills (CS)

3 Diagnostics and Therapy (D&T)

4 Research, Evidence and Informatics (REI)

5 Population Health (PH)

6 Indigenous Health (IH)

7 Ethics, Law and Professionalism (ELP)

8 Interprofessional Learning (IPL).

These capabilities, which together form a 'Capability Framework', expand on the four themes of the present curriculum.

End-of-year learning broad level outcomes have been specified for each of the eight capabilities.

The University of Sydney, for all its schools and faculties, has customised a curriculum mapping software (called Akari) to create units, components, and courses, and to map learning outcomes with the course components, teaching and learning activities, assessments as well as competency frameworks of the relevant accrediting bodies. This project, called the 'Sydney Curriculum', has commenced but is not yet sufficiently populated with the MD program outcomes. It has the capacity to map the capabilities and outcomes to the AMC graduate outcomes.

In relation to consistency of experiences, all clinical teaching sites have the same learning outcomes and overall timetable of learning and teaching activities. All the major clinical sites are accredited by the specialty colleges as being suitable for training, which acknowledges an adequate clinical case-mix which is also relevant to student exposure.

The planned curriculum will alter the expected learning experiences of the students at the clinical schools. The longitudinal GP and community placements in Year 2, the introduction of more clinical immersion in Year 2, and the changes to the timing of the MD project in Year 3 represent significant changes from the current curriculum.

While the broad intentions related to the expected experiences are clear, there were inconsistent views by the clinical schools on how these would be supported by appropriate learning experiences.

Given the current stage of development of the later years of the Program, and the changes in learning experiences for each year, it is too early to determine if the learning experiences will remain comparable across all instructional sites within a given discipline.

Existing safeguards to evaluate consistency of educational experiences and outcomes across various sites includes regular cohort analysis on students' academic performance in knowledge tests and clinical assessments with respect to clinical schools. The introduction of a programmatic approach to assessment should assist in minimising variability and subjectivity in the decision-making process.

The AMC team looks forward to learning more about the student experience as the Program develops. More detail and explicit links between the eight themes and the students' learning experiences, particularly in the later years of the Program, will also be welcomed.

## A 2020 Progress Report

The School reported on progress against both conditions but had not satisfied them before the follow up assessment.

## B 2021 Follow up assessment

The following condition was satisfied in the follow up assessment.

*To be met by 2020*

7 Populate the School's Program Outcomes, Capabilities and AMC Graduate outcomes into the School's curriculum mapping software. (Standard 2.2)

Evidence of progress on the population of the School's curriculum mapping software was provided by the School during the assessment.

The following condition was found to be progressing in the follow up assessment

*Initially to be met by 2021 but extended to 2022 to include reporting of the Year 2 evaluation analysis*

*To be met by 2020*

8 Provide evidence that the clinical learning experiences for each discipline will remain comparable across all instructional sites. (Standard 2.2)

The School demonstrated a sophisticated analysis of assessment performance and evaluative feedback that it used to monitor the experience and achievements of students across the different clinical sites. Given the disruption of the pandemic, and the roll out of the new curriculum, this has been an extraordinary challenge for staff. Students reported that there have been instances the educational content (that has needed to be delivered online) and clinical experiences have not been as well integrated as desired, though it appears that this experience has been different across clinical sites. However, the School demonstrated (and students have verified) responsiveness to concerns and there was clear evidence that learning from the first Year 1 cohort had informed improvements for the second cohort. Challenges with online content delivery were being addressed. As the School develops further years of the MD2020, it will be important to maintain the focus and resources to support the monitoring of students' experience across the clinical sites. This standard (2.2) does not require student experiences to be identical, but for them to be of comparable educational quality and to support students to engage in the educational and assessment program. There were good examples of how the unique, local strengths of the different clinical sites were being considered in the development of the MD2020 program.

# 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 team found the Program duration was adequate to ensure that the graduate outcomes can be achieved. The Program is four years in duration, and the academic year varies from 36 – 42 weeks, as outlined in Table 1:

**Table 1.** Number of teaching/assessment weeks

| Academic Year | Number of timetabled teaching/assessment weeks | Number of weeks of leave per academic year |
|---|---|---|
| 1 | 37 | 4 |
| 2 | 36 | 4 |
| 3 | 43 | 4 |
| 4 | 38 | 4 |
| Total | 154 | 16 |

The AMC team congratulates the School for the thoughtfully considered Program design. The Year 1 team-based learning (TBL), is built upon in Year 2 case-based learning (CBL), which is further extended to the development of clinical reasoning in Years 3 and 4. Overall, the program features careful scaffolding and is fit for purpose.

## 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.*

*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.*

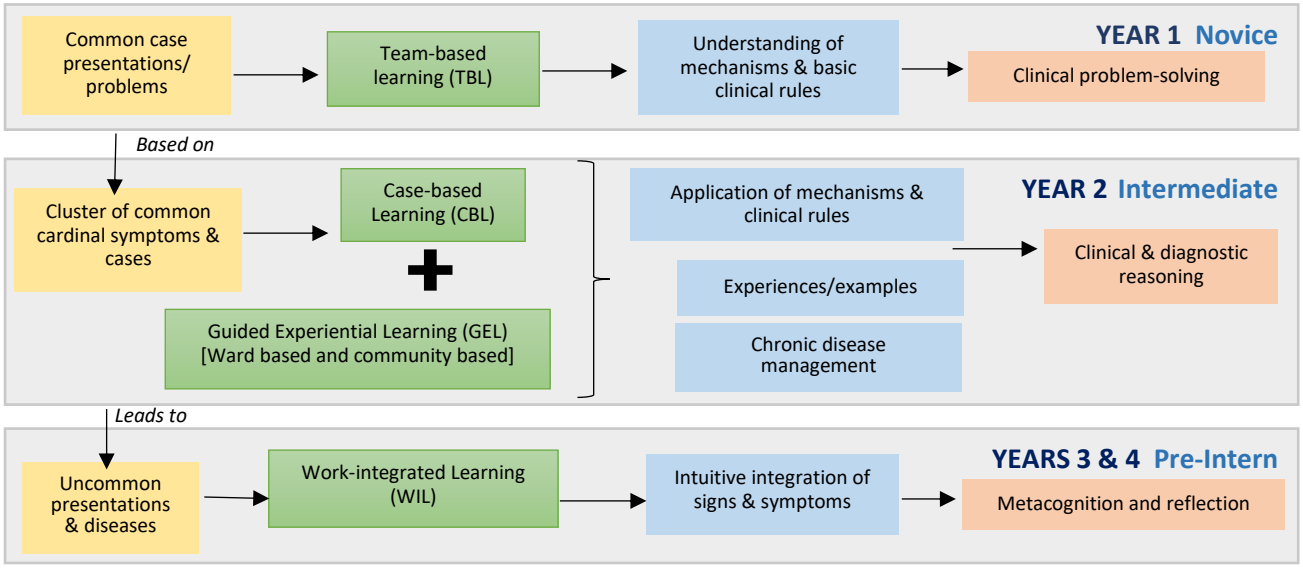
*The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations.*

*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 Program's curriculum design underpinning horizontal and vertical integration of various stages of training is shown in Figure 1:

**Figure 1.** Curriculum design; horizontal and vertical integration in stages of training




The Program builds on four broad curriculum domains: Basic and Clinical Sciences; Patient and Doctor; Population Medicine; and Personal and Professional Development. The Program embeds a Capability Framework to expand on the current four domains. Eight themes have been mapped against the following expanded capabilities:

- Basic and Clinical Sciences (BCS);
- Clinical Skills (CS);
- Diagnostics and Therapy (D&T);
- Research, Evidence and Informatics (REI);
- Population Health (PH);
- Indigenous Health (IH);
- Ethics, Law and Professionalism (ELP);
- Interprofessional Teamwork (IPL).

The new themes, particularly Indigenous Health and Interprofessional Teamwork are welcome inclusions.

There are 29 core curricular statements that include learning outcomes for the themes; Basic and Clinical Sciences, Clinical Skills, and Diagnostics and Therapy for all system blocks.

There is a comprehensive coverage of foundational knowledge of biomedical, clinical and socio-behavioural sciences, including developing population and Indigenous health issues. Through inquiry based collaborative learning strategies such as TBL in Year 1 and CBL in Year 2, students are encouraged to apply core concepts of biomedical sciences to clinically relevant scenarios. Basic and clinical sciences theme builds upon foundation and in Year 2 continues to apply core biomedical and clinical sciences knowledge learned in foundation to individual patients, populations, health care systems and further development of diagnostic and critical thinking skills based on a deeper understanding of human biology and pathology.

Year 1 of the Program is structured as a foundational year, and transition to clinical studies & research in Year 2. The majority of blocks in Year 1 are of four weeks duration. Year 1, Block 1 serves as an

introduction to basic medical sciences and orientation to the health care system, and the remaining learning blocks cover an organ system. TBL is the overarching pedagogy for this stage of the Program.

Year 2 encompasses four main blocks of eight weeks duration which serve as an introduction to clinical and research practice for students. Core blocks are delivered within the students' designated clinical school. Block 1 is Medicine, Surgery and Community care. This is followed by Block 2, 'Back to Basics' research methods in preparation for students' MD project. The second block links clinical experience with basic and clinical sciences. This is inclusive of topics based on a life-span approach from child and adolescent health to aged care. The third block is focused on specialty areas Oncology, Haematology and Palliative care followed by another eight-week exposure to Medicine, Surgery and Community. In Blocks 1 and 4, students will be placed in clinical settings three days a week, and for one day in a community setting. A flexible learning day aims to provide students with opportunities to consolidate core clinical and professional competencies. In Year 2, the transition to clinical and research practice is well thought out and delivered through small group, authentic CBL sessions guided by clinicians.

Years 3 and 4 are dedicated to clinical specialty and research. In Year 3 students participate in four specialty block rotations and undertake the MD research project over 14 weeks. In Year 4 the first block is an elective eight-week term. The next three blocks are extended clinical placements in hospital medical, surgical and general practice settings, each with a duration of eight weeks. The overall program culminates with a four-week clinical or research elective in an agreed specialty.

Documenting how all the AMC graduate outcomes have corresponding capabilities was initially presented by showing that each capability has a corresponding AMC graduate outcome, although it was not readily apparent if each graduate outcome was represented. Additional documents were provided to complete the mapping. While the team has not seen a single document that summarises how all the AMC graduate outcomes have corresponding capabilities, the team was able to surmise that all AMC graduate outcomes are represented. Taken together, these outcomes are also 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.

All students enrolled in the Program must complete a research or capstone project known as the MD Project. There has been a significant change in the placement and format of the MD Research Project within the new Program; students will begin their MD project following the Year 2, Block 2, 'Back to Basics' term where extensive research methods are taught. The students will liaise with a research supervisor throughout Blocks 3 and 4 of Year 2 to prepare literature reviews and any ethics applications that are required. The experimental work is conducted in a dedicated 14-week period within Year 3. This change will more easily accommodate tailored research pathways ('Personalised Pathways') for students who wish to suspend their studies with the Program and pursue further research study, such as a Master or Doctor of Philosophy, and subsequently return to complete Year 4 of the Program.

The revisions to the MD project are likely to be beneficial and well-received by students. Evaluation material to date is encouraging. The program looks well supported and will further expand with the implementation of Learning Advisors. Updates in future progress reports will be of interest.

The Clinical Practice domain is covered comprehensively within three main vertical themes: Clinical Skills, Diagnostics and Therapy, and Ethics, Law and Professionalism, which underpin communication, clinical, diagnostic, management and procedural skills in a commendable manner. Curriculum content in clinical settings is documented well. Skills of clinical and diagnostic reasoning, including management plans related to communication, and professional skills underpinning shared decision making with a patient centred approach are evident.

From Year 2 onwards, extended clinical exposure fosters skills of organised problem-focused history taking and examination. Teaching and learning strategies such as CBL coupled with mini-Clinical Evaluation Exercises (mini-CEX) are employed to further improve student clinical assessment, management and diagnostic skills.

Basic and practical clinical skills are introduced early in the overall course and are taught in clinical environments for the duration of student learning. This is a logical and well measured segue to work-integrated learning environments in Years 3 and 4, coupled with individual and small group complimentary learning activities such as clinical reasoning sessions and work-based assessments incorporated within the ePortfolio to further facilitate preparation for internship in core clinical, diagnostic and therapeutic skills.

Basic principles and understanding of safety, illness prevention, early detection, and chronic condition management is covered well in the foundation year as are the fundamentals of pharmacology. This is built on in Year 2 with 'Introduction to Prescribe' workshops to further develop student skills. Teaching in therapeutics is spiralled from the Year 2 clinical blocks, through the 'Back to Basics' block, and into the Year 3 clinical blocks. In Year 4, students work through National Prescribing Service modules and are assessed for workplace readiness and clinical skills in prescribing. Students can develop a repertoire of skills which are honed over three years and assessed in a final multi-modal clinical assessment. The team commends this intricacy of program planning.

The focus on safety and quality is covered well in the curriculum and is to be commended. Safety and quality continue to be fundamental in the Program delivery from Year 1 onwards and inculcated via placements where skills are reinforced with increasing clinical immersion. There may be benefits in adapting the programmatic assessment applied in a variety of clinical settings to better represent the differentiated outcomes for a range of different settings such as hospital wards, emergency departments, community practice and out-of-hospital settings, and Indigenous health settings.

The Health and Society domain is contained within the program's Population Health and in this accreditation period includes Indigenous Health. Teaching sessions include TBL activities early in the course exploring both global and localised focus on Australian health. Indigenous health encompasses social determinants of health and principles of health.

The Program has embedded professionalism and leadership throughout different themes and units of study, and is largely delivered via the ELP theme. This theme has both capability statements with curriculum content and covers five main areas: Bioethical Concepts, Medico-legal and Clinical Ethics, Professionalism and Medical Practice, Humanities and Society, and Core Personal Attributes. These support the underpinning principle of the new Program, which is to allow students to develop understanding (Year 1), apply understanding in the healthcare environment (Years 2 and 3) and towards competency and demonstrate capability towards 'Prepared for Practice' (Year 4).

The School has made efforts to embed the importance of life-long learning into the Program by giving skills in information literacy and training in evidence-based practice. While the preparation for life-long learning is good, its explicit alignment within the programmatic assessment framework is yet to be realised. Furthermore, the team considers that teaching on professional behaviour intentionally mapped through the ELP theme is productive and enhances students learning opportunities considerably.

### 3.3 Curriculum design

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

Horizontal and vertical integration of the new curriculum is designed well. The proposed curriculum expands the existing four vertical themes into eight capability areas. The goal is for these capabilities to be horizontally and vertically integrated within the curriculum by means of well-defined learning outcomes for each of the themes; relevant and authentic learning and teaching tasks, including placements in diverse clinical settings; and meaningful continuous assessment captured via the learning portfolio. This is still being undertaken and is less well developed for the later parts of the course.

The Program is clinically focused and reflective of work-based practice, allowing better preparedness for internship. Core-capabilities are divided amongst eight vertical themes which are horizontally and vertically integrated within all four years. The block content is multi-disciplinary in its delivery, and students have a wide variation of topics and settings that will facilitate clinical immersion, scaffolded with Guided Experiential Learning. The early years segue well into work-integrated learning in Years 3 and 4.

The Program is structured under three central elements: prepared for entry, personalised pathways and prepared for practice. This organising triad underpins the overall course structure. The first principle, 'prepared for entry' includes a gateway online foundational knowledge course, to ensure student readiness and assumed knowledge in preparation for the overall course. This is a precursor to the foundation phase in Year 1.

The early years of the Program are well designed to ensure that the defined graduate outcomes can be achieved. The innovations in the first year of the Program, including the removal of dedicated curriculum time for foundation knowledge and its replacement with the Online Foundational Knowledge course are noted. The AMC team looks forward to evaluation of the impact of the new first year curriculum on student cognitive load.

The assessment team also notes the key changes in the structure, content and pedagogical approaches. The ambitious changes to the program allow the MD2020 curriculum to introduce the concepts of chronic illness, co-morbidity and complexity and the bio-psychosocial contributions to health and disease in relevant clinical contexts.

The team found the Program's linear organisation both logical and cohesive, however, the details for the later years of the Program are yet to be fully developed. The AMC team looks forward to updates on the curriculum design for Years 3 and 4 as details become available.

Consideration of preparing students for the intern year has been factored in strategically. The Year 4 program will be dedicated to full clinical immersion with a focus on key skills, knowledge and behaviours of a graduating medical student. The intention that work-based assessment becomes a part of an integrated appraisal system within the ePortfolio, is a strength. This is reflective of contemporary clinical environments and is likely to enhance 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.*

Every teaching activity is required to have an accompanying learning objective. Students are advised that their understanding of Year 1 and 2 is framed by the learning objectives presented at each learning activity or experience. The detailed description of the program and the outcomes are explained to the students in the Course Handbook as well as within the learning management system.

Current students noted that the learning objectives sometimes appear disconnected and would like more explicit links in a detailed student version as a framework for independent study and to personalise own

learning. The team considers that the learning objectives are well met for the early years of the Program, however, recommends that the School complete the work required to refine learning objectives for the later years of the Program in a timely manner and generate a version which is accessible for students.

### 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).*

In response to an internal review of Indigenous Health, the Program has reviewed the scope of learning and teaching, graduate outcomes and learning objectives, and added Indigenous Health as a stand-alone curriculum theme. These developments are positive and the team looks forward to an update on progress in this area.

Indigenous Health is now a theme in the MD2020 curriculum, integrated vertically and horizontally across the four years. The core IH theme is made up of two main aspects: firstly, cultural competency and knowledge of history, cultures and societies, prejudice, and discrimination and secondly, the presentation of illnesses, health systems and population health aspects plus research ethics. The first aspect is five online modules as Aboriginal health Massive Open Online Course (MOOC). While the "point" system is pedagogically sound and flexible enough to provide students the opportunity to self-direct their own leaning in this area of study, some current students reported that it was easy to complete the activity without engaging in it.

The addition of Indigenous Health as a discrete curriculum theme is to be commended. It is important that adequate, dedicated resources are available to ensure completion of the development and delivery of this important feature of the curriculum. Integration of this theme into the teaching, learning and assessment of the program is of the utmost urgency and the AMC team looks forward to hearing of the progress of this work. The team is pleased that an Indigenous Academic position has now been appointed at a senior level, which should accelerate the development of the Indigenous Health curriculum.

The Indigenous Health initiatives in the regional clinical schools are commendable. Students have the opportunity during the GP rotation and elective term to spend four weeks in a range of Aboriginal Medical Services. The School also has close ties to the Poche Centre for Indigenous Health, situated within the Faculty of Medicine and Health where students will have opportunities to undertake the MD project.

### 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.*

A distinctive new feature of the Program is the new 'Personalised Pathways'. The Program provides students with opportunities to pursue diverse experiences and interests in both clinical and academic work and in research. There are pathways available within the academic year on students' independent learning day in Imaging, Child and Adolescent Health and Pathology, with more planned in the new Program. There are also opportunities to explore individual interests during the MD project in Year 3, or during the eight-week elective blocks at the beginning and end of Year 4.

The MD research project and elective terms give students rich opportunities to pursue their interests in a multitude of areas. Overseas placements are still popular for elective terms. In 2019, 77% of students sought placements overseas.

There is also the introduction of the opportunity for students to exit the Program with a qualification, where continued progress in the Program is not sought, which will be very helpful for some students.

The new emphasis on personal pathways program is commendable and the team is interested in its implementation.

## A 2020 Progress Report

The School reported on progress against all conditions and demonstrated that the following conditions had been satisfied.

*To be met by 2020*

10 Provide the detailed curriculum for Years 3 and 4 of the Program. (Standard 3.3)

12 Confirm the availability of sufficient dedicated resources to complete the development, deliver and assessment of Indigenous Health theme. (Standard 3.5)

Detailed curriculum documents were provided with the School's progress report. These included the curricula for the Specialty Blocks, Surgery and General Practice. The subspecialties of Medicine are integrated over the 4 years with teaching occurring in years 1, 2 and 4. The content has been mapped over the 4 years in the curricula documents. Examples of detailed mapping were provided for Cardiology and Rheumatology.

The School provided evidence of sufficient resources to support the Indigenous health team to develop the educational material and assessment tasks as part of the new Indigenous health theme, including the learning platform for students. There has been progress on the implementation of the new Indigenous Health curriculum and on educational materials to guide Aboriginal and Torres Strait Islander health learning and teaching through the four years of the program. Progress has also been made on Indigenous health content for the School's internal website, CANVAS.

## B 2021 Follow up assessment

The following conditions were satisfied during the follow up assessment.

*To be met by 2020*

9 Monitor and respond to the students' ability to cope with the demands of the first year curriculum that incorporates the Online Foundational Knowledge course. (Standard 3.3)

11 Provide explicit links between learning activities and learning objectives that are available to students, to support students in independent study. (Standard 3.4)

*To be met by 2021*

13 Provide detailed plans for the MD project, including confirmation that sufficient numbers of projects and supervisors have been obtained. (Standard 3.2)

The School has responded to the student feedback about the demands of the first year curriculum, with careful consideration of the need for student support and curriculum redesign, where needed. The Thursday Basic Science Bridging sessions and the opportunities for remediation were received positively. There is a range of supports available, academic and pastoral, with the role of a staff member (who is a psychiatrist) providing wellbeing support, and the function of learning advisors (LAs) in helping students navigate the curriculum, are key. It will be important to continue to monitor the effectiveness of these supports.

The students were able to identify their Learning Objectives, and comprehensive guidance was provided online. The students appeared to understand the purpose of their learning, and were not confused about

learning objectives. Further, they identified that study groups were tailored to addressing educational needs. There are clear opportunities for remediation and support, and the LAs will be able to help with guidance about breadth and depth of learning expected. The Situated Learning in Community Environments (Year 2 longitudinal community day) program has well defined tasks to guide student achievement in Year 2. Given the challenges of delivering a new curriculum and the need to transfer students to online learning, due to COVID-19, it will be important to ensure effective communication among staff (e.g. between those delivering online lectures and those facilitating tutorials).

An extensive list of MD projects and supervisors has been provided. Some supervisors have several students, and the descriptions are overarching rather than detailed. In now allowing students to undertake this project in one fourteen-week block demonstrates responsiveness to student-centred needs, while enhancing appropriate focus from supervisors.

# 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 educational design of the Program utilises a wide range of learning and teaching methods, that are evidence-based, and learner-centred (Figure 2).

**Figure 2.** Education design; aligning learning environment-methods-assessments

| | Dominant Learning Environment & Methods | Program of Assessment | Major Focus Areas |
|---|---|---|---|
| YEARS 3 & 4 | **Work-integrated learning** (CRS, Bedside Teaching, Project, Simulations, Reflections, Ward Rounds | IS: Reflective reports/critical reflections, Peer Feedback, IPL-related activities<br>DOES: Work-based Assessments, Multi-modal assessment, Long Cases, MD Project | Professionalism and professional identity<br>Preparedness for internship |
| YEAR 2 | **Guided-experiential learning** (CBL, Grand rounds, Ward Rounds, Bedside Teaching, Simulations) | SHOWS HOW: Mini-CEX, DOPS, Long Cases, CPST/CJT, CHAT, IPL activities | Clinical reasoning and judgement; Professional skills and behaviour |
| YEAR 1 | **Structured Learning** (Lectures, TBL, Seminars, Practicals) | KNOWS HOW / KNOWS: Knowledge Tests, Assignments, Practicals, SJT | Factual, conceptual and procedural knowledge |

- **CEX:** Clinical Evaluation Exercise
- **CHAT:** Clinical Handover Assessment Tool
- **CRS:** Clinical Reasoning Sessions
- **DOPS:** Direct Observation of Procedural Skills
- **CJT:** Clinical Judgement Test
- **IPL:** Interprofessional Learning
- **CPST:** Clinical Problem-Solving Test
- **SJT:** Situational Judgement Test

With the goal of delivering the planned triad of new features - 'Prepared for Entry', 'Personalised Pathways' and 'Prepared for Practice' – the students' educational experience begins with a blended learning approach, progresses through guided experiential learning and work-integrated learning, and culminates in full clinical immersion.

The range of methods to be utilised includes online learning resources, seminars, workshops, TBL, authentic case-based small group learning, clinical reasoning sessions, bedside teaching, procedural and communication skills simulations and clinically immersive activities.

Significant innovation has already been achieved in preparation for the Program, with development and piloting of new online learning modules and Interprofessional Learning (IPL) activities, increasing use of the 'flipped classroom', and the transition from Problem-Based Learning to TBL. The AMC team were informed of examples where early evaluation of these pilot activities has led to further adjustments and improvements. Additional teaching and learning innovations are in the design, planning and implementation stages, including the use of the ePortfolio and IPL ePassport. The 'Online Foundational Knowledge Course' is a major innovation and is commended by the AMC team. It includes key scientific content, useful study skills in medicine, self-assessment and self-appraisal with the goal that students will be better 'Prepared for Entry' into the Program. The online course, and the associated self-assessment, are not a pre-requisite for, nor a requirement of, the Program. Students reported that the content was relevant, of excellent quality, and potentially helpful, but uptake was variable and limited by perceived 'lack of time' in a busy Year 1 curriculum. The AMC team looks forward to updates regarding the utilisation of this resource, particularly for students entering from non-science backgrounds.

In the Program, some didactic lectures will be replaced by a blended model of teaching and learning, including online mini-lecture delivery, multi-disciplinary and inter-disciplinary seminars, experiential practical sessions, clinical scenario workshops, and TBL tutorials. The Discipline of Anatomy has already converted many didactic lectures to online resources that support and augment face-to-face anatomy laboratory sessions. Pharmacology and Histology teaching will also transition to this mode of learning. The Program will continue to utilise a number of existing self-directed online tutorials incorporating immediate assessments. While the blended model is pedagogically and structurally strong, the shift away from didactic teaching may have some unanticipated consequences, and the team is interested in the impacts of the approach.

Students will attend a weekly TBL tutorial in Year 1, CBL sessions in Year 2 and clinical reasoning sessions (CRS) in Year 3.

Other learning and teaching methods are incorporated into the clinical assessments as a part of programmatic assessment. These include work-based assessments such as mini-CEX, structured assessments such as long cases (with oral presentations), Multi Modal Clinical Assessments, practice objective structured clinical examinations (OSCEs), and tutorials in which a student presents a clinical problem and discusses the evidence for managing it ('PEARLS – Presentations of evidence abstracted from research literature for the solution').

The Program will include a greater emphasis on practical tasks that will be relevant to the students' clinical practice as an intern. WBAs in Year 4 will include writing a patient admission summary, a discharge summary, referral for specialist consultation, and a patient transfer/handover of care form.

### 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.*

During the Program, students will be asked to complete a number of reflective tasks linked to the vertical themes: Indigenous Health; Ethics, Law and Professionalism; Interprofessional Teamwork and Population Health. Completion of a personal development plan (PDP) midway through, and at the end of each year, will provide opportunities for students to reflect on their knowledge and skills, and discuss plans for future development with their Learning Advisor. The AMC team is looking forward to hearing updates and evaluation feedback regarding the implementation of the PDP and Learning Advisor process.

The Program employs information and communication technology for self-learning, accessing information, managing patients and working in health care systems. The Program will utilise 'Canvas' as the learning management system, and 'KuraCloud' for activities that require student-centred interactive learning modules.

Health information, e-record, e-prescribing, ordering of diagnostic tests, and access to other online medical resources will be introduced from Year 2 of the Program, including tutorials on how to access health resources and the importance of patient privacy. As a part of the Research Evidence and Informatics theme, the teaching of Informatics will be linked explicitly to the Diagnostics and Therapeutics theme in recognition of the growing role technology-assisted learning will play in future health practice.

### 4.3 Clinical skill development

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

The Program intends to hold a greater focus on clinical exposure for students, beginning with the weekly 'Clinical Day' in Year 1 of the Program, through to 'Preparation for Practice' in Year 4.

Procedural skills will be introduced in a simulated environment to ensure competency before proceeding to a clinical setting. Once competent, students may be allowed to perform simple procedures under supervision.

In communication skills, students will conduct simulated consultations or interviews with an actor who is trained to take a specified patient role.

Bedside teaching tutorials will be held at least weekly throughout the first three years of the Program. In Year 4, the emphasis will be on applying their knowledge and skills in the environment in which they will be practicing the following year, therefore demonstrating capability in clinical practice.

Students will also be required to practice how to provide and receive constructive feedback, with reflection via the PDP, with the aim of enhancing their own professional behaviours.

### 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.*

One of the significant changes in the proposed Program is early clinical exposure in Year 1, with a graded escalation of participation in clinical care for each student as they progress from Year 1 to Year 4.

In Year 1, students will attend their clinical school for one day each week, learning foundational clinical skills in history-taking, basic examination, and procedural skills, within supervised clinical environments.

In Year 2, during Blocks 1 and 4 (eight weeks each), students will spend three days per week in their clinical school and one day per week in a community placement. Scheduled activities will include practicing history-taking and physical examination, with observation and feedback from a near-to-peer or Resident Medical Officer (RMO); attending both medical and surgical ward rounds; small group CBL sessions, writing simulated notes in the e-record; attending an operation and following a patient to an imaging or other procedure.

In Year 3, students will be supervised in specialty rotations including Child and Adolescent Health; Perinatal and Women's Health; Psychiatry and Addiction Medicine and Critical Care (Emergency, Anaesthetics and Intensive Care). In addition, there are structured clinical teaching sessions/tutorials with consultants or registrars/fellows involving patients relevant to the specialty rotation.

In Year 4, as part of 'Preparation for Practice', students are fully immersed as part of the medical or surgical team, or in general practice (consulting in parallel with the GP). Students are expected to participate fully as a team member, including taking histories, examining patients, writing investigation orders (under supervision), creating e-record entries of ward rounds, writing consults, and shadowing an intern or RMO on evening shift.

### 4.5 Role modelling

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

In the proposed Program, plans for increased clinical immersion and additional placements in community settings will allow for greater exposure to clinical activities, and the potential for enhanced access to role models, including doctors and allied health staff. 'Near-to-peer' programs at the clinical schools match junior and senior students, and in some clinical schools, junior medical officers will provide mentorship for students.

The Program further promotes role modelling by careful selection processes for tutors and preceptors, including assessment of personal qualities and professionalism; provision of ongoing professional development, e.g. the 'Clinical Teacher Fellowship Program'; as well as monitoring and remediation in the event of poor professional behaviour.

Providing and receiving constructive feedback is one of the key communication skills that can be learnt via role modelling. The School's Faculty Development and Research Unit has been undertaking training programs to upskill Learning Advisors in the art of giving constructive feedback that will influence students' own behaviour of giving and receiving feedback to their peers.

With dedicated time scheduled for the MD Project, students are likely to have increased contact with their supervising researchers as role models.

### 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.*

Patient centred care and collaborative engagement are defined in the curriculum and reflected in the learning outcome statements across all years.

Formal teaching of patient-centred care and collaborative engagement will occur as part of bedside teaching tutorials, clinical tutorials, case-based discussions, critical incident analyses and interprofessional learning activities (including clinical hand-over and student-based clinics).

It is expected that early and extended clinical exposure in the Program will provide more opportunities for teaching and role modelling of patient centred care and collaborative engagement by experienced clinicians in hospital and community settings.

### 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.*

IPL aligns with the Sydney University Graduate Quality 'Interdisciplinary Effectiveness', defined as 'the integration and synthesis of multiple viewpoints and practices, working effectively across disciplinary boundaries'.

The IPL framework, a new horizontally and vertically integrated curriculum theme, has been designed and developed by the 'IPL Hub', a collaboration of academics, educational leads and administration staff representing multiple Schools across the Faculty of Medicine and Health , creating a community of practice.

IPL introduction will begin in Year 1 with a focus on the development of a dual identity as a health care practitioner as well as a member of a health care team; early socialisation with other professions, and activities designed to foster positive teamwork behaviours.

In Year 2, students will be required to spend time with an allied health team member, e.g. physiotherapist, occupational therapist, speech therapist or pharmacist.

Activities piloted or implemented to date include medicine, nursing and pharmacy students communicating and collaborating across topics such as infection control, patient handover and discharge planning, peer feedback, and a large-scale IPL activity within multidisciplinary teams called the Health Collaboration Challenge.

Future planning includes deliberate IPL collaboration via Faculty-based face-to-face events, online learning collaborations, peer-shadowing, an Interdisciplinary Prescribing Activity, Clinical Handover with multidisciplinary teams, through to student-led clinics.

Evidence of the full range of interprofessional experiences across the Program – from scheduled mandated activities through to incidental exposure as part of daily clinical immersion, along with reflective narratives - will be recorded in an 'IPL ePassport' which is currently being pilot-tested. It is expected that this data will be transferred to the MD students' ePortfolio, forming part of each student's program of assessment.

The School is commended for the design and planning of the IPL program to date, and the team looks forward to ongoing reports about implementation, assessment and evaluation of the program.

The team noted the widespread commitment to, and enthusiasm for, the Program amongst staff and stakeholders across the Faculty, School, Clinical Schools and Community placements. The team commends the School on the design and planning of the Program and looks forward to further updates during the implementation phase.

## A 2020 Progress Report

The School demonstrated that the following condition had been satisfied.

*To be met by 2020*

14 Report on the implementation and planned assessment for the Interprofessional Learning theme. (Standard 4.7)

The School reported that the Faculty-wide interprofessional learning (IPL) strategy has responded to the COVID 19 crisis by taking its large scale IPL activities on line. All students entering the MD2020, and all participating healthcare professional students across the Faculty of Medicine and Health from 2021, will graduate with evidence of having achieved interprofessional collaborative practice. Interdisciplinary learning activities are being embedded in every year of every degree across the Faculty so that students' collaborative learning and interdisciplinary effectiveness are developed, refined, and extended as they progress through their training in a way that is culturally safe, person-centred, and evidence-based.

Activities for MD2020 Year 1 students are equivalent to 1 day per semester:

- An introductory IPL workshop in Semester 1 for 2000 students across Medicine, Nursing, Pharmacy, Dentistry, and Allied health
- An Interprofessional Collaborative Education Patient Safety Module in semester 2 for 800 students across Medicine, Nursing and Pharmacy.

There is also scaffolding for IPL teamwork through workshops on effective collaboration, online Team Based Learning Activities and experiences of interprofessional teams at clinical sites.

Activities for MD2020 Year 2 students are also equivalent to 1 day per semester:

- Introduction to Prescribing Medication Safety module for 700 Medicine, Nursing and Pharmacy students
- A Healthcare Collaboration Challenge for 1800 Medicines, Nursing, Pharmacy, Dentistry and Allied health students.

In Year 2 there is also experience of IPL teamwork embedded in ward rounds and teaching by other health care professionals.

Assessments are mapped to a common IPL rubric and are principally occur via peer assessment and marked reflective statements.

Co-ordination of the IPL activities is through a community of practice (Collaboration Health Education Sydney) consisting of academics from all the health schools and 2 dedicated professional staff members funded as part of the Education Support within the Faculty of Medicine and Health organizational structure.

# 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.*

An Assessment Strategy Committee oversees the refinement, further development and quality assurance of the assessment strategy in the new curriculum. A Portfolio Committee oversees the progression of students including proposed portfolio sub-committees for each year to undertake the detailed monitoring and collation of all assessment progress decisions.

Assessment policy and rules in the Program are governed by The University of Sydney's *Coursework Policy 2014* and *Assessment Procedures 2011* (amended June 2018) and *Academic Honesty in Coursework Policy (2015)*.

The staff overseeing the program of assessment are well qualified, experienced and committed to ongoing improvement of assessment. This has already been recognised internationally in 2017 through an ASPIRE award in Assessment from the Association for Medical Education in Europe.

The renewal of assessment, and its philosophy, within the Program proposes a significant transformational change, which is likely to provide significant advantages and improvements over the current system. Extensive literature review and stakeholder consultation was undertaken to conceptualise a system of assessments for the new curriculum. External consultations were undertaken with Maastricht University, Flinders University and the University of Otago medical schools. The new proposals around assessment are broadly based on the principles of programmatic assessment, which include:

- multiple, continuous and information-rich assessment data collected longitudinally
- assessments integrated across the eight vertical themes
- assessments collated and accessed by means of an electronic portfolio (ePortfolio)
- assessment outcomes focused on feedback using quantitative as well as narrative data
- a Learning Advisor model to provide individualised feedback, and to identify students requiring remediation and further assistance
- progression decisions made on a holistic appraisal of the ePortfolio incorporating assessments for all vertical themes.

As underpinned by the theory of programmatic assessment, the dichotomy of formative and summative assessments will be replaced. In its place, there will be a system of compulsory assessments which will be on a continuum of stakes. That is, the quality, breadth and quantity of evidence to make high stakes decisions will be higher than that needed to guide learning.

The underpinning philosophy, approach and developments to date are sound and the team was encouraged by the support shown by the wider University.

Details of assessment and progression requirements in each year, including the structure, content and expected standards, are planned to be available for enrolled students in the Unit of Study Outlines, the Handbook and on the Learning Management System, which is accessible to all staff and students.

The School is commended for its track record of innovation, research and evaluation of assessment practice. The proposed approaches are sound, consistent with international best practice and, once fully implemented, are likely to result in significant improvements to the quality of assessment, quality of feedback, and ultimately to the quality of learning within the Program.

### 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.*

The overarching purpose of the School's assessment strategy is to obtain a comprehensive, longitudinal view of students' progress in the learning objectives that have been developed for each year and mapped to the vertical themes.

The assessment methods include:

- Knowledge and Application tests that include different question types such as multiple-choice questions (MCQ), ranking judgement type items, multiple response questions and open-ended questions. Situational judgement tests are being explored in Year 1.
- Hot spot type questions that allow anatomical images to be integrated with questions and/or the recognition of mechanism.
- Data type questions that allow tabulation of clinical signs, symptoms and investigation results to be integrated and applied to linked questions of recognition of diagnosis and therapeutic options.
- Integrated work-based assessments.
- In-class assessments for a range of themes and capabilities e.g. procedural skills, population health, etc. This includes the "L-plate test", first introduced in 2012, which occurs at the beginning of Year 1 and is undertaken in a tutorial setting and includes a medico-legal module on privacy, confidentiality, consent and professionalism. All students must attain the approved standard before entering the hospital wards and are able to encounter patients.
- Submitted group work.
- A Multi Modal Clinical Assessment (MMCA), a centrally located clinical assessment event which will include more complex clinical assessments such as: integrated assessments of a number of themes and/or capabilities; and communication assessments that require patient actors, such as dealing with bad news or cultural competency within the Indigenous Health curricular framework.

Overarching blueprints, matching assessment methods to the eight vertical themes, have been developed for Year 1 and Year 2 as described in Tables 2 and 3 respectively.

**Table 2.** Planned Year 1 assessment types and methods by vertical themes

| Assessment Type | Assessment method | BCS | CS | D&T | ELP | IPL | IH | PH | R&I |
|---|---|---|---|---|---|---|---|---|---|
| Exam | 4 Knowledge & Application tests | Yes | | Yes | Yes | | Yes | Yes | Yes |
| In-class assessments | 2 Anatomy laboratory assessments | Yes | | | | | | | |
| | 4 Basic Procedural Skills | Yes | Yes | | | | | | |
| | L-plate test | | | | Yes | | | | |
| Skills-based assessments | 7 Mini CeX | Yes | Yes | | | | | | |
| | Multi Modal Clinical Assessment | Yes | Yes | Yes | Yes | | | | |
| Group work | Team collaboration assessment | | | | | Yes | | | |
| Submitted works | Reflection from TBL peer feedback | | | | Yes | Yes | | | |

**Table 3.** Planned Year 2 assessment types and methods by vertical themes

| Assessment Type | Assessment method | BCS | CS | D&T | ELP | IPL | IH | PH | R&I |
|---|---|---|---|---|---|---|---|---|---|
| Exam | 2 Knowledge & Application tests | Yes | | Yes | Yes | | Yes | Yes | Yes |
| | AMSAC Benchmark Knowledge based assessment Block 2 | Yes | | | | | | | |
| In-class assessments | Critical Incident Analysis | | | | Yes | | | | |
| | Procedural skills in three clinical block rotations | Yes | Yes | | | | | | |
| Skills-based assessments | Long case- basic structure x2 | Yes | Yes | | | | | | |
| | 6 Mini-CeX 1 Medicine 1 Surgery 1 Community Day in Blocks 1&4 | Yes | Yes | | | | | | |
| | Multi Modal Clinical Assessment | Yes | Yes | Yes | Yes | | | | |
| Group work | Engagement in IPL related assessment tasks | | | | | Yes | | | |
| Submitted works | Reflection of Peer feedback in CBL&IPL | | Yes | | | Yes | | | |
| | Ophthalmology Log Book self-directed | Yes | Yes | | | | | | |
| | SDLP (Self-directed Learning Project) assignments one with a child and one with an elderly patient | Yes | Yes | Yes | | | | | |
| | Community Medicine Task | Yes | | | | | | Yes | |
| | Critical appraisal of evidence/literature (in B2B Block) | | | | | | | | Yes |

The blueprints for Years 3 and 4 are yet to be developed but will be important to achieve in order to realise the programmatic approach in these later years. Work is ongoing on how some existing assessments might fit into this new approach, whether some new assessment tools may need to be introduced and/or the degree to which existing tools may have to be modified. Some existing assessment methods for Year 3 and 4 that might be retained or modified include:

- Long case in Psychiatry and Addiction Medicine (PAAM)
- Ethics essay in Perinatal Women's Health (PWH)
- Clinical Task Paper in Child and Adolescent Health (CAH)
- Rectal Exam
- Case-based discussions
- Long cases/short cases in hospital and community settings
- Prescribing Safety Assessment or Australian Equivalent.

New assessment methods being considered and/or developed include:

- WBAs on clinical handover, new patient admissions, discharge planning/discharge referrals, consults
- Working in teams to devise psychosocial aspects of discharge/community management plan
- Assessing a deteriorating patient (simulation)
- Medical record progress notes
- Clinical judgement and clinical problem-solving items in written assessments
- MMCA for complex clinical assessments similar to ACCLAiM type OSCEs at exit level.

The MD Research Project will be assessed as students' progress through their project. Assessable written tasks will include literature review, peer review task and final project report. Assessable oral presentations will include initial research proposal, presentation of data analysis proposal and final presentation.

Clinical assessment in Year 4 will be harmonised around 15 Core Clinical Activities to provide a framework for sampling assessments and tracking student performance with specific WBAs according to both themes and capabilities.

Under the programmatic assessment philosophy, higher stakes decisions need higher quality and breadth of assessment information. This approach enhances both validity and reliability. If high stakes decisions are made on single assessments, then there would be a need to ensure the robustness, and particularly the reliability, of those single assessments. As such, the stakes of some single assessments may need to be resolved in the context of integration with the programmatic assessment framework.

The blueprints for Year 3 and 4 are expected to be available by early 2020. The team looks forward to seeing how all eight themes will be represented in these blueprints, particularly the 'ethics, law and professionalism' theme, the 'interprofessional teamwork' theme, and the 'Indigenous health' theme.

The skills-based assessments, such as the mini-CEX, will be undertaken in workplace settings which inevitably introduce a degree of variability and serendipity around the types of skills on which each student might be assessed. The School has specified that they cannot all be undertaken in the same 'process' of care (e.g. they cannot all be in history taking) but it has not specified if they can or cannot be undertaken in the same body system. This risk will be mitigated by the nature of the disciplines (and therefore body systems) represented in the attachment during which the assessment is undertaken. The team looks forward to seeing if this safeguard is sufficient to ensure each student is assessed on a sufficient breadth of skills, and suggests this is an area that would benefit from evaluation.

Capturing, recording and summarising all assessment results will be undertaken using an ePortfolio, which is still in development. It is planned for this to interact with Canvas, the University's Learning Management System.

Presentation of results to students and staff will be undertaken using an assessment 'dashboard' which is also still in development. These activities are likely to require eLearning support and resources. The team looks forward to learning of developments in these areas.

In relation to standard setting, performance standards will be reported by an ungraded pass. It is planned for the standards in the WBAs to be criterion-based with text descriptors of levels of achievement. Relevant rubrics are planned to be developed and approved by relevant module convenors. The integrated nature of programmatic assessment means that standard setting will be dependent on

synthesis of results from a range of assessment formats over time. This will be undertaken by a collective of expert judges within portfolio sub-committees. Such an approach is consistent with international best practice and the team looks forward to learning of progress in this area, particularly ongoing evaluation to ensure that there is adequate sampling of students' abilities across all eight capability areas, and that the resulting assessment decisions ensure consistency of standards over time, and between students.

Standard setting for the more structured assessments will be based on practice within the current program, specifically its modification of the Cohen method, used since 2016, for the written basic and clinical sciences assessments. This method of standard setting has been subject to in-house research and seems robust.

In relation to transitioning between the current and the new program, careful consideration has been given to those students who might fail a year in the current program and then need to repeat a year when the new program is running. A decision has been undertaken that for those few students, their assessments will still be based on the current program.

### 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.*

A programmatic approach to assessment is likely to assist in improving the overall level of feedback and is also likely to provide an improved system of identifying students in need of remediation.

The success of the proposed assessment system will be highly dependent on the proposed system of LAs. Each LA will be a senior academic and will be allocated approximately six students. Under this system, all students will receive dedicated personal time with their advisor whose role is to appraise and guide students' progress bi-annually through the Program. They will review the PDP, and provide appropriate guidance and feedback on any areas where the student has not met the expected standard, and make recommendations for remediation. Once fully implemented, this will mean there will need to be at least 200 LAs at any one time.

In order to achieve a systemic appreciation of the role of LAs in a program of assessment across campus and multiple clinical schools, a pilot was implemented in 2019 for two thirds of the Year 1 cohort in the current curriculum. This built on an existing system of PDP interviews. The LAs were drawn from the clinical schools and there were more expressions of interest than available places. The medical school acknowledges the issue of sustainability but the team is encouraged by this initial interest. Coordination of recruitment of LAs will occur through the clinical schools, while professional development and training will be provided from the education unit. The pilot was successful and did not highlight any major issues. The main outcome measures included metrics on implementation (did the meetings occur as planned), self-evaluations, student satisfaction, including any changes in learning plans arising from the conversation.

The next step is to develop a mock portfolio to explore calibration of the LAs. These evaluations are planned to continue throughout the implementation phase. It is planned to explore the alignment between the dashboard indicators of a student's progress with the learning plan actions agreed following

an LA meeting. This will form an important component of the evaluation and should be able to identify issues with calibration such as where LAs may be unreasonably harsh or lenient. This will also be assisted by noting that the LAs will not be undertaking the assessments for the students, but helping the student synthesise and act on the assessments already undertaken.

The AMC team understands the role of LAs in the context of oversight of the assessment of student performance, but heard differing perceptions of the role. The tensions among advisor, assessor and mentor roles will require clarification and monitoring. The system of LAs will require staff development, staff support and administrative support.

The scheme seems sound, but logistics, administrative support and sustainability will be the challenges. The team looks forward to learning about the implementation and evaluations of this proposal.

The team was provided with a mock 'dashboard' indicating how the results of the assessments might be presented to a student and to an LA. The dashboard proved useful and clear but work is ongoing to realise a working version of this. Implementation is dependent on adequate IT development and support.

The requirements around the WBAs have been developed for Years 1 and 2. For many assessments (e.g. mini-CEX) the students are expected to upload a set number of assessments which they have passed. The student must continue the activity until the requisite number of passed assessments has been achieved, regardless of how many attempts are made. While those assessment episodes that were below standard are recorded in the ePortfolio, they may not automatically become visible for the LA or ePortfolio subcommittee. While this approach places an emphasis on mastery and reaching required standards, it carries a risk that important information may be lost when it comes to appraising a student's achievements and difficulties. For example, for every mini-CEX passed, it is possible there could be several that were below standard but it is not clear how these will be recognised by an LA. The team was provided with mock dashboard results using examples of students who clearly passed, clearly failed, or just passed after remediation. These results showed examples of individual assessments that were deemed to be below standard. It would be helpful to understand how the School will reconcile the satisfactory results that students upload against the number of attempts undertaken to reach a level that were at, or above, standard.

The safeguard against students who are struggling to achieve the requisite number of passed assessments is the MMCA which is standardised across all students. However single assessments, in isolation, may not have sufficient reliability to be used for high stakes decisions. The team looks forward to hearing how the School will approach standardisation within the programmatic assessment framework.

It was encouraging to see that some elements of professionalism would also be presented in the dashboard – specifically communication, attendance and meeting deadlines. There could be an opportunity to be more specific about other aspects of professionalism that could be presented here. Particular examples might include inter-professional communication in the later years. This is also an area that would benefit from evaluation.

The 'dashboard' and the LA meetings should be able to identify areas of strength and areas in need of improvement, and to provide feedback, educational guidance and assistance. Once fully implemented, the programmatic assessment approach should also improve the quality of feedback and learning. These are also areas that would benefit from evaluation.

The Assessment and Evaluation Unit currently provides a range of detailed reports on the individual assessments conducted to the Sydney Medical Program Examination Committee for endorsement and

provides summaries of these reports to supervisors and teachers. The team heard of many examples where such results were known to teachers.

### 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.*

The School has a long-standing commitment to assessment quality as evidenced by the expertly staffed Assessment and Evaluation Unit and externally recognised by an ASPIRE award in assessment in 2017. The School has also shown leadership in assessment collaborations.

The planned scope of assessment practices, processes and standards is designed to be the same across its teaching sites. Notwithstanding the element of sampling and serendipity inherent in WBAs, it is likely that consistency across sites will be achieved, but this has not yet been demonstrated so will benefit from ongoing monitoring and evaluation. The team looks forward to learning how ongoing evaluation is informing the implementation and quality of the proposals.

Consistency of standards and processes across teaching sites will be dependent on evaluations of the LA scheme, the portfolio review process, the adequacy of sampling of the WBAs (as outlined earlier) but also in staff development.

The LA training and support, and the existing Clinical Teacher Training (CTT) Program is designed to provide health professionals with opportunities to develop skills in teaching, assessment, feedback and mentorship. It is planned for the CTT program, which is delivered in a blended learning mode, to be customised for the role of LAs as well as clinical tutors.

Such evaluations and developments can only occur following implementation and further development, so the team looks forward to learning of developments in these areas.

## A 2020 Progress Report

The School reported on progress against all conditions and demonstrated that the following conditions had been satisfied.

*To be met by 2020*

15 Provide the assessment blueprint for each theme for Years 3 and 4. (Standard 5.2)

16 Integrate assessment decisions for individual, high stakes assessments within the programmatic assessment framework. (Condition 5.2)

18 Evaluate the programmatic assessment processes and, in particular, the performance of the portfolio sub-committees to determine whether there is adequate sampling of students' abilities across all eight capability areas, and that the resulting assessment decisions ensure consistency of standards over time, and between students. (Standard 5.3)

19 Confirm that adequate numbers of Learning Advisors have been sourced.(Standard 5.3)

20 Describe the strategies and structures that will be implemented to ensure a clear separation between Learning Advisor and mentor roles. (Standard 5.3)

22 Describe the processes to be used to inform judgements about student progress that reconciles the satisfactory efforts that students upload to the ePortfolio, with the number of attempts that are made prior to achieving the required standard. (Standard 5.3)

The assessment blueprint for each theme across Years 3 and 4 was reviewed, along with additional details of the development plans for WBAs and supporting Entrustability scales.

Students will only be able to progress each year if they meet the expected standard in each assessment integrated across the vertical themes. Some students will require remediation and further assessment to meet the passing standard. There is not a separate passing standard for each vertical theme however, the mapping demonstrates that by the end of Year 4 students will have completed sufficient assessment at the expected standard to have met the objectives of each vertical theme of the Sydney Medical Program.

Examples of changes include the introduction of WBAs in Year 4 in 2020 to replace the long case and the development of Pre-internship readiness assessments. These developments came about, at least in part, due to the emergence of the Assistant in Medicine role for final year students, which developed as part of medical surge workforce planning to supplement the junior medical workforce in response to the pandemic.

The breadth and depth of the information available on the Student Progress Record provided rich data to make an assessment of the student's progress and whether they were meeting the expected standards of the program. The Year 1 Portfolio Advisory Group used the record, and the LA recommendations, to make an integrated decision regarding each student. The programmatic assessment framework has enabled the School to identify students at risk due to the degree that they are not meeting expected standards across assessments and themes. The inclusion of engagement data, for example for the Online Foundational Knowledge Course practice test, identified one of the reasons why some students did poorly in the related exams.

Remediation plans are dependent upon three performance measure: academic performance to-date, professionalism breaches and late and non-submissions without special consideration.

The Programmatic Assessment system appears to have been implemented smoothly. The School reported that setting the expected standard for each assessment and making this transparent to students on the Learning Management System, Canvas, and in the Assessment Handbook has helped the smooth transition to programmatic assessments. During Year 1 Orientation, workshops were conducted with the cohort to explain programmatic assessment, the expected standards, the Learning Adviser process, the Portfolio Committee and Year 1 Advisory Group structure and function, as well as progression requirements. Consistency of standards are secured by the use of the modified Cohen standard setting for written assessment, rubrics for reflective assessments and clear descriptors and information for clinical assessments.

The School reported in detail on the evaluation of the programmatic assessment processes, which was conducted from three perspectives; the ability to make valid and reliable progression decisions for Year 1 MD2020 at the end of the year; required revisions to assessment for 2021 and revisions to the Portfolio subcommittee's terms of reference.

- The School reported that the MD2020 Year 1 program of assessment provided a comprehensive portfolio which was believed to be reliable as it provided more data points of evidence than in the past for the assessment of student learning. There was less reliance on high stakes examinations and a broader range of assessments was used. The decision-making process was made easier by the breadth of student results such that a profile could be built up of student performance patterns that could be addressed in remediation. As an example, the School described how the process enabled the observation that a number of students experiencing difficulties in the early assessment had time management problems, reflected by a number of late submissions. They were required to undertake the University's time management module and to submit a plan for the remainder of the year. Many of these students met the expected standard in all remaining assessments for the year and did not have any further professionalism issues.
- After a review by a range of staff involved in student progress and program development, there were very few amendments to the program of assessment for Year 1, 2021. There was a high degree of staff support for the validity and comprehensiveness of the 2020 suite of assessments. The Portfolio Subcommittee Terms of Reference were amended to include the head (or representative) from each capability area (or vertical theme) to support the making of final decisions about students' progression in 2020.
- The Year 1 end of year survey of students obtained positive feedback on assessment, particularly in relation to practice exam questions, clinical skills assessment, the new online exam system and the Student Progress Record. Students were least satisfied with some of the reflective tasks, in-class quizzes and the number of changes required due to COVID-19. The 2021 approach has been adjusted to include participation in quizzes, not marks, as an outcome, and the Online Foundation Course Test is now a diagnostic tool to support non-science tutorials rather than as an assessment.

The first iteration of the LAs based advisory system was implemented for all year 1 MD students in 2020. In all, 60 LAs were recruited across the six metropolitan clinical schools. This was an adequate number given each LA had approximately 5-6 students. This number of students per LA was perceived favourably by the extensive pilot undertaken in 2019.

Based on the pilot in 2019, one of the major changes in the 2020 LA model was to clearly separate the role of LA as an advisor and not a mentor. The strategies and structures that enabled the role separation included:

- The training resources (LA and student handbooks) clearly defined the role of LAs to provide advice on students' self-regulation of their learning, and to facilitate early identification of students struggling to meet program requirements.
- A number of training sessions were conducted with LAs wherein their roles and responsibilities were clearly articulated. Similarly, students were given an explanation of the purpose and role of LAs in orientation sessions at the beginning of the year, as well as reiterated before the first LA meeting.
- Clinical School Managers, who are key liaisons between the students, LAs and staff at Sydney Medical School (SMS), were also updated on the purpose and role of the LAs as advisors.

An end of year evaluation of the LA program in 2020 led to further refinements in the faculty development package as well as student orientations and handbook to ensure the objectives and limits of the role are understood. Students requiring specific support and mentorship are supported through a new Student Support system. Recognising that the conversations with LAs about learning progress and challenges may surface a range of issues, there is now a process for LAs to triage students' issues requiring customized mentoring or support and connect students to the Student Support system.

Due to the absence of an ePortfolio, provision for students to upload more than one assessment to meet the required standard was achieved through providing two portals for each Mini-CEX in Canvas. In a small number of situations additional portals created for students requiring more than two attempts to achieve the standard.

### B 2021 Follow up assessment

The following conditions were found to be progressing in the follow up assessment.

*To be met by 2020 originally but extended until 2023 to enable reporting across sites over the duration of the program*

17 Evaluate the workplace-based skills assessments to identify whether students are assessed on a sufficient breadth of skills. (Standard 5.2)

*To be met by 2021 originally but extended to 2022 to enable the School to report on the finalised dashboard*

21 Evaluate and report on the implementation of the portfolio dashboard to be utilised by Learning Advisors. (Standard 5.3)

During the 2021 assessment there was evidence of evaluation of the WBAs using the outcomes of the Portfolio Advisory Group process including the consideration of students' progress to inform reflection on the development of the MD2020 program. There is a strong culture of careful evaluation across the MD2020 program and an ongoing multi-faceted evaluation of the overall programmatic assessment approach. This considers the role of the range of assessment tools used in the program, including WBAs. Given the upheaval to clinical learning and the adaptions needed to move the program online in 2020 and 2021, further time is needed for the evaluation, and the implementation of the remaining years of the MD2020 will allow for a richer evaluation of the contribution and role of the WBA assessments.

There is a new portfolio dashboard for Learning Advisors, which draws data from the Student Relationship Engagement System. This system gives access to data about student progress across different clinical assessments and a range of domains. It is the same system that is used to engage students in their progress. Staff considered the information to be rich, relevant and excellent in supporting high quality targeted feedback to students. However, it was clear that the system was not yet fully implemented and involved significant manual input from a small number of staff to work well. Staff engagement in the use and development of the system was impressive and it will be important for the School to resource development to ensure that the portfolio is sustainable, given the value that it is adding to processes supporting student progress.

# 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.*

There is a strong monitoring, evaluation and educational research culture within the School. Responsibility for evaluation resides with the Evaluation Committee which is one of the five support committees which report to the MD Program Committee. The Evaluation Committee and its activities are operationalised by the Assessment and Evaluation Unit within the School's Education Office.

The Assessment and Evaluation Unit is assisted by the Faculty Development and Research Team. There are arrangements to ensure evaluation activities avoid conflicts of interest with assessment activities. In particular, a senior academic in the Faculty Development Team takes responsibility for the evaluation of assessment processes. There is a culture of school staff approaching the Faculty Development Team for assistance with design of evaluation with discussions and advice regarding methodology, purpose, theory and improving quality.

Evaluation uses a range of qualitative and quantitative information, including the University's Unit of Study surveys, the program's end of year surveys, feedback from student representatives and teaching staff at block review meetings, external sources such as AMC/Medical Board surveys on intern preparedness, Medical Schools Outcome Database (MSOD) survey reports, and surveys of the School's graduates. The evaluation program includes surveys of academic staffs' feedback on teaching, assessment and evaluation. There are additional bespoke activities which target particular issues or innovations in the program.

Recent evaluation activities which have informed the design and development of the Program include:

- Modification of team-based learning to include medical scientists as tutors
- Utilising students to design feedback for the IPL health challenge
- Evaluation of LAs in terms of process, outcomes and satisfaction
- Evaluation of the musculoskeletal block as a pilot for MD2020 changes.

Documentation regarding proposed evaluation of the Program is contained in the 'Monitoring and Evaluation Strategy for Various Components of the MD 2020 Program'. This describes the theoretical underpinning of the evaluation framework (particularly the LA evaluation process), and the nine prioritised areas of focus within the Program as developed by the Evaluation Committee:

1 Students' preparedness for entry using the Online Foundations Course

2 Year 1 transition to blended learning and student engagement with online videos

3 Year 1 Team Based Learning Model (TBL) program

4 Year 2 earlier clinical exposure and the transition

5 Impact of a longitudinal clinical reasoning model

6 Year 3 dedicated time for MD research project

7 Factors supporting 'Preparedness for Practice' in Year 4

8 The Utility of a programmatic approach to assessment

9 Achievement of Sydney University Graduate Qualities including interdisciplinary effectiveness, depth of disciplinary knowledge, cultural competence and digital literacy.

An Evaluation Handbook is being developed that describes in detail the routine collection of data by the Assessment and Evaluation Unit to assure an effective and efficient implementation of selection, assessment, learning and teaching activities, and assessments. A blueprint of the specific methods and implementation plans for evaluation of the Program is a work in progress. A more systematic approach will be beneficial to prioritise evaluation activities, prevent over-evaluation, incorporate diverse methodologies and ensure triangulation. External or independent stakeholder involvement in the Evaluation Committee or in review of evaluation processes and results should be considered, to provide additional beneficial feedback to the functioning and activities of the committee.

The School has collaborative links with all other Australian and New Zealand medical schools through the Medical Deans Australia and New Zealand forum as well as several collegiate projects. These links include active participation in the Medical Dean's Medical Education Collaboration Committee and the MSOD. The School provides leadership and co-ordinates the annual Australian Medical School Assessment Collaboration (AMSAC) that now includes 21 of the 22 medical schools in Australasia. The AMSAC assessment will continue in Year 2 of the Program in the 'Back to Basics' block.

The Medical Deans' assessment benchmarking project coordinated by the School will deliver its last module in 2019. In the new Program, the six modules are planned for use in Year 4 to benchmark graduating students. The School is also a member of the Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) and participates in the annual ACCLAiM quality assurance process primarily for OSCE station benchmarking. With the increased emphasis on clinical assessment in the Program, there will be a concomitant increase in involvement in the ACCLAiM collaboration and use of more complex OSCE-style assessments as part of the MMCA.

External benchmarking activities such as participation in the Prescribing Safety Assessment Collaboration has provided additional evidence for the need for increased emphasis on pharmacology in the new curriculum.

### 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.*

Specific student sub-cohort performance analyses have been conducted to ensure adequacy of student learning and support. Outcome evaluations have been guided by the relevant findings from recent surveys such as the intern preparedness survey by Wilson and Feyer, and the AMC/Medical Board surveys. The Assessment and Evaluation Unit's longitudinal database, which includes information on all students from admission to graduation and relevant demographic data has provided a longitudinal

performance analysis of cohorts of students and graduates. The new centralised university processes for admissions has made this process more problematic. Having solid longitudinal data integrity is an important asset which assists in cohort and sub-cohort analysis of performance and can guide future modifications to selection, teaching and learning activities, and student support processes.

A consistent pattern has been found regarding lower performance of international students when compared with local students. This has been fed back to the Academic Lead, Student Support and to the clinical schools to promote student support. In the Program, LAs will closely monitor and support these students' performances by providing targeted, timely feedback and support. In the Program, cohort performance will be analysed both by assessment method and by curriculum vertical theme, and the outcomes will be fed back to the relevant committees responsible for student selection, curriculum and student support.

There are also differences in outcomes based on gender at different times through the program for both local and international students. This information is fed back to the Admissions Committee to ensure gender equity and to maintain a GAMSAT/MCAT score which is sufficient to ensure success in the Program.

Past cohort analyses have identified that students who have a background in health sciences consistently perform better in clinical-based assessments although the effect of prior sciences degree on students' performance has been found to decrease in the later years on the program. The Assessment and Evaluation Unit plans to examine this effect on students' performance in the new Program, particularly with the substantial changes to bioscience learning during the early phases of the Program. The engagement with the on-line Foundational Knowledge Course, and the uptake of extra tutorials for non-science students will also be monitored, especially in students with a non-science background.

Sydney Medical School has completed considerable work tracking graduates who have had long term rural placements, to determine if they return to work in rural, regional or remote settings. Students who had a long-term rural placement were found to be more likely to work outside a major city. This study will continue using Australian Health Practitioner Regulation Agency (Aphra) data linkages and will be even more critical when the Dubbo Medical School commences.

### 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.*

All evaluation reports are presented or tabled at the quarterly Evaluation Committee meetings where the results are considered and the quality of the evaluation process is monitored. The detailed reports of the Assessment and Evaluation Unit on outcome evaluations are filtered through the Assessment Strategy Committee and the Evaluation Committee to the MD Program Committee and the Admissions Committee. Key recommendations are discussed with the SMS Executive.

The Director of the Program writes to students annually to summarise the changes that have been introduced in response to feedback as well as outlining changes planned for the future. The Director of the Program and the Foundation and Clinical Studies Coordinators also meet with student representatives on a monthly basis and provide 'close the loop' feedback sessions to the yearly cohort after each block survey results. The sessions provide valuable feedback for quality improvements and are further augmented by student representation on many committees.

A more formal reporting of educational outcomes to a wide range of stakeholders occurs through an annual Quality Day event. This event is led by the Director of the Program and involves the entire leadership team, academic and professional staff, and students. This event is dedicated to reviewing quantitative results and free-text analytics that provide insight into student and teacher feedback, raising awareness of key issues, proposing responses, discussing action plans, and identifying implementation leads for future activities. The themes for the 2019 Quality Day event were based on analysis of 2018 student surveys and ongoing consultation for the Program. It is unclear as to the degree of information provided to non-academic clinicians and health district executives. Including such stakeholders would be useful to promote feedback in both directions.

Part of the 2019 Quality Day event addressed the implementation of many surveys by individual clinical schools and how the Assessment and Evaluation Unit could provide the quality information they need but ensure students are not over-surveyed. There is an increasing recognition of potential over-evaluation with University-level, Faculty-level, Medical School, Clinical School, Block and independent student evaluation processes occurring. Some surveys were being undertaken that the committee was unaware of. The Assessment and Evaluation Unit is in the process of mapping and documenting these surveys and working with academic and professional staff to develop a more parsimonious set of surveys and an appropriate timetable for their use that balances the information required for planning with the workload of students. There is a plan to coordinate evaluation via a planner, in order to avoid duplication and survey fatigue and ensure representative sampling of students and staff. Some of this strategy has already been implemented, with staff surveys being more systematically conducted during 2019. Completion of an Evaluation Handbook which includes a blueprint of student, staff and other stakeholder evaluation methods, activities, scheduling, and outcome measures will be useful. The Evaluation Canvas pages to be available for staff and students will include Evaluation Reports providing another opportunity to disseminate and capture feedback about the evaluation process within the Program.

## A 2020 Progress Report

The School reported on progress against the condition but did not satisfy it before the 2021 follow up assessment.

## B 2021 Follow up assessment

The following condition was satisfied during the follow up assessment.

*To be met by 2020*

23 Describe how the School's rich, longitudinal data on cohort and sub-cohort performance will integrate with the new University processes for admissions. (Standard 6.2)

The team identified the following additional recommendation.

O Work with clinical schools to ensure responses to students concerns about online content and the lateness of timetables are communicated effectively to the whole cohort. The school may consider using a single channel strategy, for example, Canvas (their Learning Management System) to enable consistent and responsive messages that are in line with the School's culture. (Standard 6.1.1)

The work to integrate data is underway, supported by a dedicated admissions lead and an evaluation lead. While the linkage of performance data with admissions processes is still a "work in progress" while assessment systems develop, there was a clear demonstration of linking student performance back to admissions and a holistic review of the data. There was also clear commitment to further refinement and effective governance to support this approach, with the Admissions Advisory Group reporting up to the Sydney Medical School Executive and the Associate Dean Education.

During the assessment, students gave some examples of timetables for clinical placements being shared the Sunday or Monday before Tuesday placements. These were not widespread and not experienced across all clinical schools, but impacted negatively on those involved. There were also examples of teething problems with the program content uploaded online, which is to be expected in the context of rapid movement to online learning in response to COVID-19. Students recognised the challenges presented by the pandemic and the need to make changes at short notice, and many students reported responsiveness when concerns were raised. Student representatives viewed the School leadership as very responsive and supportive, giving examples of receptiveness to feedback and action in response. However, there appeared to be site differences in cultures and mechanisms used to update students on responses to their feedback and changes to clinical placements and online content. Consequently, some confusion among students exists about whether their concerns had been heard. As there was also some evidence that the responsiveness of the School leadership team to issues raised by student representatives did not always appear to effectively filter through to clinical schools and student cohorts effectively, addressing this issue could go some way to resolving the matter.

# 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 Māori 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 School has a stable target cohort enrolment of approximately 304 students, comprising an average of 228 Commonwealth-supported places per cohort and a maximum of 25% international students. The program does not admit full-fee-paying domestic students.

The intake of commencing students will be slightly reduced in 2020 to help manage the delivery of both the existing Program and the new Program.

The commencing enrolments for 2019 and projected enrolments for the first four years of the new Program are as follows:

**Table 4.** Number of students enrolled in the Program in the last five years

| Year | Commonwealth supported | Government-funded bonded (Rural/Medical) | Fee-paying domestic | Fee-paying international | Total |
|---|---|---|---|---|---|
| **2019** | 150 | 60 | 0 | 67 | 277 |
| **2018** | 125 | 59 | 0 | 68 | 252 |
| **2017** | 152 | 59 | 1 | 66 | 278 |
| **2016** | 152 | 95 | 0 | 92 | 339 |
| **2015** | 170 | 74 | 1 | 76 | 321 |

The Program has a feeder program, the Double Degree in Medicine Program (DDMP) with an intake of approximately 30 students. The DDMP has an entry ATAR score requirement of 99.95 or equivalent, and selection is based on a written assessment and a panel discussion. Successful applicants enrol in an undergraduate degree in the Faculty of Science (BSc) or the Faculty of Arts and Social Sciences (BA) and are provided scholarships. Those who complete their degree program in minimum time and with a credit average in every year gain automatic entry into the Program without requiring a GAMSAT score or further interview.

The School has a target for Aboriginal and Torres Strait Islander Peoples of 2% of the cohort, which reflects the local NSW population. This target has not been met in previous years. In 2019, three Aboriginal and Torres Strait Islander students commenced the Program.

The target for students of rural origin from 2020 is a minimum of 27% of the cohort, in accordance with the Rural Health Multidisciplinary Training program guidelines.

The target for international students is currently no more than 25% of the cohort.

An increased number of scholarships and bursaries are available for Aboriginal and Torres Strait Islander students and students entering the DDMP via the pathway for students with socio-economic disadvantage.

## 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 Māori.*

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

Selection policy and processes are overseen by the MD and Doctor of Dental Medicine (DMD) Admissions Committee. The principles for selection, which are clearly articulated in publicly available documents, are transparent and are consistently applied across cohorts.

The School is commended on its approaches to attract students from diverse backgrounds, including the introduction of facilitated admission pathways for Aboriginal and Torres Strait Islander students, rural origin students and students from low socio-economic backgrounds.

In recent years, the weighting of GAMSAT section scores has been altered to increase the proportion of successful female applicants into the program.

Three facilitated entry pathways exist for Indigenous students. Applicants entering via the 'Indigenous Facilitated Entry Scheme' must have completed a Bachelor's degree but the requirement for applicants to have completed two years full-time study is waived. Applicants must also have a minimum GPA of 4.5 and have achieved a minimum score of 50 in each section of the GAMSAT.

The 'Indigenous Entry Pathway' facilitates entry for Aboriginal and Torres Strait Islander applicants who have completed a postgraduate degree accredited at AQF level 9 or 10. Applicants are not required to hold a Bachelor's degree or provide a GAMSAT result.

For both entry pathways, applicants whose GPA is below 4.5 but who can demonstrate improvement over the duration of their tertiary studies, and applicants with lower GAMSAT scores may still be considered eligible for admission with approval from the Advisory Committee on Indigenous Admissions. Eligible applicants must attend the same interview process as all other applicants and attend an additional interview.

For Aboriginal and Torres Strait Islander students seeking entry into the DDMP feeder program, the minimum ATAR is reduced to 90.

Other Indigenous recruitment strategies, including high school outreach programs to facilitate entry into the DDMP, are conducted in some rural areas but would benefit from a more systematic approach to implementation.

The Rural Origin Facilitated Entry Scheme provides a substantial reduction in GAMSAT cut-off score for students of rural origin. This score was temporarily raised for the 2019 intake students as a risk mitigation strategy to reduce the number of failing students requiring transition arrangements into the new Program.

In 2018, the E12 program, a facilitated pathway for students from low socio-economic high schools or a financially disadvantaged background was introduced for the Double Degree in Medicine Program.

Instead of an ATAR of 99.95, students are considered if they score 99.5. In 2019, six students entered the DDMP via this pathway.

University of Sydney Disability Services offer tailored support for students with disabilities. The SMS has developed a Statement of Inherent Requirements that makes explicit the physical, mental and behavioural attributes that are necessary for an individual to be a candidate in the program. It is designed as a guide to intending students who wish to determine whether or not they have these attributes, and the extent to which the University is able to make reasonable adjustments to accommodate any impairments.

Applicants known to have blood-borne conditions have the same eligibility and selection criteria as other applicants, but must be willing to comply with NSW Ministry of Health policies and the Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses.

Detailed information about the selection and admissions processes for the Program are publicly available online in the Domestic Admissions Guide 2020 and the International Admissions Guide 2020. These guides include information about appeal processes. Information about the E12 pathway for the double degree is also available online.

### 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.*

The University of Sydney and the School offer a range of student support services and resources for students of the program.

Central support services include Counselling and Psychological Services, University Health Service, Multifaith Chaplaincy Centre, Learning Centre, Disability Services, accommodation, childcare, and financial support services.

An established system for student support and wellbeing exists across all years of the Program, supported by an active network of academic and professional staff at the School's Camperdown campus and within the clinical schools. While students expressed satisfaction with the support provided at the clinical schools, there were concerns with current supports at the University main campus.

The AMC team also noted the Quality Indicators for Learning and Teaching (QILT) data for the University of Sydney overall, which showed that the percentage of students who rated the support they received at

their institution positively was well below the National average. Planned improvements in the centrally administered student support services will be beneficial. The AMC team is interested in hearing about these developments and resulting student experiences of support.

The AMC team noted the enthusiasm and commitment of Faculty and School staff in approaches to support students. The School is committed to the continuous improvement of supports for students and has recently introduced a student wellbeing program (WellSMP), which comprises seminars and online resources delivered via the learning management system. Student engagement with the program is currently below expected levels. The team look forward to further developments in this important space.

Within the School, student support is mostly self-managed, with students self-identifying and directly contacting a member of the support team. Students who fail a major examination or have poor attendance at compulsory learning activities are referred to the Academic Lead Student Support and required to meet with a specific Student Support academic.

In the current 2019 program, students admitted via targeted access schemes have access to additional learning support via tutorials aimed at students from non-science backgrounds. The School is encouraged to further develop these supports in the new Program, particularly given the shift of foundation science teaching from Year 1 into the Online Foundation Course.

The Indigenous Health Unit provides personalised support both academically and personally for Aboriginal and Torres Strait Islander students. Additional academic tutoring by School staff is also offered across some teaching blocks, and there is a dedicated study area for Indigenous students in the Edward Ford Building. Recruitment of Aboriginal and Torres Strait Islander School staff would enhance the support for these students.

There is clear separation in student support and assessment roles. Student support staff across the course includes a mix of both academic, clinical and professional staff. Some of these staff are involved in teaching and assessment; in these situations, all assessment items are de-identified to ensure confidentiality and ensure unbiased assessment decisions.

### 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.*

Changes to policies and procedures for managing student professional behaviour and fitness to practise are currently being developed with a plan for implementation in 2020. New 'Faculty Professionalism Requirements' and draft 'Professionalism Provisions' documentation were provided to the AMC team.

The functions of the Student Professionalism Support Committee and the intersection with the new Faculty Committee remain to be fully realised. It is anticipated that the planned system of LAs will provide an additional mechanism to identify and assist students in need of academic or pastoral support, and those with professional behaviour concerns. The team looks forward to updates regarding the implementation of these new provisions.

### 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.*

There is designated student representation on governance committees including the MD Program Committee, Curriculum Management Committee, Admissions Committee, Assessment Strategy Committee and Block Review meetings. Student representatives were engaged in the development of the new curriculum through 2020 Curriculum Renewal Meetings and Working Parties, and in the piloting of key innovations including the Online Foundation Course and the LA program.

Current first-year students indicated a desire for information about transition arrangements into the Program for students who fail a year or take leave of absence from the program.

The Sydney University Medical Society (SUMS) indicated that they have a close working relationship with the Medical School academic and professional staff. Students indicated that they felt they were well represented and that their voice was heard.

### 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 provided documentation to indicate that students are indemnified and insured while undertaking activities related to their studies in the Program in any part of the world.

## A 2020 Progress Report

The School reported on progress against both conditions and satisfied the following condition.

*To be met by 2020*

25 Demonstrate the effectiveness of the Learning Advisors in identifying and assisting students in need of academic or pastoral support, and those with professional behaviour concerns. (Standard 7.3)

The School reported that the LA meetings occurred as planned and the Year 1 Portfolio Meeting was scheduled after the LA meetings had occurred. The LA feedback provided a rich source of data which complemented the Student Progress Record and LA comments were a key determinant of students to be discussed.

A small number of students were identified by their LA as requiring pastoral support and they were immediately referred to appropriate support for management.

Professionalism issues arose mainly from failure to submit on time, or delay in responding to communication from the Faculty which was followed up by the Year 1 coordinator. There were only two incidents of students not taking the LA meeting seriously, which were followed up accordingly.

A number of students were surprised that late and non-submissions were considered to be part of professionalism, despite having clear information on Canvas and during Orientation sessions at the beginning of the year. The LAs were able to discuss and outline the importance of meeting deadlines in a medical environment and provided suggestions for better time management and study skills.

All students who received remediation letters from the Portfolio Committee had the opportunity to seek pastoral and academic support from the MD Student Support Team and also with the Year 1 coordinator. Thirty out of forty students arranged one-on-one meetings.

Student feedback indicated that they appreciated that they had an opportunity to seek clarification regarding the identified professionalism and academic issues through the one-on-one sessions. They also have highlighted improvements for messaging at the beginning of the year to signpost the importance of sticking to deadlines/timelines for study, which are being taken forward.

## B 2021 Follow up assessment

The following condition was satisfied during the follow up assessment.

*To be met by 2021*

24 Describe the approaches that will enhance student support, and perceptions of student support at the School's main campus. (Standard 7.3)

Following challenges of 2020, and the increased need to support staff and student wellbeing during the pandemic, the School changed the model of student support. Student support had been led by academics from the School of Medical Science as main campus student support academics. At the end of 2020, the model moved to ensure there were identified academics at each of the clinical schools as well as two academics on the main campus for student support. None of these academics have any direct role in assessment of students.

The change in emphasis to more support at Clinical Schools also reflects the change in program design; the MD2020 has three of the four years of the MD Program predominantly at the clinical schools.

The new Head of Student Support is a psychiatrist, who is based at Nepean Clinical School. Under her leadership the student support team are meeting monthly with the student representatives to rapidly identify and address perceived issues with the support network. The student support Canvas site has also been updated.

The School's student support network of academics is working closely with the University's Student Life portfolio to ensure that synchronised and complementary services and support is offered.

The way the School cares about its students and continues to enhance support and respond to concerns is a clear strength. There were several exemplars, including the executive leadership demonstrating commitment to student wellbeing and the work done by new Head of Student Support in supporting students. Students highlighted the commitment in this area and provided examples such as regular emails about wellbeing.

There was a concern raised that, given the crucial role of professional staff support at clinical sites, the approach across sites needs to be monitored to ensure the support is consistently student-centred.

# 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 Program is proposed to be taught across the multiple existing campus and clinical sites. Staff and students of the School currently have access to high quality physical facilities across all years and sites of the Program.

On the main campus of the School, teaching and learning for the Program occurs in a number of buildings that have been either refurbished or purpose built. As well as providing for a comprehensive range of teaching and learning needs, most of these buildings also accommodate academic and professional staff, provide research facilities and student study space. The first years of the Program will continue to use these same physical resources.

With the development of the new Faculty of Medicine and Health, there is some movement of Schools between buildings. A major new health teaching and research centre, the Susan Wakil Building, due to be completed in 2021, will bring together the Sydney Medical School staff with those from health sciences to further support collaborative teaching and research including for the new Program.

The School of Medicine is comprised of ten clinical schools, being the Central, Concord, Westmead, Children's Hospital at Westmead, Nepean, Northern, Sydney Adventist Hospital, Rural Health (Dubbo & Orange), Centre for Rural Health (Lismore), and Department of Rural Health (Broken Hill), as well as an Education Office, Indigenous Health Unit, and the Dean's Office, all based at Camperdown. These clinical schools are associated with adjacent hospitals and are well equipped for their clinical teaching. They each have facilities for a variety of teaching and learning activities including simulation, student spaces and offices and amenities for staff. Some clinical schools host a library, otherwise staff and students have access to a shared library facility associated with the related hospital or Local Health District. The construction, maintenance and security arrangements are negotiated between the University and the adjacent hospital or Local Health District. Two clinical schools are currently undergoing redevelopment: the Central Clinical School will be incorporated into the Susan Wakil Building, and the Westmead Clinical School into the Westmead Precinct.

The AMC team was made aware of the demographic growth in Western Sydney and the further development and investment being made in the health services in that region that interfaces with the Western Clinical School and the development of the Westmead Health Precinct. Growth is also predicted for the Nepean Blue Mountains Local Health District region with future implications for the Nepean Clinical School. While the School proposes a 'steady-state' allocation of students among clinical schools for the new Program, these developments offer future opportunities for the School.

## 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.*

Desktop computers are still provided in University of Sydney libraries and computer rooms, however almost without exception, students prefer to use their own electronic devices and these are well served by university information and communication technology services. Staff and students reported that reliable internet is available across the main University of Sydney campus as well as at clinical schools. This technology is critical as it supports teaching and learning, research as well as clinical practice, including a range of health informatic resources.

The Program currently uses Compass and Canvas as the main student-facing learning management systems. Students have expressed frustration using multiple IT platforms and the Program plans that Canvas will be the primary learning management system for the Program. This will mean that for each year of the Program, students will have access through Canvas to all 'year-relevant' teaching and learning materials, including on-line lectures, lecture recordings, handbooks and other materials.

Canvas is also designed to integrate other tools to deliver specific activities and the Program currently uses a number of these, especially KuraCloud for student-centred and group activities. The Sydney Medical Program is increasingly incorporating IT into a number of activities, from checking attendance in mandatory components of the course, iPads for marking clinical long-cases, and on-line assessments.

The Program seeks to increase focus on interprofessional learning and from 2021, all commencing health professional students will need to demonstrate interprofessional collaboration. Longitudinal evidence of this collaboration will be supported by the introduction of an ePassport, using Canvas. The ePassport is currently being piloted with the intention of it being used in the Program.

Each student and staff member are allocated a 'Unikey' which gives password protected access to the university's online resources including libraries. The unique username and password authorisation system allows staff to have access to some materials that students cannot access.

Staff and students have access to excellent physical and on-line library services at the Camperdown campus and at least very adequate services in the various clinical sites. These libraries are either supported by the University, hospital or Local Health District or combination of these. Library services also provide information literacy training and support for students to ensure that they are able to perform study and research tasks.

### 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 Māori.*

*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 six metropolitan clinical schools are all co-located with major teaching hospitals that care for a large number of patients. Some clinical schools provide teaching and learning in a full range of clinical specialties, while at smaller sites, students rotate to other hospitals for specialties such as perinatal and

women's health and psychiatry and addiction medicine. Almost all students spend most of their Year 3 Child and Adolescent Health block at The Children's Hospital at Westmead. The clinical schools have associated general practices and allocate students to experience both urban and rural general practice. Currently these clinical schools support between 25-70 students from each cohort and provide students with a range of clinical teaching and learning opportunities, and modalities.

In addition to these metropolitan clinical schools, the University of Sydney, School of Rural Health has clinical schools in Dubbo and Orange that also provide comprehensive clinical experience and are associated with rotations into regional general practices and district hospitals. The opportunity for some students to experience extended rural placements is available through The University Centre of Rural Health in Lismore and The University Department of Rural Health in Broken Hill.

The Program is designed to improve graduate readiness for practice and, while current students note adequate and appropriate patient contact and clinical supervision, the proposed Program seeks to enrich this exposure and learning. The Program proposes earlier clinical experience for students and in part to manage the need for additional student placements, it is proposed that this early experience will span the spectrum of health care delivery from inpatient care, out-patient clinics, community health care, aged care, as well as disability and rehabilitation care.

While the University of Sydney has expertise in teaching cultural competence, the team was concerned that not all graduates from the University of Sydney Medical Program have the opportunity to have learnt first-hand about the delivery of good culturally competent healthcare to Aboriginal and Torres Strait Islander peoples. This element of clinical experience is well-developed in the rural placements, however there is no systematic approach to facilitate these experiences across the Program.

While there have been recent developments in building respectful and reciprocal relationships with Aboriginal communities and health service providers, the team strongly encourages the School and the Faculty to appropriately prioritise this activity.

The team acknowledges the School's stated commitment to a renewed curriculum strategy in Indigenous health that will support the new Program and will include modules based at the different local health districts. However more details on student opportunities to provide care to Aboriginal and Torres Strait Islander people in the clinical setting are needed.

Students share wards and tutors with students from other medical programs and allied healthcare programs. Investing time in these students was seen by staff as an investment in the future workforce and also investing in relationships with those who may end up in a supervisory role of future students of the Program.

The School currently has a mutually respectful and supportive relationship with Western Sydney University, whose medical students share sites of clinical practice. However, the impending addition of some Macquarie University students to the Northern Clinical School will require proactive management and negotiation to ensure minimal interruption of the planning and delivery of the clinical curriculum in these sites. While the Local Health District is committed to the addition of students from other schools, there were concerns about the impact that the increase in numbers might have on clinical teaching resources. The team is interested on the evolution of the arrangements and the impacts of the co-location with Macquarie University students.

The School noted in their submission that the Dubbo Clinical School is part of the proposed Murray Darling Medical School Network initiatives. While information regarding the full implementation of the Murray Darling Medical School Network initiative will be provided by the School at a later time, further

information is required to understand what impact, if any, there will be on clinical places in the Dubbo and Orange Clinical Schools.

### 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 quality of clinical supervision is a key responsibility for the Head of each Clinical School who recruits, supports and enables feedback for staff with clinical supervisory roles. Clinical supervisors are informed in writing about their supervisory responsibilities and supported with a range of orientation briefings, handbooks, mentoring and training opportunities. Clinical Schools are also able to award clinical titles and hold functions to recognise staff that are valued highly by students for their teaching. Students reported feeling safe during their clinical experiences and they have the opportunity to feedback on the quality of clinical supervision.

The AMC team noted the variety of teaching and clinical supervision training opportunities for clinicians. Innovations such as the Clinical Teaching Fellowships and the Clinical Teacher Training programs provide good development opportunities for clinicians. There is an opportunity for the Faculty to demonstrate leadership by formally providing cultural safety modules for all staff.

There are clear agreements in place outlining the responsibilities of practitioners who contribute to the Program whether they be based in general practice or hospitals.

Clinical staff reported that they were supportive of the changes proposed for the Program, from early clinical exposure, specified MD time, opportunities for specialised pathways and greater readiness to practice – however concerns were raised about risks during the transition to the new Program, especially in those clinical rotations being moved earlier in the new curriculum, with the possibility of double teaching and/or concurrent teaching into both curricula.

Senior executives from Local Health Districts expressed full support for the Program and its common aims of improving local workforce development, graduate work-readiness, and academic and research enriched health care environments.

## A 2020 Progress Report

The School reported on progress against all conditions and demonstrated that the following conditions had been satisfied.

*To be met by 2020*

26 Prioritise the School's efforts in building respectful and reciprocal relationships with Aboriginal communities and health service providers. (Standard 8.3)

27 Describe the opportunities that students will have in providing care to Aboriginal and Torres Strait Islander people in the clinical setting. (Standard 8.3)

28 Describe the evolution of the co-location with Macquarie University students in the clinical setting and confirm that students continue to have sufficient patient contact to achieve the program outcomes. (Standard 8.3)

The School demonstrated through its report that the lead academic has maintained existing relationships with Aboriginal Health and Medical Research Council, as well as Aboriginal Community Controlled Health Services (Illawarra Aboriginal Medical Service, South Coast Medical Service Aboriginal Corporation, Waminda Aboriginal Women Health Service and Katungal Aboriginal Corporation Regional Health and Community Services) in the South Coast. The School reported a research partnership with Ngarruwan Ngadju First Nations Research Centre, Australian Health Services Research Institute, University of Wollongong. There was evidence of continued to work with Aboriginal Community Controlled Health Services in the Sydney region and a partnership with Westmead Hospital, through the Director of Aboriginal Health Strategy in creating conjoint research positions. The conjoint research positions will support localised health research activities and contribute to our Indigenous health teaching and learning.

The School reported established student placement agreements with the following Aboriginal Community Control Health Services: Katungul AMS Bega, Moree AMS, Griffith AMS, Redfern AMS, Durri AMS Kempsey, Galambila AMS Coffs Harbour, Danila Dilba AMS Darwin, Wuchopperen AMS Cairns, Mala'la AMS Darwin. A/Prof Malouf and Mr Porykali and working with the Aboriginal Controlled Community Health Organisations (ACCHO) to further build respectful and reciprocal relationships.

The School's Head of Indigenous Health is developing an innovative a cultural passport with Aboriginal Community Controlled Health Services, which will involve a tailored program for students to complete their cultural passport. Students will need to be culturally competent in interacting with Aboriginal and Torres Strait Islander patients and demonstrate an understanding of the environment in which they will be working.

The Indigenous Health team has recently been awarded two research grants 1) Review of the Integrated Team Care in South Eastern NSW and 2) A NSW Health COVID-19 research grant - A place-based pandemic response to the strengths and vulnerabilities of Aboriginal communities in south-eastern New South Wales. There are opportunities under these projects for students who are interested in Indigenous health research, to do so under the MD project component.

Macquarie University medical students were placed for the first time at Royal North Shore Hospital for Paediatrics and Perinatal and Women's Health. There are 24 students in 2020 in over 20 weeks in each of these areas. The Paediatric Program has been adjusted to harmonise the experience of both cohorts of students. With respect to Perinatal and Women's Health, Macquarie students and University of Sydney students are doing shifts on weekends in the labour ward, with a GP day and a research day during the

week to avoid ward overload. Overall the Macquarie students have been accommodated without significant impact on the quality of experience of either groups of students.

## B 2021 Follow up assessment

The following condition was satisfied during the follow up assessment.

*To be met by 2021*

29 Demonstrate that adequate clinical places are available in the Dubbo and Orange Clinical Schools, considering the implementation of Murray Darling Medical School Network arrangements in New South Wales. (Standard 8.3)

The School has shown that it is collaborating with stakeholders involved with the other Universities involved in the Murray Darling Network and with the local health services to carefully manage the clinical placements across the programs in line with the opportunities available in the local health services.

The Head of School and Dean, the Head of the Rural Clinical Schools in Dubbo and Orange and Deans from Western Sydney University (WSU) and Charles Sturt University (CSU) medical program meet regularly to ensure clinical capacity for placements is not exceeded.

It is projected that the Orange WSU/CSU five-year medical program, which commenced in 2021, will not impact on the capacity for Sydney MD students to have extended rural placements in Orange until 2024 as the WSU/CSU MD is an undergraduate degree with predominantly biomedical sciences in the first 3 years.

Discussions are occurring with WSU as to how to manage placements at Orange from 2024 onwards, but the School has forecasted a likely reduction of Extended Rural placement rotations (from 32 to16) from 2024, concomitant with Dubbo Stream students reaching Year 3 in 2024.

The capacity in Dubbo was explored separately, in an assessment of the progress towards development of the new Rural Clinical School and beginning to end delivery of the MD2020 in Dubbo.

## Appendix One Membership of the 2019 and 2021 AMC Assessment Teams

### 2019 Assessment Team

**Professor Ben Canny (Chair)** BMedSc (Hons), MBBS (Adel), PhD (Monash)
Head of School of Medicine, College of Health and Medicine, University of Tasmania

**Professor Tony Celenza (Deputy Chair)** MBBS, MClinEd, FACEM, FFAEM
Professor of Health and Medical Sciences, University of Western Australia

**Dr Cindy Ahearn** B.Ed, MA, PhD
LIME Research Fellow, University of Melbourne

**Associate Professor Peter Johnson** B.Sc (Hons), PHD, Grad Dip Ed
Director, Foundation Studies, College of Medicine and Dentistry, James Cook University

**Professor Papaarangi Reid** DipComH, BSc, MBChB, DipObst, FNZCPHM
Tumuaki and Head of Department of Māori Health, University of Auckland

**Dr Jen Schafer** MBBS, DRANZCOG, FRACGP
Senior Research Manager/clinical trials/General Practitioner, Wesley Medical Research

**Professor Tim Wilkinson** MBChB, PhD, M ClinEd, FRACP, MD, FRCP, FANZAHPE
Director MB ChB Programme Education Unit, University of Otago

**Mr Alan Merritt**
Manager, Medical School Assessments, Australian Medical Council

**Ms Katie Khan**
Program Administrator, Australian Medical Council

### 2021 Assessment Team

**Professor Ben Canny (Chair)** BMedSc (Hons), MBBS (Adel), PhD (Monash)
Director of Medical Education, Faculty of Health and Medical Sciences, University of Adelaide

**Professor Alison Jones** PhD BA (Hons)
Dean (Education), College of Medicine and Public Health, Flinders University

**Dr F Shaun Hosein** BScH, MBBS, MSc (Critical Care), FRACGP, FARGP
Medical Officer, International Medical Health Service (General Practice) and Strategic Policy Officer, Australian Medical Council

**Ms Kirsty White**
Director, Accreditation and Standards, Australian Medical Council

**Ms Brooke Pearson**
Accreditation Officer, Australian Medical Council

## Appendix Three Groups met by the 2019 and 2021 Assessment Teams

### Groups met by the 2019 Assessment Team

| Meeting | Attendees |
|---|---|
| *Monday, 8 July 2019* | |
| ***Sydney Medical School*** | |
| Sydney Medical School, Overview of Assessment | Head of School and Dean<br>Director of Sydney Medical Program (SMP) |
| Governance - Dean's Executive | Head of School and Dean<br>Director of SMP<br>Postgraduate Coursework Lead<br>Discipline Committee Representative<br>Head of School of Rural Health<br>Senior Executive Officer<br>Head of Central Clinical School<br>Head of Nepean Clinical School<br>Head of Concord Clinical School<br>Head of Westmead Clinical School<br>School Manager, Sydney Medical School (SMS) |
| Governance of University | Vice Chancellor<br>Academic Lead, Biomedical Sciences/Sub Dean (Research), School of Medical Sciences |
| NSW Ministry of Health | Medical Advisor, NSW Ministry of Health |
| Faculty of Medicine and Health senior leadership group | Deputy Executive Dean (Academic)<br>Associate Dean, Education<br>Associate Dean, Student Life<br>Chair, SOMS Teaching and Learning Committee |
| Budget and Resources | Finance Director, FMH<br>Head of School and Dean<br>Director of SMP |
| Education governance | Associate Dean, Education |
| Indigenous Strategic Framework | DVC, Indigenous Strategy and Services |
| Admissions | Academic Leader (MD Admissions)<br>Associate Professor, Double Degree Program<br>Admissions Manager<br>Head of Assessment & Evaluation<br>VP Sydney University Medical Society |
| MD Program Committee | Chair, MD Program Committee<br>Head of Concord Clinical School<br>Head of Central Clinical School<br>Head of School of Rural Health<br>Population Health Theme Lead |

| Meeting | Attendees |
|---|---|
| | Diagnostics and Therapy Theme Lead/Year 1 Coordinator<br>Research and Informatics Theme Lead<br>Interprofessional Teamwork Theme Lead<br>Basic and Clinical Science Theme Lead<br>Clinical Skill Theme Lead/Year 2 Coordinator<br>Head of Assessment and Evaluation<br>Academic Leader (MD Admissions)<br>Academic Leader (Student Support)<br>Senior Manager, Projects, Change and Operations<br>MD Program Administrator<br>Student Representative |
| Assessment and Progression | Head of Assessment and Evaluation<br>Faculty Development Lead<br>Lecturer, Assessment<br>Director SMP<br>Year 1 Coordinator<br>Year 2 Coordinator<br>Assessment and Evaluation Manager<br>Lecturer, Assessment<br>eLearning representative |
| Western Sydney University | Dean, School of Medicine, Western Sydney University |
| *Tuesday, 9 July 2019* | |
| ***Sydney Medical School*** | |
| Professional Staff, Education Office | Senior Manager, Projects, Change and Operations<br>MD Program Administrator<br>Assessment and Evaluation Manager<br>MD Research Project<br>Learning and Teaching Support Officer<br>Learning and Teaching Support Assistant<br>Assessment Support Officer<br>Educational Designer<br>Educational Designer<br>Evaluation Support Officer |
| Prepared for Entry, Year 1 | Online Foundational Knowledge Course<br>Year 1 Coordinator<br>Head of SOMS<br>Histology<br>Anatomy<br>Population Health |
| Year 2 | Year 2 Coordinator<br>Back to Basics Block<br>Community Day Coordinators GP |

| Meeting | Attendees |
|---|---|
| | Community Day Coordinators GP<br>Research Methods<br>Research Methods<br>Haematologist |
| Team-Based Learning Observation | Basic Scientist<br>Pharmacologist<br>Respiratory Physician<br>Respiratory Physician<br>Anaesthetic registrar |
| Prepared for Practice, Year 4 Blocks | Medicine Block Representatives<br>Surgery Block Representatives<br>Community and GP Block Representatives<br>Student representative on committee, now intern |
| University level educational governance | DVC Education |
| Students | Year 1 Students |
| Teaching and Learning Methods | *TBL Year 1*<br>Lecturer, Anatomy & Histology<br>PhD Researcher, Renal Medicine & Transplantation<br>Research Associate, Pharmacology<br>Senior Lecturer, Sydney Medical School<br>Co-Director, Sydney Medical Program<br>Associate Dean (Education)<br>*Flipped Classroom*<br>Academic Lead, Biomedical Sciences/Sub Dean (Research), School of Medical Sciences<br>Lecturer, MD Program<br>Educational Designer<br>Academic Leader (Education)<br>Senior Lecturer, Westmead Clinical School<br>*TBL to Case Based Learning to Clinical Reasoning to Long Case*<br>Associate Professor, Medical Education<br>Senior Lecturer, Sydney Medical School<br>*Community Year 2 and Year 4*<br>Chair, Community Term & Senior Lecturer<br>Lecturer, Northern Clinical School |
| Macquarie University | Program Manager, Education and Faculty Initiatives<br>Deputy Dean & Associate Dean, Faculty of Medicine and Health Sciences |
| Indigenous Health Curriculum | Associate Dean Indigenous Strategy and Services<br>Lecturer Faculty Development<br>Director of SMP<br>Head of School and Dean |

| Meeting | Attendees |
|---|---|
| Student Support | Academic Leader, Student Support and Year 1 Student Support<br>Year 1 Student Support<br>Year 2 Student Support<br>Year 2 Student Support<br>Central Clinical School Student Support<br>Chair, Student Professionalism Support Committee |
| Sydney Local Health District | Chief Executive, Sydney Local District |
| Personalised Pathways/Electives | Personalised Pathways<br>Academic Electives<br>Anatomy Enrichment Pathway |
| *Wednesday, 10 July 2019* | |
| ***Royal North Shore Hospital, Northern Clinical School*** | |
| CEO, Northern Sydney Local Health District | CEO, Northern Sydney LHD |
| Clinical Academic Staff | Senior Lecturer (Medicine)<br>Deputy Head of Northern Clinical School<br>Executive & Clinical Director, CADE Clinic<br>Lecturer, Northern Clinical School<br>Lecturer, Northern Clinical School<br>Senior Lecturer, Obstetrics, Gynaecology and Neonatology |
| Learning Advisors | Learning Advisors |
| Pam McLean Centre | Director, Pam McLean Centre<br>Director, Program Development |
| Clinical Teachers and Supervisors | Staff Specialist, Royal North Shore Hospital<br>Clinical Associate Professor<br>Clinical Lecturer<br>Clinical Lecturer |
| Students | Students |
| Discipline Leads | Joint Head, Obstetrics, Gynaecology and Neonatology<br>Senior Lecturer, Paediatrics & Child Health<br>Chair of Surgery, Northern Clinical School<br>Associate Professor, Gastroenterology |
| Closing Meeting | Head of School<br>Deputy Head of School<br>Executive Officer |
| *Wednesday, 10 July 2019* | |
| ***Concord Clinical School*** | |
| Concord Clinical School – Introduction | Head of School<br>Executive Officer |

| Meeting | Attendees |
|---|---|
| Year 1 medical students | Year 1 medical students |
| Hospital Management | Acting General Manager<br>Director of Medical Services |
| Discipline leads, Clinical Teachers and supervisors | Head of Medicine<br>Clinical Professor, Surgery<br>Clinical Associate Professor, Neurology<br>Head of Department, Urology<br>Head of Department, Respiratory/Thoracic Medicine<br>Director Clinical Research Unit, Haematology |
| Clinical Academic Staff | Staff Specialist Nephrologist<br>Associate Professor, Medicine<br>Senior Lecturer, Surgery<br>Senior Lecturer, Endocrinology<br>Senior Lecturer, General/Geriatric Medicine<br>Senior Lecturer, Respiratory/Sleep Medicine |
| *Wednesday, 10 July 2019* | |
| ***Sydney Medical School*** | |
| Clinical Teacher Fellowship Program | Faculty Development Teachers |
| *Wednesday, 10 July 2019* | |
| ***Westmead Clinical School*** | |
| MD Teaching Team | Head of Westmead Clinical School<br>Deputy Head of School and Academic Lead<br>School Manager<br>Senior Lecturer, Medical Education<br>Senior Lecturer, Medical Education<br>Senior Lecturer, Medical Education (Clinical Skills) |
| Clinical Academic Staff | Head of Westmead Clinical School<br>Academic Director, WARC<br>Professor, Haematology<br>Professor, Geriatric Medicine<br>Deputy Dean (Clinical), Sydney Medical School & Director, MBI<br>Conjoint Professor, CIDM & MBI<br>Professor, Clinical Pharmacology & Hepatology<br>Director, CIDM-Public Health |
| Senior Hospital and Local Health District Management | Head of Westmead Clinical School<br>Deputy Head of School and Academic Lead<br>General Manager<br>Director of Medical Services<br>Executive Director of Operations |

| Meeting | Attendees |
|---|---|
| | Health Management Intern |
| Psychiatry and Addiction Medicine | Acting Head, Psychiatry and Addiction Medicine |
| Students | Students |
| Academic Leads, Clinical Teachers and Supervisors | Head of Westmead Clinical School<br>Deputy Head of School and Academic Lead<br>Associate Professor, Westmead Clinical School<br>Clinical Professor, Medicine<br>Professor, Geriatric Medicine |
| Tour of Simulation facilities | Clinical Senior Lecturer, Emergency Medicine<br>Nurse Educator, Cardiology/Critical Care<br>Nurse Educator, Simulation |
| Head of Surgery MD; Anatomy Enrichment Program | Head of Westmead Clinical School<br>Deputy Head of School and Academic Lead<br>Professor of Surgery |
| *Wednesday, 10 July 2019* | |
| ***Nepean Clinical School*** | |
| Nepean Blue Mountains LHD Chief Executive | Nepean Blue Mountains LHD Chief Executive |
| Clinical Academic Staff | Head of School<br>Discipline of General Practice<br>Discipline of Surgery<br>Discipline of Surgery<br>Head of Discipline, Obstetrics & Gynaecology, PWH Coordinator, Nepean<br>Chair and Professor of Paediatrics, Sub Dean of Research<br>Professor and Head of Department, Intensive Care Medicine<br>Senior Lecturer, Academic Medicine<br>Senior Lecturer, Paediatrics |
| Teaching Staff | Cardiology<br>Emergency Medicine<br>Surgery<br>Addiction Medicine |
| Closing Meeting | Head of School<br>Executive Officer |
| *Wednesday, 10 July 2019* | |
| ***School of Rural Health Dubbo*** | |
| Dubbo Health Service Staff and tour of Dubbo Health Service | Head of School of Rural Health (SRH)<br>Head of Medicine DHS, FRACP (Gen Med & Nephrology)<br>SRH, Director of Critical Care DHS, DMS SE Section RFDS, FACEM |

| Meeting | Attendees |
|---|---|
| | SRH Medicine Block Coordinator, FRACP (Nephrology)<br>FRACP (Respiratory & Sleep Medicine) |
| Tour of SRH Campus | Head of SRH<br>SRH School Manager |
| General Pedagogy, Research and MD Projects | Head of SRH<br>DHoCS, Dubbo<br>Senior Lecturer, Rural Research<br>Dubbo Health Service, Doctors |
| Rural Training Hub, Workforce Channelling | Head of SRH<br>Director, Western NSW Regional Training Hub<br>Community Engagement<br>Indigenous Support |
| University Centre of Rural Health (via v/c) | Director<br>Academic Lead, Medicine<br>Academic Lead, Aboriginal Health |
| Education Team, SRH Orange (via v/c) | DHoCS, Orange<br>Senior Lecturer<br>Education Designer<br>Education Support |
| Governance, Finance, Staffing and Dubbo Medical School (DMS) | Head of SRH<br>School Manager, SRH |
| *Thursday, 11 July 2019* | |
| ***Sydney Medical School*** | |
| Evaluation | Head of Assessment and Evaluation<br>Associate Lecturer, Evaluation<br>Evaluation Support Officer<br>Faculty Development<br>Director SMP<br>Faculty Development<br>Faculty Development |
| IPL Theme | Faculty Development<br>Pharmacy<br>Pharmacology<br>Nursing |
| Progression and appeals | Chair, Academic Board<br>Head of Assessment and Evaluation |
| Akari | Akari Lead<br>Lecturer Faculty Development |
| Tour of facilities | Director of SMP<br>Academic Lead, Biomedical Sciences/Sub Dean (Research), School of Medical Sciences |

| Meeting | Attendees |
|---|---|
| *Friday, 12 July 2019* | |
| ***Sydney Medical School*** | |
| AMC Team prepares preliminary statement of findings | AMC Team |
| Team presents preliminary statement of findings | Head of School and Dean<br>Director of SMP |

**Groups met by the 2021 Assessment Team**

| Meeting | Attendees |
|---|---|
| *Tuesday, 03 August 2021* | |
| ***Sydney School of Medicine – Sydney*** | |
| Sydney Medical School Executive – Overview and Vision for Dubbo | Head of School and Dean<br>Director of Sydney Medical Program and Academic Education |
| Year 2 Implementation | Academic Lead, Evaluation<br>Associate Lecturer, Research Methods<br>Associate Professor, Haematology/Oncology Block, and Head, Nepean Clinical School<br>Lecturer, Community Day Coordinator, and General Practitioner<br>Professor of Public Health & Pain Medicine, Research Methods<br>Senior Lecturer, Research Methods<br>Year 2 Academic<br>Year 2 Coordinator |
| Year 3 MD Project and Specialty Blocks | Head, Child and Adolescent Health Block<br>Head, Psychological and Addiction Medicine<br>(Two) Joint Head, Specialty of Obstetrics and Gynaecology<br>MD Project Clinical Lead<br>MD Project Lead<br>Senior Lecturer, Curriculum and Faculty Development and Student Support<br>Year 3 Coordinator and Critical Care Lead |

| Meeting | Attendees |
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| Assessment | Academic Lead, Assessment<br>Ethics Law and Professionalism Lead<br>Learning Advisor Coordinator<br>Lecturer, Assessment<br>Manager, Education Innovation & Design<br>Senior Assessment Officer<br>Senior Lecturer, Assessment |
| Indigenous Health and Admissions | Academic Lead, Admissions<br>Director of Sydney Medical Program and Academic Education<br>Head, Indigenous Health, Sydney Medical School<br>Head of Dubbo Rural Clinical School<br>Head of School and Dean<br>Indigenous Recruitment Officer<br>Senior Lecturer, Indigenous Health |
| Students Years 1 and 2 | (Four) Year 1 students<br>(Five) Year 2 students |
| Student Representatives (all years) | (Two) Year 1 student representatives<br>(Three) Year 2 student representatives<br>(Two) Year 3 student representatives<br>(Two) Year 4 student representatives |

## Appendix Three Summary of conditions, recommendations and commendations set in the 2019 AMC assessment

### Conditions

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| 1 | Provide evidence to demonstrate the contribution of the Portfolio Committee, and its associated sub-committees, to the program, detailing the scope and interactions with the School's other committees. (Standard 1.3) | *Satisfied 2021* |
| 2 | To provide ongoing assurance of appropriate development of the program, in annual progress reports, confirm that the budget allocated to the School is adequate for both the development of the new program, and ongoing program delivery. (Standard 1.5) | Satisfied 2020 |
| 3 | Confirm the arrangements for providing Indigenous academic input into the medical program, building on the School's Indigenous Health unit, the Faculty structures and the role of the Associate Dean (Indigenous Strategy and Services). (Standard 1.4) | Satisfied 2020 |
| 4 | In the context of the evolving relationships and Faculty structure, confirm that the School is able to maintain authority and responsibility for the medical program and has autonomy to direct resources to achieve the program's objectives. (Standard 1.5) | Satisfied 2020 |
| 5 | Describe the impact of the professional services review, and confirm that there is adequate professional and infrastructure support for the successful implementation of the new program. (Standard 1.8) | *Satisfied 2021* |
| 6 | In the context of the professional services review, confirm that there is adequate professional and infrastructure support for the sustainability of the new Program. (Standard 1.8) | *Satisfied 2021* |
| 7 | Populate the School's program Outcomes, Capabilities and AMC Graduate outcomes into the School's curriculum mapping software. (Standard 2.2) | *Satisfied 2021* |
| 8 | Provide evidence that the clinical learning experiences for each discipline will remain comparable across all instructional sites. (Standard 2.2) | *Progressing Due 2022* |
| 9 | Monitor and respond to the students' ability to cope with the demands of the first year curriculum that incorporates the Online Foundational Knowledge course. (Standard 3.3) | *Satisfied 2021* |
| 10 | Provide the detailed curriculum for Years 3 and 4 of the program. (Standard 3.3) | Satisfied 2020 |
| 11 | Provide explicit links between learning activities and learning objectives that are available to students, to support students in independent study. (Standard 3.4) | *Satisfied 2021* |
| 12 | Confirm the availability of sufficient dedicated resources to complete the development, delivery and assessment of Indigenous Health theme. (Standard 3.5) | Satisfied 2020 |

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| 13 | Provide detailed plans for the MD project, including confirmation that sufficient numbers of projects and supervisors have been obtained. (Standard 3.2) | *Satisfied 2021* |
| 14 | Report on the implementation and planned assessment for the Interprofessional Learning theme. (Standard 4.7) | Satisfied 2020 |
| 15 | Provide the assessment blueprint for each theme for Years 3 and 4. (Standard 5.2) | Satisfied 2020 |
| 16 | Integrate assessment decisions for individual, high stakes assessments within the programmatic assessment framework. (Condition 5.2) | Satisfied 2020 |
| 17 | Evaluate the workplace-based skills assessments to identify whether students are assessed on a sufficient breadth of skills. (Standard 5.2) | *Progressing - Due 2023* |
| 18 | Evaluate the programmatic assessment processes and, in particular, the performance of the portfolio sub-committees to determine whether there is adequate sampling of students' abilities across all eight capability areas, and that the resulting assessment decisions ensure consistency of standards over time, and between students. (Standard 5.3) | *Satisfied 2021* |
| 19 | Confirm that adequate numbers of Learning Advisors have been sourced. (Standard 5.3) | Satisfied 2020 |
| 20 | Describe the strategies and structures that will be implemented to ensure a clear separation between Learning Advisor and mentor roles. (Standard 5.3) | *Satisfied 2021* |
| 21 | Evaluate and report on the implementation of the portfolio dashboard to be utilised by Learning Advisors. (Standard 5.3) | *Progressing Due 2022* |
| 22 | Describe the processes to be used to inform judgements about student progress that reconciles the satisfactory efforts that students upload to the ePortfolio, with the number of attempts that are made prior to achieving the required standard. (Standard 5.3) | Satisfied 2020 |
| 23 | Describe how the School's rich, longitudinal data on cohort and sub-cohort performance will integrate with the new University processes for admissions. (Standard 6.2) | *Satisfied 2021* |
| 24 | Describe the approaches that will enhance student support, and perceptions of student support at the School's main campus. (Standard 7.3) | *Satisfied 2021* |
| 25 | Demonstrate the effectiveness of the Learning Advisors in identifying and assisting students in need of academic or pastoral support, and those with professional behaviour concerns. (Standard 7.3) | Satisfied 2020 |
| 26 | Prioritise the School's efforts in building respectful and reciprocal relationships with Aboriginal communities and health service providers. (Standard 8.3) | Satisfied 2020 |

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| 27 | Describe the opportunities that students will have in providing care to Aboriginal and Torres Strait Islander people in the clinical setting. (Standard 8.3) | Satisfied 2020 |
| 28 | Describe the evolution of the co-location with Macquarie University students in the clinical setting and confirm that students continue to have sufficient patient contact to achieve the program outcomes. (Standard 8.3) | Satisfied 2020 |
| 29 | Demonstrate that adequate clinical places are available in the Dubbo and Orange Clinical Schools, considering the implementation of Murray Darling Medical School Network arrangements in New South Wales. (Standard 8.3) | *Satisfied 2021* |

**Recommendations**

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| A | Monitor the effectiveness of the School Advisory Committee, the nature of matters that are considered in this forum, and the subsequent advice provided to the dean. (Standard 1.1) |
| B | Continue the School's progress in engaging with the Indigenous health sector with a view to developing formal relationships, particularly in the Sydney area. (Standard 1.6) |
| C | Continue to work with the University leadership to realise the planned training and support for Indigenous staff. (Standard 1.8) |
| D | Consider adapting the range of data that contributes to programmatic assessment in the various clinical settings to better represent the differentiated outcomes that would be expected across the range of clinical settings. (Standard 3.2, 5.2) |
| E | Review the degree to which students engage with the Indigenous health "point" system learning activity and whether it reflects an authentic measure of student learning. (Standard 3.5) |
| F | Evaluate the utilisation of the Online Foundational Knowledge Course, particularly for students entering from non-science backgrounds. (Standard 4.1) |
| G | Evaluate of the Personal Development Plan, and subsequent processes with Learning Advisors to support reflection on the program's vertical themes. (Standard 4.2) |
| H | Consider what aspects of professionalism not currently represented could be included on the ePortfolio dashboard. (Standard 5.3) |
| I | Continue to develop the evaluation blueprint that includes the specific methods, and implementation plans for evaluation of the Program. (Standard 6.1) |
| J | Consider including external or independent stakeholder involvement in the Evaluation Committee or in the review of evaluation processes and results. (Standard 6.1) |
| K | Consider building on the Faculty and University work on the development of a more systematic approach to recruitment strategies for Indigenous students. (Standard 7.2) |
| L | Consider strategies to enhance student engagement with the wellbeing program (WellSMP) that is currently delivered via the learning management system. (Standard 7.3) |
| M | Consider further developing the learning supports currently available for students admitted via targeted access schemes, particularly given the shift of foundation science teaching from Year 1 into the Online Foundation Course. (Standard 7.3) |
| N | Consider providing cultural safety training for all staff. (Standard 8.4) |

***Recommendation identified in the 2021 Follow up Assessment***

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| O | Work with clinical schools to ensure responses to students concerns about online content and the lateness of timetables are communicated effectively to the whole cohort. The school may consider using a single channel strategy, for example, Canvas (their Learning Management System) to enable consistent and responsive messages that are in line with the School's culture. (Standard 6.1.1) |

**Commendations**

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| The School is to be congratulated for the consultation that has underpinned the program and for the careful consideration of other contemporary sources that informed the review and the revised program. (Standard 1.1) |
| The widespread commitment of academic staff, both centrally and at the various clinical sites, to the training of medical students, and the thorough dedication, quality and commitment of the professional staff across the School is commendable. (Standard 1.4) |
| The School, and its leadership, are to be congratulated for establishing an ambitious, informed and coherent plan for the training of the next generation of University of Sydney medical graduates. (Standard 1.4) |
| The leadership that the School has provided for a number of initiatives in Medical Education in Australia is to be commended. (Standard 1.4) |
| The School is to be commended on its strong relationships with the Health sector. (Standard 1.6) |
| The intricate program planning that allows students to develop and hone a repertoire of skills over three years and have them assessed in a final multi-modal clinical assessment is commendable. (Standard 3.2) |
| The focus on safety and quality is covered well in the curriculum and is to be commended. (Standard 3.2) |
| The addition of Indigenous Health as a discrete curriculum theme is to be commended. (Standard 3.5) |
| The School is commended for the innovative Online Foundational Knowledge Course. (Standard 4.1) |
| The School is commended for the design and planning of the IPL program. (Standard 4.7) |
| The School is commended for its innovation, research and evaluation of assessment practice. (Standard 5) |
| The School is commended on its approaches to attract students from diverse backgrounds, including the introduction of facilitated admission pathways for Aboriginal and Torres Strait Islander students, rural origin students and students from low socio-economic backgrounds. (Standard 7.2) |