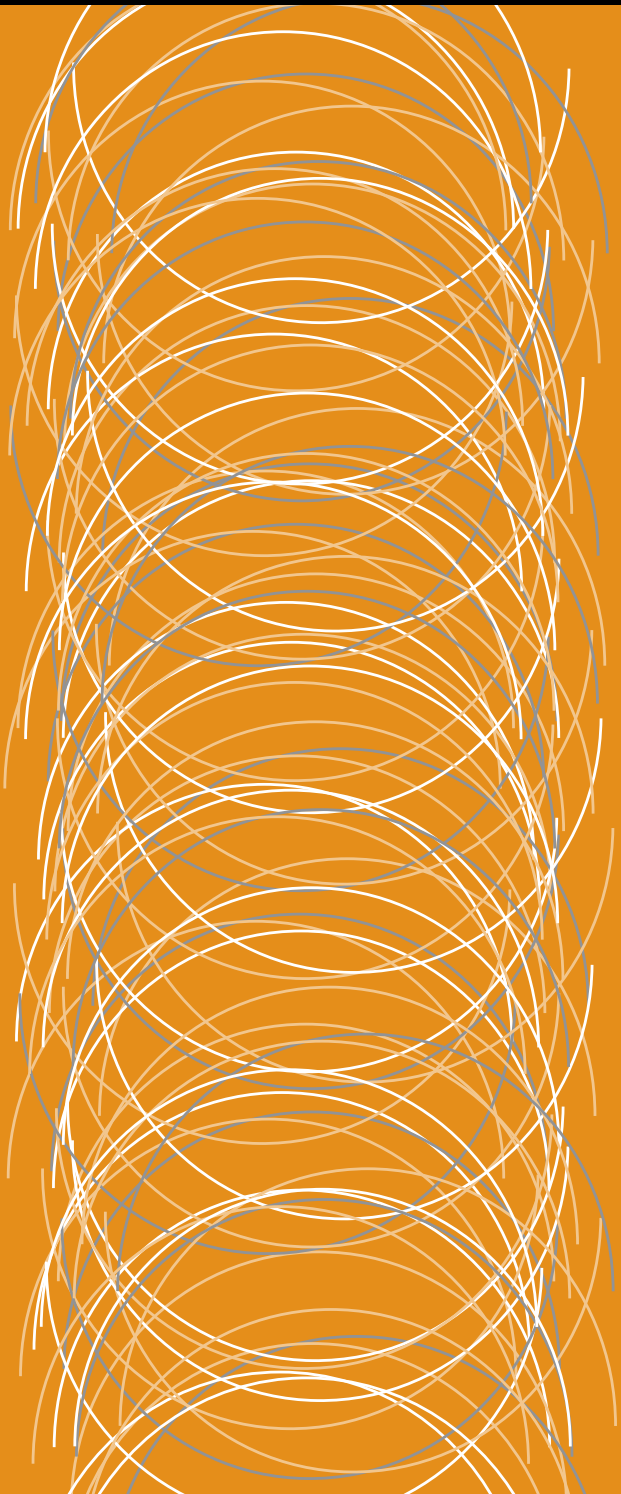


Australian Medical Council Limited

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

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

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Acknowledgement of Country

The Australian Medical Council (AMC) 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.

1 Introduction

1.1 The process for comprehensive report for extension of accreditation

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, describes AMC requirements for accrediting primary medical programs and their education providers.

In the last year of an accreditation period based on an assessment visit, the AMC can consider a request for an extension of accreditation via an extension submission. In submitting an extension submission, the education provider is expected to provide evidence it continues to meet the accreditation standards, and has maintained its standard of education and of resources.

Extension submissions require self-reflection, analysis of performance against the accreditation standards, and an outline of the challenges facing the school over the period of the possible extension of the accreditation. Without this assessment, the AMC does not have the evidence to determine if the school will meet the standards for the next period.

The AMC considers the submissions from the medical students' societies along with education provider's comprehensive reports.

If, on the basis of the report, the Medical School Accreditation Committee decides the education provider and the program of study continue to satisfy the accreditation standards it may recommend to the AMC Directors to extend the accreditation of the education provider and its program.

The extension of accreditation is usually for a period of three or four years, taking education providers to the full period of accreditation of ten years granted by the AMC between reaccreditation assessments. Following this extension, the provider and its programs undergo a reaccreditation assessment.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers which provide primary medical programs in Australia and New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint progress and comprehensive reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

1.2 Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

- (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or
- (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

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 Directors at their 27 July 2022 meeting resolved:

- (i) that the Curtin University, Faculty of Health Sciences, Curtin Medical School and its medical program continue to meet the accreditation standards;
- (ii) to add a new accreditation condition to the accreditation of the education provider and its program as follows

Condition 35 – Recruit key Aboriginal and/or Torres Strait Islander staff and ensure the implementation and monitoring of the Indigenous Health Curriculum and support of Indigenous students is actively facilitated during this recruitment period (Standard 1.8) to be addressed in 2023.

- (iii) to extend the accreditation of the Curtin University, Faculty of Health Sciences, Curtin Medical School and its five year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program for four years, to 31 March 2027 on the basis of the accreditation extension submission.

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

2.1 Accreditation history

The medical program of the Curtin Medical School was first accredited by the AMC in 2016.

An overview of the School's accreditation and monitoring history is provided below:

Assessment Type	Findings against Standards	Outcome
2016: Accreditation	SUBSTANTIALLY MET	MBBS - Granted accreditation to 31 March 2023, subject to conditions and a follow up assessment in 2018
2017: Report on conditions	SUBSTANTIALLY MET	Accepted
2018: Report on conditions	SUBSTANTIALLY MET	To be considered in parallel with the 2018 follow up assessment
2018: Follow-up assessment	SUBSTANTIALLY MET	MBBS - Directors confirmed the 2016 accreditation decision, subject to conditions and follow up assessment in 2019
2019: Monitoring submission with follow-up visit	MET	Accepted
2020: Report on conditions only	MET	Accepted
2021: Monitoring submission	MET	Accepted
2022: Accreditation extension submission	MET	Granted an extension of accreditation to 31 March 2027.

A copy of the School's 2018 accreditation report can be found [here](#).

2.2 Extension submission for extension of accreditation

In its 2022 extension submission the School was asked to provide a report against the standards and its remaining accreditation conditions.

The following was to be addressed for each standard:

1 **Analysis of strengths and challenges, and significant developments undertaken or planned. This includes any activity against accreditation recommendations for improvement.**

- identification and assessment of factors that could influence the achievement of the school's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- description of the school's development plans for the next five years, and significant milestones for their implementation
- any matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

2 **Activity against AMC conditions**

- The School was asked to report on progress towards satisfying one remaining condition and meeting the relevant standard.

2.3 Executive summary

The Discipline of Medicine is one of four Disciplines comprising Curtin Medical School. Based in a purpose-built facility on Curtin University's Bentley campus in Perth, Western Australia it is responsible for delivering a five-year undergraduate, predominantly secondary school entry medical program.

The Curtin Medical School focuses on developing future doctors who have a well-developed understanding of and who possess the necessary skills in providing health care for underserved populations. This includes for residents of regional, rural, remote, and outer metropolitan areas and Indigenous Australians. It aims to provide significant, engaging, and inspiring learning experiences in rural and primary care.

Over the next five years there will be a number of development opportunities particularly in respect to growth, clinical and student experience, primary care, research, and student wellbeing and diversity. How we plan to respond to these areas is briefly outlined below.

Growth

Curtin enrolled its first cohort of medical students at the beginning of 2017 and will, in 2022, be celebrating its second graduating year. With an initial admission cohort of 60 students the number of admissions each year has grown, reaching its maximum of 120 new first year students in 2022.

Over the next five years the School will be focusing on continuing to grow to full capacity with an increase in total student numbers of 35% anticipated over this time. Priorities will include maintaining the capacity to provide high quality and interactive clinically focused learning opportunities and refreshing our year one curriculum to enhance its clinical relevance and to ensure it provides a strong foundation in transitioning to year two.

Clinical and community experience

Increasing opportunities for high quality clinical and community-based learning opportunities will be key. This will include ensuring early year students continue to have the opportunity to participate in our Kalgoorlie/Goldfields and Wheatbelt rural immersion programs. In addition,

we will grow the capacity of our ten existing metropolitan hospital placements sites to host an increasing number of students while maintaining an ongoing allocation of 25% of our year 4 students to year-long rural placements with the Rural Clinical School of Western Australia. The development and anticipated implementation in 2024 of a shared final year clinical school model across the three WA medical schools for clinical placements will further ensure our students are well prepared for commencing as interns.

Primary care

The School appreciates the ongoing shortage of general practitioners and the role of medical schools in providing the next generation of primary care specialists. This existing shortage can perversely impact on the capacity of primary health care services to provide sufficient high quality clinical placements and learning opportunities that will inspire the next generation of general practitioners. We are thus working in partnership with general practices to build a collaborative program that will support general practice education, quality and research, enhance general practitioner teaching capacity and increase student placement opportunities.

Research

Ensuring research and evidence-based practice informs our course remains key. Clinician researchers represent a significant proportion of the adjunct academics who support teaching and assessment activities. In turn the role of research in informing clinical reasoning, decision making, and care is incorporated into teaching activities across all years. Opportunities for our students to build individual research capacity include student selective and electives and our one-year research dedicated intercalated BMedSc(Hon) program. This has been developed and approved with the plan to introduce the program in 2024 for students.

Student wellbeing and diversity

Our students typically work harder and longer and are expected to meet different standards of behaviour in comparison to other university students. They will also enter a workplace that will, at times, be challenging and unpredictable. In addition, the ongoing Covid pandemic has significantly impacted us all, including our students, and has structurally altered how we provide teaching, assessment and clinical placement and care in many settings.

In this changed and changing environment we will continue to grow our student wellbeing and study support services including via specific wellbeing and study skills development programs, local medicine-specific student support services and defined and local support for our Aboriginal Australian and Torres Strait Islander students. Such initiatives will support all students while being particularly relevant for students entering medicine via our selective Indigenous Australian, rural and equity pathways which account for over half of our admission cohort. We will remain committed to ensuring students who may be subject to educational, socioeconomic, or geographic disadvantage will have the support they require to meet the exacting standards we require of our future doctors.

In summary our Curtin University Medical School is entering an exciting and new phase. We have developed and implemented our medical course and have celebrated two successful graduating years. This is a testament to the vision and commitment of the University, our dedicated and innovative staff, and community partners. Over the next five years we plan to consolidate and innovate with reference to the year one curriculum and final year shared clinical school model. To stay true to our mission which highlights the needs of primary care and underserved populations we will focus on building shared capacity in primary care to provide high quality, stimulating and inspiring general practitioner teaching and clinical placements. We will also continue to focus on increasing our student research capacity as well as grow our student support, wellbeing, and study development capacity to ensure all our students, irrespective of background, have the supports they need to meet the exacting standards required of future doctors.

3 AMC Findings

3.1 Summary of findings against the standards

The findings against the eight accreditation standards are summarised in the table below.

Standard	Finding in 2016 (including any requirements substantially met or not met)	Finding in 2022 (including any requirements substantially met or not met)
1 Context of the Medical Program	Substantially met (Standards 1.1, 1.6 and 1.8 substantially met)	Substantially met (Standards 1.1, 1.4 and 1.8 substantially met)
2 Outcomes of the Medical Program	Met (Standard 2.2.3 substantially met)	Met
3 The Medical Curriculum	Substantially met (Standards 3.2, 3.3, 3.4 and 3.6 substantially met)	Met
4 Learning and Teaching	Met	Met
5 Assessment of Student Learning	Substantially met (Standards 5.1, 5.2, 5.3 and 5.4 substantially met)	Met
6 Monitoring and Evaluation	Substantially met (Standards 6.2 and 6.3 substantially met)	Met
7 Students	Met (Standard 7.4 substantially met)	Met
8 The Learning Environment	Substantially met (Standards 8.3 and 8.4 substantially met)	Met (Standard 8.3 substantially met)

3.2 Detailed findings against the standards

Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:

Unsatisfactory	<i>The education provider may not meet the related accreditation standard and AMC should investigate further.</i>
Not Progressing	<i>No progress or overly slow progress.</i>
Progressing	<i>Indicates satisfactory progress against the recommendation, with further reporting necessary.</i>
Satisfied and Closed	<i>The education provider has satisfied all requirements and can cease reporting against the Condition. Condition is marked as closed.</i>

Standard 1 The Context of the Medical Program

Standards cover: governance, leadership and autonomy, medical program management, educational expertise, educational budget and resource allocation, interaction with health sector and society, research and scholarship, staff resources and staff appointment, promotion and development

Summary of accreditation status	2016: Substantially met.	2022: Substantially met
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Developments against Standard 1

Significant developments relevant to this standard
<p>The structure of Curtin Medical School (CMS) changed in January 2021 with the merger between the two former Schools of Medicine and Pharmacy/Biomedical Science, together with the Discipline of Medical Radiation Science within the Faculty of Health Sciences.</p> <p>The recruitment for the CMS Dean Faculty of Health Sciences is underway, with an anticipated commencement date of July 2022. The Committee recognizes that the key leadership roles of the medical program are clearly stated in job descriptions and work functionally in a cohesive manner.</p> <p>CMS (Medicine) has reshaped its committee structure. This was following an external review of the committees by Professor Robert Sanson-Fisher. For the MBBS course, the strategic and operational aspects of curriculum, teaching and assessment are now aligned under the Undergraduate Education Committee (UEC) (which replaces the former Curriculum Committee), chaired by the Director of Learning and Teaching. Changes to the course, requiring University level approval, follow the same governance procedures that have been in place since establishment of the course.</p> <p>CMS (Medicine) continues to draw extensively upon educational expertise, including that of Indigenous peoples. The CMS (Medicine)'s Indigenous Academic Lead reports to the Associate Dean (Medicine) and regularly liaises with the Faculty's Director of Indigenous Engagement. The recent addition of a Wellbeing Mentor (0.4FTE), also medically trained, has provided additional and extensive expertise in relation to working with Indigenous peoples and the underprivileged.</p> <p>For 2022 the Faculty has been fully supportive of the budget requirements given CMS (Medicine) is still in a significant growth phase. Business modelling undertaken in 2020 by the CMS Dean resulted in a five-year business model.</p> <p>CMS (Medicine) partnerships with the health system and remote health care sites in Western Australia has expanded significantly since the last accreditation assessment and formal relationships are now well established. The challenges faced by CMS (Medicine) in establishing effective partnerships within Indigenous communities and organisations reported previously remain relevant and are not unique to CMS (Medicine).</p> <p>CMS (Medicine) has a three-component staffing strategy that addresses the growth in student numbers (operational), mitigates the loss of key personnel (risk management) and supports curriculum development and implementation (strategic).</p>

Activity against conditions from the 2016 and 2018 accreditation reports

Condition:	Due:	Status:
1 Provide evidence that the medical program's committee structure, in particular relating to the governance of the curriculum, is functioning adequately to meet the needs of the program. (Standard 1.1.1)	2017	Satisfied
3 Provide formal agreements with the School's major health partners to confirm effective partnerships for delivery of the program for the period of accreditation. (Standard 1.6)	2016	Satisfied
2 Provide evidence of ongoing consultations with clinicians and healthcare providers in relation to plans for the medical program, its purpose and clinician involvement in its delivery. (Standard 1.1.3)	2016	Satisfied
4 Provide confirmation of appointments to the two roles of Professor of Clinical Teaching and Clinical Skills Lecturer. (Standard 1.8.1)	2016	Satisfied
30 Provide a report on the academic medical education expertise that is utilised in embedding the Indigenous Health curriculum in the program. (Standard 1.1) <i>from the 2017 progress report</i>	2018	Satisfied
31 Demonstrate that the Clinical Education Committee is operational and effective. (Standard 1.1) <i>from the 2018 follow-up assessment</i>	2019	Satisfied
33 Address the workload burden on current staff in order to ensure the continued progress on development of the program and the sustainability of the program into the future. (Standards 1.4, 1.8 and 8.3) <i>from the 2018 follow-up assessment</i>	2019	Progressing
34 Confirm that key appointments are made as scheduled. (Standard 1.8) <i>from the 2018 follow-up assessment</i>	2019	Satisfied
32 Demonstrate that the Research Committee is operational and effective. (Standard 1.1) <i>from the 2018 follow-up assessment</i>	2020	Progressing

Standard 2 The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

Summary of accreditation status	2016: Met.	2022: Met
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Developments against Standard 2

Significant developments relevant to this standard
<p>Progress has been made to strengthen clinical teaching and experience through workplace-embedded part-time clinicians in each Clinical School. The focus on rural and Indigenous health is maintained. The annual Health Department survey report on the 'work readiness' of graduates should provide useful information.</p> <p>In 2022-23, there is an MBBS Course Review scheduled (as part of the University and TEQSA requirements) and review and refinement of the MBBS Graduate Outcomes is part of that process.</p> <p>With course completion of the first cohort at the end of 2021, plans are in place to monitor their progress through seeking feedback from Internship training sites in Western Australia, seeking feedback from the first cohort as alumni, analysing the MSOD (Medical Student Outcomes Database) findings, and the Australia Health Practitioners Registration Authority (Ahpra) registration data.</p> <p>CMS (Medicine) is collaborating with the University of Western Australia (UWA) to determine the feasibility of contributing to the existing prospective UWA Medical School cohort with the aim of achieving efficiencies and to facilitate comparisons between our undergraduate and the predominantly graduate-based UWA programs.</p>

Activity against conditions from the 2016 accreditation report

Condition:	Due:	Status:
5 Provide evidence of the processes to be implemented from Year 3 to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites. (Standard 2.2.3)	2018	Satisfied

Standard 3 The Medical Curriculum

Standards cover: duration of the medical program, the content of the curriculum, curriculum design, curriculum description, Indigenous health and opportunities for choice to promote breadth and diversity

Summary of accreditation status	2016: Substantially Met.	2022: Met
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Developments against Standard 3

Significant developments relevant to this standard
<p>To increase student options for learning research skills an intercalated Bachelor of Medical Sciences (BMedSci(Hons)) has been developed, approved by the University, and will enrol students in 2023. This will be open to MBBS students up to a maximum of 10% of students at the end of Year 3.</p> <p>Changes have been made to the anticipated early design of a longitudinal integrated clerkship model at Peel Health Campus. The plan to integrate hospital and GP experiences with the first run of Year 4 in 2021 proved challenging with the advent of COVID-19.</p> <p>The recent appointment of Specialist Leads for General Practice, Psychiatry, Paediatrics, Medicine, Surgery and Obstetrics and Gynaecology.</p> <p>Recruitment plans for a Specialist Lead for Acute Care Clinical Lead and a Specialist Lead for Indigenous Health.</p>

Activity against conditions from the 2016 accreditation report

Condition:	Due:	Status:
6 Provide the finalised Year 2 curriculum and map how the Year 2 curriculum content will demonstrate progression towards the graduate outcomes. (Standard 3.2)	2017	Satisfied
7 Provide the finalised Years 3 to 5 curriculum, and map how the Years 3 to 5 curriculum content will demonstrate progression towards the graduate outcomes. (Standard 3.2)	2018	Satisfied
8 Provide details of the proposed Year 4 longitudinal training model. (Standards 3.2 and 8.3)	2018	Satisfied
9 Provide evidence of purposeful curriculum design articulating how the themes are integrated in the curriculum and in learning and teaching activities, in particular the vertical integration across Years 3 to 5. (Standard 3.3)	2018	Satisfied
10 Provide specific learning objectives for Years 3 to 5 aligned to the four themes and the program's graduate outcomes. (Standard 3.4)	2018	Satisfied
11 Provide evidence of opportunities for students to pursue studies of choice that promote breadth and diversity of experience. (Standard 3.6)	2018	Satisfied

Standard 4 Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

Summary of accreditation status	2016: Met.	2022: Met
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Developments against Standard 4

Significant developments relevant to this standard
<p>Additional reflective measures have been introduced in Years 3 to 5 to enhance learning outcomes for the Curriculum Theme 4: Personal and Professional Development.</p> <p>Future developments include a new mindfulness-based pilot learning program planned for introduction to Year 2 in 2022 which will discuss self-awareness of learning and clinical practices and facilitate skills-based mindfulness education. Formative assessment will include a self-reflective journal, peer-peer discussion and facilitator feedback regarding program engagement. The addition of this component aims to provide students with the necessary skills to participate optimally in self-reflective and feedback-based activities in Years 3 to 5.</p>

Activity against conditions from the 2016 and 2018 accreditation reports

Nil.

Standard 5 The Curriculum – Assessment of Student Learning

Standards cover: assessment approach, assessment methods, assessment feedback and assessment quality

Summary of accreditation status	2016: Substantially Met.	2022: Met
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Developments against Standard 5

Significant developments relevant to this standard
<p>A change to assessment governance has been introduced. The previous Assessment and Progression Subcommittee has been folded into the Undergraduate Education Committee, and Year Working Parties for course level and year level assessment decision making. The MBBS course continues to follow University policy for Boards of Examiners who make the final progression decisions.</p> <p>Appointment of Assessment Administrator (0.2 Associate Professor level) to support the work of assessment for the MBBS course.</p> <p>Conduct of Objective Structured Clinical Examination (OSCE) workshop by Professor Kathy Boursicot, Singapore, with academic and professional staff, to enhance efficiency and effectiveness of OSCE.</p> <p>In 2021, Years 4 and 5 participated in the Prescribing Skills Assessment (PSA) pilot project and completed the PSA assessments on a formative basis and received feedback on their performance.</p> <p>WA has been fortunate with minimum impact of COVID to date, enabling established assessment methods to proceed. During any COVID-19 restrictions, CMS (Medicine) was able to implement online written assessments with invigilation (using the Assessment Management System – Practique) with integrated live invigilation functionality. With the increasing level of COVID-19 in WA a temporary stepped increase in restrictions from March to May 2022 was anticipated. While this is unlikely to impact assessments later in the year previous experience in rapidly implementing online assessment will be utilised if necessary.</p> <p>A StudyWell pilot program to offer triage and pathways to improve outcomes has been implemented for Year 2 and will be extended to Year 1 in 2022. The newly appointed Curtin Wellness Clinician/Mentor sees individual students experiencing challenges in meeting course requirements and recommends interventions and referrals as required.</p> <p>The first complete set of data from Year 1 to Year 5 for the first cohort graduating in 2021 is now available and will be analysed in 2022. Specific analyses performed include descriptive statistics, correlation analyses and analyses of variance modelling.</p>

Activity against conditions from the 2016 and 2018 accreditation reports

Condition:	Due:	Status:
12 Confirm the Year 1 assessment program, including the schedule and the public documents concerning the specific Year 1 assessment and progression requirements for the medical program. (Standard 5.1)	2016	Satisfied

Condition:	Due:	Status:
15 Confirm assessment methods and formats to assess the intended learning outcomes in Year 1 and demonstrate they are fit for purpose; provide blueprints that map assessment in Year 1 against the themes and unit learning outcomes. (Standard 5.2)	2016	Satisfied
16 Confirm the validated methods of standard setting to be used in Year 1. (Standard 5.2)	2016	Satisfied
13 Confirm the Year 2 assessment schedule (Standard 5.1.1); and clearly document the Year 2 assessment and progression requirements for the medical program. (Standard 5.1.2)	2017	Satisfied
17 Confirm assessment methods and formats to assess the intended learning outcomes in Year 2 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Year 2 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Year 2. (Standard 5.2.3)	2017	Satisfied
19 Provide outcomes from interrogation of early student results from Year 1 to identify any medical students performing below the level of the medical student cohort. (Standard 5.3.1)	2017	Satisfied
20 Provide details of the finalised mechanism for regular feedback following assessments, and regular feedback to supervisors and students on student cohort performance. (Standard 5.3)	2017	Satisfied
21 Demonstrate implementation of a program of review of the program's assessment policies and practices, and processes to ensure consistency across sites. (Standard 5.4)	2017	Satisfied
14 Confirm the Year 3 to 5 assessment schedule (Standard 5.1.1); and clearly document the Year 3 to 5 assessment and progression requirements for the medical program. (Standard 5.1.2)	2018	Satisfied
18 Confirm assessment methods and formats to assess the intended learning outcomes in Years 3 to 5 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Years 3 to 5 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Years 3 to 5. (Standard 5.2.3)	2018	Satisfied
35 Confirm the appointment of the Year 3 Assessment Lead. (Standard 5.1) <i>from the 2018 follow-up assessment</i>	2019	Satisfied

Standard 6 The Curriculum - Monitoring

Standards cover: monitoring, outcome evaluation and feedback and reporting

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

Summary of accreditation status	2016: Substantially Met.	2022: Met
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Developments against Standard 6

Significant developments relevant to this standard
<p>CMS (Medicine) incorporates a range of collaborations including the Rural Clinical Schools of Western Australia (RCSWA), WA medical schools and their Deans, AMSAC (Australian Medical Schools Assessment Collaboration) and ACCLAiM (for OSCEs).</p> <p>From 2021, the School participated in the Prescribing Skills Assessment (PSA) pilot project and the AMC/Medical Deans Australia and New Zealand (MDANZ) Joint Assessment Calibration Project.</p> <p>As a new medical course, the School sought external national and international feedback (from three individuals) on the Year 5 written examinations and OSCEs to inform ongoing quality improvements.</p> <p>In 2022, a five-year research proposal to continuously monitor the impact of student background characteristics on academic performance is currently being drafted for Curtin University human research ethics approval.</p>

Activity against conditions from the 2016 accreditation report

Condition:	Due:	Status:
22 Confirm plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics. (Standard 6.2)	2018	Satisfied
23 Provide evidence that outcome evaluation results are made available and the School considers stakeholder views. (Standard 6.3)	2018	Satisfied

Standard 7 Implementing the Curriculum - Students

Standards cover: student intake, admission policy and selection, student support, professionalism and fitness to practise, student representation and student indemnification and insurance

Summary of accreditation status	2016: Met.	2022: Met
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Developments against Standard 7

Significant developments relevant to this standard

Available infrastructure and learning/teaching resources are sufficient to accommodate this. Details of the learning environment and resources to accommodate the student cohort are provided in Section 8.1.

The Admissions Committee is a new committee (established in 2022) established to oversee selection. After this implementation phase it will meet at least four times per year. Membership of this committee is broad and is drawn from community and hospital-based clinicians as well as representatives from rural, low socio-economic status, and Indigenous groups.

A pilot project *Curtin Medical School – Medicine (CMS) Student Ambassador Secondary School Visit Program* is being undertaken by the Rural Academic Lead with the purpose to improve recruitment of rural students, including Indigenous students.

In a recent review of the CMS (Medicine) Rural-origin Student Recruitment Plan (October 2020), four specific actions linked to the creation of a CMS (Medicine) Student Ambassador Secondary School Visit Program were identified:

- Seek alumni from target secondary schools within current CMS (Medicine) students and identify alumni ambassadors to visit their school each year from 2021/2022.
- Train and support alumni ambassadors to conduct secondary school visits.
- Develop a secondary school visit plan, in collaboration with the student Curtin Rural Outreach Health Club (CROHC), covering the target schools in 2021, and repeat in 2022.
- Track classes and teachers where presentations have been provided, as well as individual students in each of the target secondary schools who express an interest in medicine.

In addition to existing Curtin student support services CMS (Medicine) has created a new role (0.4FTE) to provide wellbeing and mentor support to students, with the appointment of a medically trained Wellbeing Mentor, who commenced in December 2021.

Within an expanded wellbeing focus there will be development of a CMS (Medicine) MBBS Wellbeing Framework for completion in 2022.

CMS (Medicine) includes medical students in key governance and advisory groups and considers participation of medical students in different aspects of the MBBS course, providing input into course evaluation, admission and student support.

Activity against conditions from the 2016 and 2018 accreditation reports

Condition:	Due:	Status:
24 Provide the 2017 Medicine Undergraduate Guide that will be given to students at orientation. (Standards 7.3 and 3.4)	2016	Satisfied
25 Finalise the School's fitness to practise procedure. (Standard 7.4)	2016	Satisfied
36 Clearly separate student support from academic progress decisions. (Standard 7.3) <i>from the 2018 follow-up assessment</i>	2019	Satisfied

Standard 8 Implementing the Curriculum – Learning Environment

Standards cover: physical facilities, information resources and library services, clinical learning environment and clinical supervision

Summary of accreditation status	2016: Substantially Met.	2022: Met
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Developments against Standard 8

Significant developments relevant to this standard
<p>While current facilities are adequate in 2022 plans will be developed to improve ways to utilise the building as the MBBS course expands towards 600 students. Storage and clinical teaching space are pressing issues. It is anticipated that CMS (Medicine) will need to invest in upgrading and changing parts of the building to accommodate the amount of teaching space and equipment required.</p> <p>In 2022 CMS (Medicine) aims to integrate Clinicalkey with Blackboard to provide efficiencies by streamlining some of the teaching work of academics and student learning across the five year MBBS course, which aligns with Curtin’s strategic objective to leverage online technologies to support learning outcomes.</p> <p>Over the last 12 months, CMS (Medicine) has started to deploy students to three new hospital sites (Sir Charles Gairdner, King Edward Memorial and Perth Children’s Hospitals). At Sir Charles Gairdner Hospital a Clinical Dean and administrative support person has been appointed. The same roles are currently being advertised for Perth Children’s and King Edward Memorial Hospitals.</p> <p>The establishment of a Rural Health Campus in Kalgoorlie in the Goldfields region of WA has been a major development within the CMS (Medicine) program.</p> <p>Of particular significance is the CMS (Medicine) clinical site at Midland (east Metropolitan area), an area that has a high Indigenous population. The Midland Hospital, as with all metropolitan hospitals, has an Indigenous Liaison Unit which employs a Liaison Officer to provide support to students on placements at their sites which the School can access.</p>

Activity against conditions from the 2016 and 2018 accreditation reports

Condition:	Due:	Status:
26 Demonstrate active engagement with the other two medical schools in Western Australia to ensure adequate clinical facilities and teaching capacity for the program at all shared sites including the Rural Clinical School. (Standard 8.3.4)	2016	Satisfied
27 Provide evidence of sufficient patient contact to achieve the program outcomes (Standard 8.3.1); and of sufficient clinical teaching facilities to provide clinical experiences. (Standard 8.3.2)	2018	Satisfied
28 Provide evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility, and of processes for supervisor training, monitoring and support. (Standard 8.4)	2018	Satisfied

Condition:	Due:	Status:
29 Define the responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements. (Standard 8.4)	2018	Satisfied
37 Provide the outline of the Year 5 clinical placements. (Standard 8.3)	2019	Satisfied

