

**JOINT NEWS RELEASE BY
THE AUSTRALIAN MEDICAL COUNCIL
AND
THE MEDICAL COUNCIL OF NEW ZEALAND**

OTAGO MEDICAL FACULTY IS ACCREDITED

The University of Otago's faculty of medicine has been accredited for the maximum possible period, ten years, the Australian and New Zealand Medical Councils announced today. The decision applies from 1994 until 2004.

The green light has been given by the Councils as part of their joint accreditation arrangements for Australasian Medical Schools. It means Otago graduates can be registered as doctors in Australia as well as New Zealand on the basis that they have received appropriate education and training.

Both Councils congratulate the faculty on substantial improvements since the previous accreditation in 1994.

A team from the Australian Medical Council, including New Zealand representatives, carried out the review in March this year. During a week, the team carried out a comprehensive review inside the faculty and outside, meeting hospital managers, general practitioners and new graduates.

An AMC visit in 1994 raised concerns about the faculty, and led to accreditation for a limited period. A revisit was scheduled for 1999.

The AMC President, Dr Kerry Breen said: "When the AMC visited the Otago Medical Faculty in 1994, the New Zealand health system was undergoing substantial reforms, and there was uncertainty about the potential outcomes for the faculty and medical education. The 1994 AMC assessment also raised concerns about the faculty's management structures, staff support and development programs, and some aspects of the medical curriculum, particularly students' practical experience in obstetrics."

Professor Caroline McMillen of the University of Adelaide, who chaired the 1999 AMC review team, said: "The University has responded very positively to the AMC's 1994 report. The medical faculty is enjoying a period of growth and productivity and has made progress against all its major targets. The improvement in the relationships between the University of Otago and the health care services since 1994 is particularly commendable. The AMC considers that high standards of clinical service and quality of patient care are ensured by the involvement of the clinicians in teaching and research, and the team was pleased to see that the importance of teaching and research is now recognised in the goals of the faculty's teaching hospitals."

The AMC report identifies areas for continuing progress: teaching in Maori health, reducing the contact load in the earlier years of the medical course and the development of a faculty information technology strategy. At the time of the team's visit, the faculty had just begun a review of its student selection policy. As is usual practice, the faculty will report annually to the AMC on progress.

The New Zealand Medical Council makes its own accreditation decisions on the basis of the report. In accepting the report at its August meeting, President Dr Tony Baird said the Council was delighted with the ten-year accreditation. The New Zealand Medical Council will particularly monitor the progress in teaching in Maori health and the review of student selection.

The Vice-Chancellor of the University, Dr Graeme Fogelberg, and the Dean of Faculty, Professor John Campbell, have received the AMC's report on the assessment. In response, Professor Campbell said: "Faculty staff and students have put an immense amount of thought, planning and hard work into the many developments at the Medical School over the last few years and we are delighted to see this recognised in the AMC Report. Well trained doctors, with a sound grounding in the biomedical sciences, broad clinical experience and an appreciation of professional and public responsibilities are essential to health services in New Zealand. We are confident that Otago Medical School will continue to provide doctors well equipped to help meet the health needs of New Zealanders."

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The Review Report

The AMC report comments in detail on changes to the Otago medical curriculum.

Some highlights were:

- A strand of professional development teaching, which covers medical ethics, communication skills and medico-legal responsibilities as well as aspects of self directed learning, self care and clinical decision making.
- An increased emphasis on learning important concepts and principles rather than fine detail, and on student self-directed learning and small group teaching.
- The students' learning now has greater clinical relevance, with their experiences in the community and in clinical settings beginning in the first year of the medical course.
- The faculty's dynamic approach to teaching medical students in rural areas. The initiatives in this area, and the initiatives of the Dunedin School of Medicine in particular, are described as potentially an example of best practice in rural clinical education.