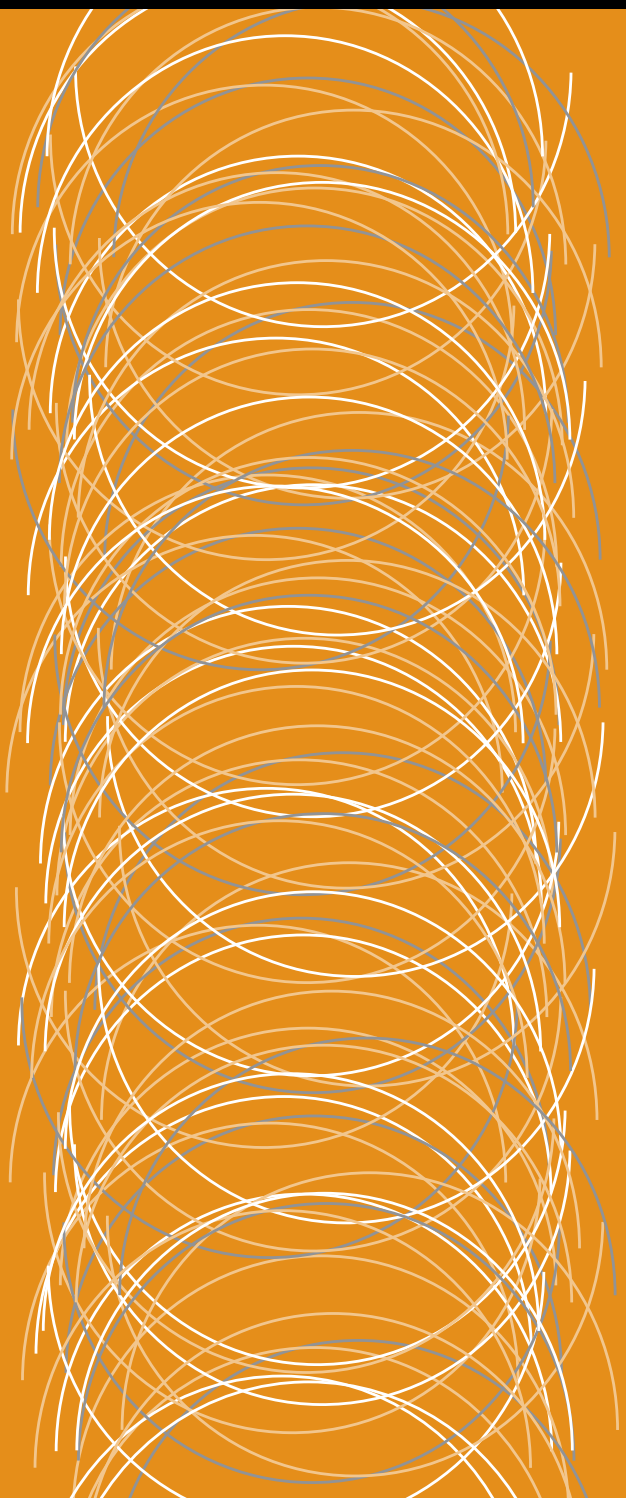
Australian Medical Council Limited

Accreditation of University of Notre Dame Australia School of Medicine, Fremantle Medical Program

AMC



Medical School Accreditation Committee
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Executive summary 2016

The University of Notre Dame Australia School of Medicine, Fremantle is seeking reaccreditation of its medical programs. The School offers two primary medical programs: a four-year graduate entry Bachelor of Medicine / Bachelor of Surgery (MBBS) and Bachelor of Medicine / Bachelor of Surgery (Hons) (MBBS (Hons)).

The School of Medicine, Fremantle will transition its MBBS to a Doctor of Medicine (MD) program commencing January 2017. The MD program was included in the scope of the 2016 assessment.

Accreditation process

According to the AMC's *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015,* accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission, and visits the provider and its clinical teaching sites.

The School of Medicine, Fremantle is part of the University's College of Medicine, which encompasses the School of Medicine, Fremantle and School of Medicine, Sydney.

The accreditation of the School of Medicine, Fremantle expires on 31 December 2016.

An AMC team completed the reaccreditation assessment. It reviewed the School's submission and the Medical Students' Association of Notre Dame Fremantle's report, and visited the School and associated clinical teaching sites in the week of 18 – 22 April 2016.

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

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

Reaccreditation of established education providers and programs of study

The accreditation options are:

(i) Accreditation for a period of six years subject to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.

(ii) Accreditation for six years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.

(iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine the program satisfies the accreditation standards, the AMC may award accreditation with conditions and for a period of less than six years. By the conclusion of this period the AMC will conduct a follow-up review.

(iv) Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards.

The AMC is satisfied that the medical programs of the University of Notre Dame Australia, School of Medicine, Fremantle meet the approved accreditation standards.

The 20 October 2016 meeting of the AMC Directors agreed:

(i) That the four-year graduate entry Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program of the University of Notre Dame Australia, School of Medicine Fremantle **be granted accreditation to 31 March 2018** (N.B. the MBBS will be phased out entirely by 2017)**;** and

(ii) That the four-year graduate entry Doctor of Medicine (MD) medical program of the University of Notre Dame Australia, School of Medicine Fremantle **be granted accreditation to 31 March 2023.**

(iii) That accreditation of both programs is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; and to the following conditions:

2017 conditions

- Report on any additional resourcing required to meet program requirements for the implementation of the MD program (including but not limited to managing research projects and curriculum review) and the School's plans to address these requirements (Standards 1.5 and 1.7).
- Confirm the medical program's arrangements to ensure ongoing delivery of the components of basic and clinical sciences content currently contracted to Murdoch University (Standard 1.6).
- Report on the introduction of the research project component within the MD program (Standard 3.2).
- Confirm the final content of the bioethics component of the MD program (Standard 3.2).

- Report on the outcomes of the problem-based learning block reviews (Standard 4.1).

2018 condition

- Formalise the interprofessional learning curriculum across the program (Standard 4.7).

Key findings

1. The context of the medical program	Met

2017 conditions

Report on any additional resourcing required to meet program requirements for the implementation of the MD program (including but not limited to managing the research projects and curriculum review) and the School's plans to address these requirements (Standards 1.5, 1.7).

Confirm the medical program's arrangements to ensure ongoing delivery of the components of basic and clinical sciences content currently contracted to Murdoch University (Standard 1.6).

Recommendation for improvement

The Chair of the Evaluation Committee to be included on the Academic Governance Committee, changing the Evaluation Committee's reporting line from the School Executive Committee to the Academic Governance Committee, and ensuring the Evaluation Committee assume the role as the overarching forum for the collation and dissemination of all evaluation data (Standards 1.1 and 6.1).

Commendation

The School's engagement with clinicians in hospital and community settings (Standard 1.6).

2. The outcomes of the medical program	Met

Commendation

The School's mission is well known and well understood amongst the staff, students and key partners (Standard 2.1).

The School's efforts to address the specific needs of its community, in particular the School's Rural Immersion program in the Kimberley, its successful collaboration with the University of Western Australia in the Rural Clinical Schools, the Broome immersion, and its well embedded and integrated Aboriginal Heath curriculum (Standard 2.1).

3. The medical curriculum	Met

2017 conditions

Report on the introduction of the research project component within the MD program (Standard 3.2).

Confirm the final content of the bioethics component of the MD program (Standard 3.2).

Recommendation for improvement

Consider a staged release of the program's learning objectives as students progress through the program rather than providing them during Semester 1 (Standard 3.4).

Commendations

The program's clinical supervisors have fostered a high degree of engagement with students (Standard 3.2).

The clinical audits as implemented at a number of sites (Standard 3.2).

The active fostering of professional behaviour through initiatives such as the clinical debriefing program (Standard 3.2).

The student leadership and the School's active engagement with the student society (Standard 3.2).

The integration of Aboriginal health content into the program, and impressive resource allocation to the Aboriginal health team (Standard 3.5).

4. Teaching and learning	**Met**

2017 condition

Report on the outcomes of the problem-based learning block reviews (Standard 4.1).

2018 condition

Formalise the interprofessional learning curriculum across the program (4.7).

Recommendation for improvement

Record lectures and make them available electronically (Standard 4.1).

Commendation

The Prudentia™ online curriculum management tool, which allows students and teachers to collaborate in teaching and learning experiences, are aligned with program learning outcomes (Standard 4.1).

5. The curriculum – assessment of student learning	**Met**

Recommendations for improvement

Murdoch University staff contribute assessment items for their teaching areas but do not appear to receive feedback on student assessment performance. The School may wish to provide more guidance to Murdoch staff on the design and review of assessment items against program learning outcomes, standard setting, and ensure Murdoch staff receive feedback on student assessment performance, both overall and in specific units of study (Standard 5.2 and 5.3).

In addition to the formal counselling of students who have failed assessment items, consider ways in which the within-study-period mechanisms can be activated and monitored more formally (Standard 5.3).

Commendations

The School's approach to the assessment of student learning employs best practice in modern medical assessment in many areas of its curriculum (Standards 5.1 and 5.2).

6. The curriculum – monitoring	Met

Recommendation for improvement

Establish a process to provide teaching performance feedback of staff teaching at Murdoch University (Standard 6.1).

7. Implementing the curriculum – students	Met

Recommendation for improvement

The School has an alternative entry pathway for Aboriginal students, and there is good support for Aboriginal students in the medical program. The School should ensure that information on the alternative entry pathway and the support available for Aboriginal students are clearly communicated, for example, through the School's website (Standard 7.1 and 7.2).

Commendation

The School's comprehensive range of student support, in particular, the preventative mental health education strategies (Standard 7.3).

8. Implementing the curriculum – learning environment	Met

Commendation

The School has successfully established and maintained clinical teaching sites within private hospitals, affording students excellent patient access (Standard 8.3).

Introduction

The AMC accreditation process

The Australian Medical Council (AMC) is the 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 practice 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 and procedures for accreditation are published in the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* and in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015.* The accreditation standards list the graduate outcomes that collectively provide the requirements students must demonstrate at graduation and define the curriculum in broad outline as well as 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 the AMC Directors. The Committee includes members nominated by the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Committee of Presidents of Medical Colleges, the Medical Council of New Zealand, the Medical Board of Australia, and the Medical Deans of Australia and New Zealand. The Committee also includes a member of the Council, and a member with background in, and knowledge of, health consumer issues.

The AMC appoints an accreditation assessment team to complete a reaccreditation 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 opportunity for the medical education provider to comment on the draft. The Committee considers the team's draft report and submits the report, amended as necessary, together with a recommendation on accreditation to the AMC Directors. The Directors make the accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015*. 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 (MCNZ) 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 MCNZ that a medical school's program of study satisfies agreed 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. 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 School and the programs

The University of Notre Dame Australia was established in 1989 through an Act of the Western Australian Parliament. The private Catholic University has approximately 11,000 undergraduate and postgraduate students enrolled across its three campuses located in Fremantle, Broome and Sydney.

The University employs approximately 580 full-time academic and professional staff.

The University offers two separate medical programs, one delivered by the School of Medicine, Fremantle, and the second at the School of Medicine, Sydney. Each School is responsible for their own academic matters including curriculum, assessment and quality assurance. The AMC conducts separate accreditation assessments of each medical program.

The School of Medicine, Fremantle was established in 2004, with the first cohort commencing in 2005. The School offers two primary medical degrees: a four-year graduate entry Bachelor of Medicine / Bachelor of Surgery (MBBS) and Bachelor of Medicine / Bachelor of Surgery (Hons) (MBBS (Hons)).

The School has 100 Commonwealth-supported places in each of the four years of the program. In 2015, the School of Medicine, Fremantle had over 410 medical students enrolled in the program. The School has approximately 60 full-time staff and 167 adjunct staff.

Each year of the medical program is an integrated single unit year, organised into two stages. The first stage (Year 1 and 2) is primarily preclinical training with the final two years of the program being primarily clinical.

In October 2015, the AMC received a submission from the School of Medicine, Fremantle concerning plans to transition its MBBS to a Doctor of Medicine (MD) program, commencing January 2017. The MD will include an extended research component to achieve the Masters level qualification.

The AMC's Medical School Accreditation Committee considered the School's proposal at its 23 November 2015 meeting, agreeing the proposed changes did not constitute a major change and the medical program continues to meet the accreditation standards. The AMC Directors considered this advice at their 14 December 2015 meeting and agreed the proposal did not constitute a major change. The School's MD program was included in the scope of the 2016 assessment.

The program will transition existing students to the MD in two ways.

Students who have completed Years 1 and 2 of the Bachelor of Medicine / Bachelor of Surgery (MBBS) at the end of 2016 will be automatically enrolled into the MD program in 2017.

Students who complete Year 3 of the MBBS at the end of 2016 will have the option to be enrolled in and graduate with one of the following three degrees in 2017:

1 MBBS or

2 MBBS (Hons) or

3 MD.

If a 2017 final year student chooses to enrol in the MD program, they will have to complete an additional research assignment in order to meet the MD requirements. The option to complete the program with an MD will also be available to students who must repeat the final year of the MBBS in 2018 or who return from a leave of absence to undertake the final year of the MBBS in 2018.

Other than these exceptions, the School will only offer a Doctor of Medicine (MD) qualification after 2017.

The School of Medicine, Fremantle delivers most of the program's preclinical curriculum at the Fremantle campus, with some teaching provided from Notre Dame's School of Philosophy and Theology, and Murdoch University.

The Notre Dame School of Philosophy and Theology provides teaching for the compulsory core curriculum, which all University of Notre Dame Australia students must complete.

Some components of the Basic and Clinical Sciences curriculum are delivered by the School of Veterinary and Life Sciences, Murdoch University. Year 1 and 2 students are based at Murdoch University for these units.

Accreditation history

The AMC first accredited the University of Notre Dame's four-year graduate entry, Bachelor of Medicine/Bachelor of Surgery (MBBS) program in 2004 for six years until 2010. A follow-up visit, conducted in 2006, identified significant concerns for urgent attention about the School's future development and preparation for Year 3. The AMC confirmed the recommendation of the 2004 report that the School be granted accreditation until December 2010, subject to conditions, and added a condition that an AMC team would conduct a follow-up assessment in 2007.

In 2007, the AMC conducted another follow-up assessment, which raised concerns about the School's capacity to demonstrate that it will meet AMC standards in the future, particularly regarding staffing levels and the student experience of clinical teaching. The AMC convened an AMC advisory group to work with the University while it developed a detailed plan to address the concerns raised. The School's accreditation was changed to 31 December 2009, subject to the School providing a detailed report to the AMC in 2008 and a follow-up assessment in the first half of 2009.

In 2008, an AMC advisory group, independent of the Medical School Accreditation Committee, worked with the School throughout 2008 to clarify areas of concern. The School submitted a 2008 progress report, which was accepted by the AMC.

In 2009, the AMC conducted a follow-up assessment and granted accreditation until 2013, subject to conditions and satisfactory annual reports.

In 2012, the School submitted a comprehensive report for extension of accreditation, and the AMC conducted a visit in conjunction with the report. The AMC granted accreditation until 31 December 2016.

In 2013, the School notified the AMC of its plan to transition components of Basic and Clinical Sciences teaching to Murdoch University. In 2014, the AMC conducted a one-day visit and confirmed that the School continued to meet accreditation standards.

In October 2015, the School informed the Medical School Accreditation Committee of its intention to transition the MBBS program to a Masters degree from 2017. The AMC Directors considered that the changes proposed did not constitute a major change and the program continued to meet the accreditation standards. The School's MD program was included in the scope of the 2016 assessment.

The AMC began planning the reaccreditation assessment of the four-year graduate entry program in 2015. It appointed an accreditation team to complete the assessment. An AMC team reviewed the School's submission and the Medical Students' Association of Notre Dame's report, and visited the School and associated clinical teaching sites in the week of 18 – 22 April 2016.

This report

This report details the findings of the 2016 accreditation assessment, which required a detailed assessment across all accreditation standards.

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

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

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

Appreciation

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

1 The context of the medical program

1.1 Governance

1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher education institution.

1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.

1.1.3 The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance.

The University of Notre Dame Australia is a Catholic University with over 11,000 students across its campuses in Fremantle, Broome and Sydney.

The University offers two separate medical programs, one delivered by the School of Medicine, Fremantle and the second at the School of Medicine, Sydney. Each School is responsible for their own academic matters including curriculum, assessment and quality assurance. The AMC conducts separate accreditation assessments of each medical program.

The two medical Schools form the University's College of Medicine. As an organisational unit within the University of Notre Dame Australia, the primary role of a College is to bring together related Schools and staff from across the University campuses and present a collective point of view for the discipline area. The role of the College is one of advocacy and policy development within the University governance. The College of Medicine, through the College Chair, reports to the Senior Deputy Vice Chancellor of the University.

A School within the University of Notre Dame Australia organisational structure is a centre for teaching, scholarship, research, curriculum development, program planning, professional and research training and pastoral care of students. The School of Medicine Fremantle was first assessed by the Australian Medical Council in 2004, and is accredited until 31 December 2016. The School accepted its first cohort of students in 2005 and since that time, more than 700 students have graduated from the medical program. The School has two primary medical degrees: Bachelor of Medicine / Bachelor of Surgery (MBBS) and Bachelor of Medicine / Bachelor of Surgery (Hons) (MBBS (Hons). The School will transition to a Doctor of Medicine (MD) qualification in 2017.

Figure 1: The School's relationships with its internal units, the University and other providers

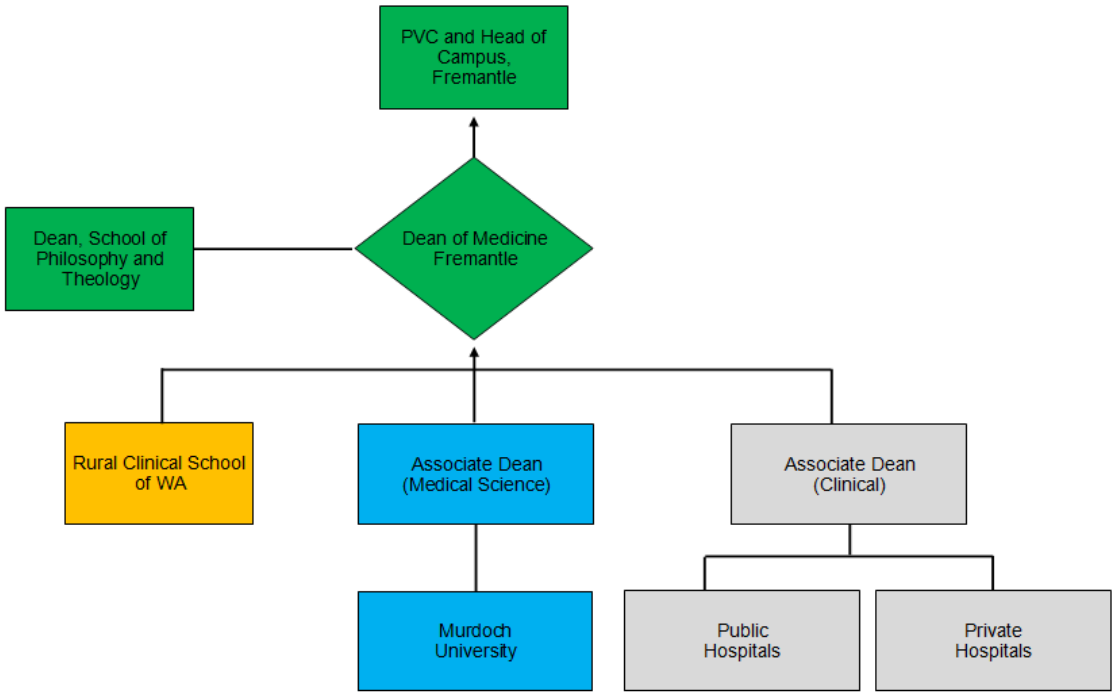


Figure 1 illustrates the School's relationship with other areas of the University and partnerships with external providers. The University exhibits a significant commitment to the School as articulated to the team by the Vice Chancellor. The success of the School is a major strategic priority of the University.

The School of Medicine relies on the School of Philosophy and Theology to provide some teaching into the medical program. All Notre Dame students enrol in the University's mandatory core programs in Theology, Philosophy and Ethics. The Notre Dame School of Philosophy and Theology provides teaching in the medical program for the core components *Theological Studies in Medicine* and *Philosophical Studies in Medicine* in Year 1 and *Ethical Studies in Medicine* in Year 2. With the introduction of the MD program, the Year 1 MBBS components will be replaced by a Year 1 program in Bioethics, which will also be delivered by the School of Philosophy and Theology. The team noted it would be important to determine the Bioethics content in the very near future as the MD will be introduced in 2017 and the MD curriculum is already tight (as referenced at standard 3.2).

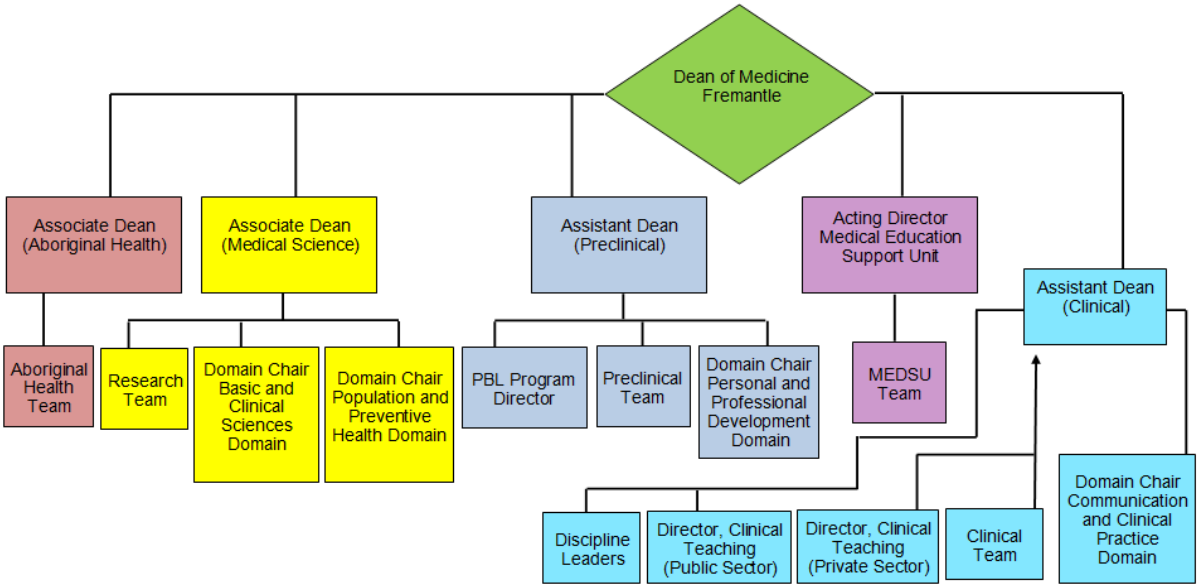
The School has two key external partnerships related to the curriculum delivery. The Rural Clinical School of Western Australia (RCSWA) is a partnership between the University of Notre Dame Australia and the University of Western Australia. The RCSWA has 15 locations across Western Australia. Twenty-five per cent of the School of Medicine Fremantle's Year 3 students spend an academic year in a rural setting. This partnership was reported to be functioning well at all levels and students involved in the Rural Clinical School were very positive about their rural experience.

Murdoch University is contracted to provide components of the medical program's Basic and Clinical Sciences curriculum. This partnership is managed by the Associate Dean (Medical Science). The Chair of the Basic and Clinical Sciences Domain is a joint appointment between Murdoch University and the University of Notre Dame Fremantle. The team observed that this

partnership is well managed at the institutional level and well integrated into the School's management structure through the Associate Dean and Domain Chair. Murdoch University has made a substantial commitment to the School's medical program and senior Murdoch University staff, whom the team spoke with, indicated the University of Notre Dame, Fremantle is an important strategic relationship for Murdoch University.

The School has a well-developed and effective network of partnerships with clinical providers, and particularly effective and robust relationships with private hospitals.

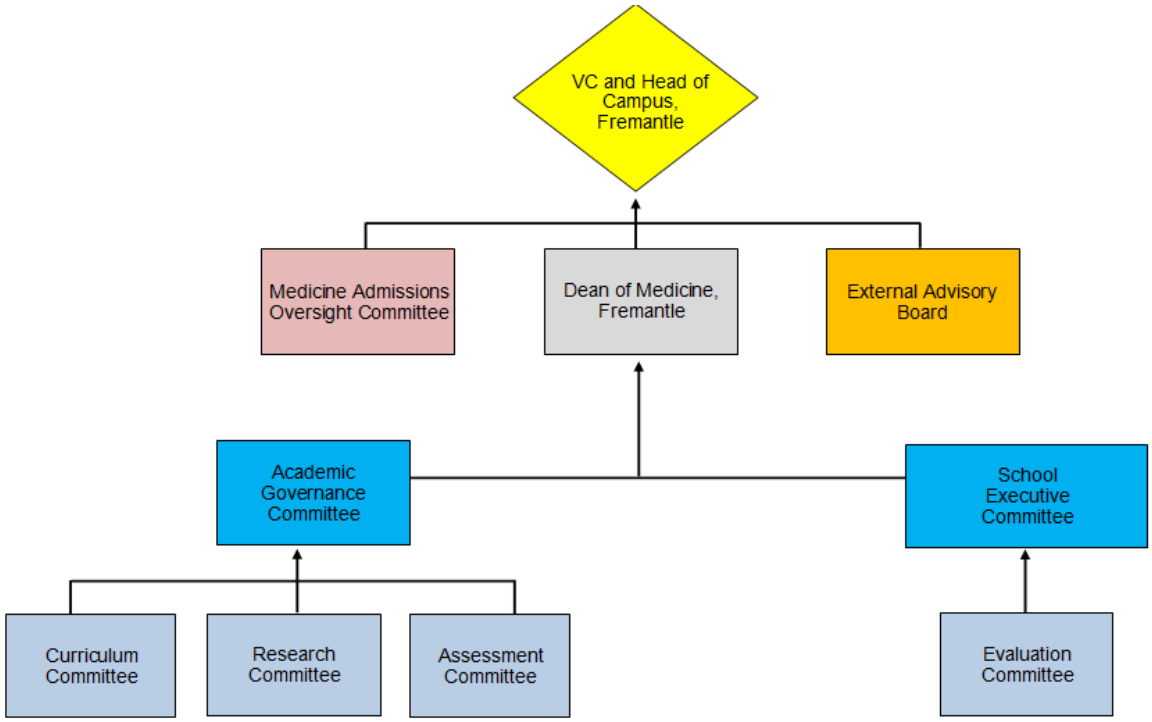
Figure 2: School of Medicine, Fremantle Management Structure 2015



The School's primary organisational areas for teaching and research include:

- Aboriginal Health Team
- Basic and Clinical Sciences Domain
- Communication and Clinical Practice Domain
- Population and Preventive Health Domain
- Personal and Professional Development Domain
- Medical Education Support Unit
- Research Team
- Clinical Team
- Preclinical Team.

Figure 3: School of Medicine, Fremantle Committee Structure



The School's formally convened committees include:

- School Executive Committee
- Academic Governance Committee
- Assessment Committee
- Curriculum Committee
- Evaluation Committee
- Research Committee
- External Advisory Board.

The School of Medicine, Fremantle's committee structure ensures good governance with clear role delineation and terms of reference. There is broad representation on each major committee from across the School. The Academic Governance Committee and the School Executive Committee are the two key committees that manage the School, and advise the Dean on matters relating to the curriculum, assessment, research, evaluation, quality and risk management and administrative operations. This structure provides a cohesive approach to management of the medical program.

The **School Executive Committee** (SEC) advises the Dean on matters relating to operational, and quality and risk management of the School and the medical program. The Committee meets fortnightly, and membership includes the Dean (Chair), Associate/Assistant Deans and Executive Officer.

The **Evaluation Committee** reports to the School Executive Committee. This Committee meets monthly to review, monitor and provide feedback on quality and makes recommendations for the evaluation of curriculum for all years of the medical program. The Evaluation Committee is comprised of an External Chair (appointed by the Dean), the School's Quality Assurance Manager, Year 1 and 2 coordinators, Clinical Curriculum Coordinator, Clinical Students' Coordinator, Medical Education Support Unit (MEDSU) representative, Research Manager and student representatives.

The **Academic Governance Committee** (AGC) reports to the Dean and makes decisions on matters related to curriculum, assessment and research. The membership is broadly representative and includes the Associate Deans, Domain Chairs, the Chairs of the Assessment and Research Committees, Curriculum Committee representation, the Head of Student Matters, and student representation.

The **Curriculum, Research and Assessment Committees** report to the Academic Governance Committee.

> **The Curriculum Committee** monitors the medical curriculum to ensure that it is current and reflects best practice. Membership includes the Chair (appointed from within membership), Year 1 and 2 coordinators, Clinical Curriculum Coordinator, Domain representatives, Aboriginal[1] health representative, and student representatives.
>
> **The Research Committee** is responsible for the creation of the School's research vision and implementation of policies and procedures specific to the School staff's research and development activity. This Committee is also responsible for directing the School's research focus and direction as well as creating opportunities for research collaboration, reviewing research proposals and ethics applications submitted by staff and students, overseeing the dissemination of the School's research output as well as the development, implementation and evaluation of research training courses.
>
> **The Assessment Committee** reviews assessment across all four years of the medical program to ensure lateral integration of assessment and to develop policies to ensure effective implementation of assessment.

Overall, the governance structures provide an effective means of managing the medical program. With regard to the Evaluation Committee, the team offer some observations for the School's consideration. Firstly, while there is evidence of innovative evaluations of the program, not all of these are captured by the Evaluation Committee. In order to formalise this activity, the team recommends the Evaluation Committee assume the role as the overarching forum for the collation and dissemination of all evaluation data. The Chair of the Evaluation Committee is not a member of either of the School's two key committees, the Academic Governance Committee or the School Executive Committee. As referenced at standard 6.1, the School may wish to consider including the Chair of the Evaluation Committee in the membership of the Academic Governance Committee. While other major committees report to the Academic Governance Committee, the Evaluation Committee reports to the School Executive Committee. The team suggests establishing a formal reporting line from the Evaluation Committee to the Academic

[1] *The School uses the term Aboriginal people/s respecting the preference of many in the Aboriginal community in Western Australia as this most accurately reflects the identity of Aboriginal peoples within this state.*

Governance Committee. This could improve the flow of evaluation information and enhance the effective implementation of strategic and operational responses.

An External Advisory Board provides high level non-binding strategic advice to the Vice Chancellor and the Dean. The membership of the External Advisory Board is drawn from eminent members of the medical profession, government and community. This Board has played an important role in advocating for the School with key stakeholders.

As referenced in standard 7.2, admissions to the School are overseen by a Medicine Admissions Oversight Committee. This university level committee reports directly to the Vice Chancellor and oversees medical admissions for both the Fremantle and Sydney medical programs.

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.

The School has almost complete autonomy in the design and development of the curriculum and its implementation.

The reporting relationships and key responsibilities of the Dean to the University administration are clear. The Dean's direct line report is to the Head of Campus (Fremantle Provost) with subsidiary reporting to the Pro Vice Chancellor (Research) and Pro Vice Chancellor (Academic) for operational matters. The Dean's role and responsibilities are clearly articulated under the University Statutes.

There is universal acknowledgement of the Dean's strong leadership from various stakeholder groups, most significantly by the students who spoke with the team, the staff and faculty of the program, and external partners.

1.3 Medical program management

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

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

The Dean is responsible for the overall management of the medical program. The Academic Governance Committee has the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.

The School's Learning and Teaching Plan provides the framework for the construction and implementation of:

- educational programs
- curriculum policies
- staff responsibilities and development
- student responsibilities
- curriculum development.

The School indicated the MBBS meets the Australian Qualifications Framework (AQF) level 7 requirements for a Bachelors qualification. The MBBS (Hons) meets the AQF level 8 requirements for an Honours qualification. The School's Doctor of Medicine program, which will commence in January 2017, meets the AQF Level 9(E) requirements for a Masters (Extended) qualification.

The University Course Advisory Committee and Academic Council has confirmed this assessment.

1.4 Educational expertise

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

The School has a Medical Education Support Unit (MEDSU) which supports the development and management of the medical program. The unit has a representative on most of the School's committees. The School has made substantial progress in the recruitment of staff, and the team were impressed by the obvious passion for clinical education and research exhibited by the staff they met.

The School has increased its educational expertise in Aboriginal health. The Aboriginal health team is now well established with 3.7 FTE academic staff who report that they are well supported by both the School and the University. The Associate Dean (Aboriginal Health) is a member of the School's key management committees and Aboriginal health issues appear to be well embedded into the PBL curriculum. Students are graduating from the program with cultural awareness.

1.5 Educational budget & 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 Dean has overall responsibility for the budget and its allocation within the School.

The School's annual budget is managed by the Dean and the Executive Officer. The University allocates 90% of the income derived from student fees and 95% of its Commonwealth derived rural funding to the School for its operational and capital expenditure budget.

The School acknowledges its resources are modest and a more diverse income stream not so heavily reliant on student fee related income would be beneficial. There is some risk that nearly all of the School's income is derived from Commonwealth funding through Commonwealth Supported Places. The School does not accept international medical students and is unlikely to do so in future. The team encourages the School to explore ways to increase the sources of funding through research grants, philanthropic sources and non-conflicted industries.

The School's staffing budget cannot exceed 67% of its revenue. This is a requirement of the University and the School must adhere to this requirement. The remaining budget is spent on consumables, some sessional staff and clinical placements.

The Vice Chancellor informed the team that the School is responsible for setting its own budget and that forecast budgets were required by the University. The Dean has advocated for additional funding for the medical program, and this has been provided on a case by case basis. The implementation of the MD program will require an increase in staffing. The team requests that the School monitor the implementation of the MD, including the staff hours allocated to this and provide a report on the resource implications of the new program.

The University receives Commonwealth funding to support rural training for both the Sydney and Fremantle medical programs, and the School of Medicine, Fremantle has requested a larger share of this funding to develop a 6-9 week rural placement on the University's Broome campus in Year 2 of the medical program. This ongoing funding is not yet endorsed, however, the team is encouraging of this initiative which will place additional emphasis on rural training and Aboriginal cultural immersion.

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 has an effective network of partnerships with clinical providers in both public and private sectors, and other key stakeholders.

Senior hospital executives noted the School's exceptional efforts in engaging with clinicians in order to obtain clinical placements for its students. All senior executives met by the team were highly supportive of the School and a number commented positively on the School's responsiveness. Many clinicians and hospital executives, with whom the team spoke, complimented the Dean for her engagement with the health sector and many reported they felt confident they would be able to telephone the Dean directly if any problem were to arise.

The team commends the School's engagement with clinicians, both in hospital and community settings. The appointment of senior distinguished clinicians and administrative staff at major clinical placement sites is seen as a highly valued initiative by both clinical placement providers and students. This engagement has been a significant factor in the School's success.

The School was a leader amongst Australian medical schools in establishing partnerships with private health care facilities. Placement of students in private hospitals has proven a highly successful initiative. The private sector partners value teaching and research as a core activity within the health care context and this clearly benefits the student experience. Students in private hospitals have free access to patients (subject to consent) and often complete their long cases with the encouragement of the consultants. The team commends the School for its robust partnerships with private hospitals.

The team notes the current contract with Murdoch University regarding the provision of components of basic and clinical sciences teaching is under negotiation. The School should

provide an update on the medical program's arrangements to ensure delivery of this basic and clinical sciences content.

The team spoke with several health sector executives regarding the impact of the new Curtin Medical School. None of those interviewed believed that the Curtin Medical School will impact on the viability of clinical training of students from the School of Medicine, Fremantle.

The relationship with Aboriginal health providers was mainly informal and facilitated through long term personal interactions. The team suggests that the School establish formal Memorandum of Understandings (MOU) with Aboriginal health services so that the relationship is embedded at an institutional level.

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.

The School and the University recognise the need to build research strengths. The recent ERA audit resulted in a 5 for Clinical Sciences, which is commendable.

The School's recently completed research plan will provide a blueprint for the growth of research in the program. The recently appointed research academics will build areas of research focus, and the number of higher degree research students in the program has increased. The School's partnership with Murdoch University will also be important in achieving the research objectives of the School.

There will be resource requirements to support the significant research component of the MD program, and this will need to be monitored carefully and additional resources allocated if required.

Students complete clinical audits, which contribute to building a research culture for students and clinical teaching staff. The team were impressed that these audits were often translated into practice by hospital partners where the audits where undertaken. The team looks forward to an update on the progress of the School's research performance as part of the regular progress reporting requirements.

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 made substantial progress since the last accreditation assessment in recruiting staff to support education, students and research. The staffing profile has grown steadily over the last few years and is now at a level necessary to sustain the current medical program. The program has a dedicated team of faculty and staff who are committed to delivering a high quality medical program. There is sufficient competency in key committees to ensure that governance is not dependent on a single individual.

The School has focused on building depth in the staffing profile over the past couple of years and considerable progress has been made in succession planning for key positions within the medical program. Succession planning is a key priority of the Dean and the Vice Chancellor.

Staff appear well supported. The team noted staff in clinical sites are well briefed by the School on expected professional requirements.

The implementation of the MD program and the inherent research requirements that go along with it, combined with the ongoing major curriculum review, will place additional workload pressures on the program's staff. As referenced at standard 1.5, while noting the University's commitment to adequately resourcing the School, the team recommends the human resource requirements to support the implementation of the MD program are monitored carefully and additional resources allocated if required.

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.

Appointment, promotion and performance policies are in place and effective and are not dissimilar from other universities across Australia. The appointment of both academic and administrative staff at major clinical placement sites is adequate and seen as a highly valued initiative by both clinical placement providers and students.

For staff with adjunct or clinical teacher appointments, it was reported that standard academic criteria are used for promotion. Many staff the team spoke with indicated they did not seek a clinical title, as they saw themselves as clinicians with a desire to give back to the profession by training future doctors. A number of clinicians reported that they were delighted when students they had taught on clinical placement chose to return to their hospital as interns. A limited number of clinicians participated in continuing professional development or teaching training offered by the School due to their heavy clinical work load. The School may wish to establish an academic title policy that had as a major criteria "clinical leadership" with less emphasis on research grant income and publications.

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 Maori and their health.

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

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

In 2014, the School revised its goals and purpose through a process of stakeholder consultation. The School's mission now clearly recognises local Aboriginal cultural heritage and commits to closing the gap between Aboriginal and non-Aboriginal health outcomes as well as refining the definitions of research and community responsibilities.

This mission clearly defines the purpose of the School and the team noted that there was a general understanding of the School's mission amongst the staff, students and key partners.

The curriculum design reflects the intent of the mission. The School relates its teaching, service and research activities to the health care needs of the community it serves, which the School identifies as Western Australia. The School identifies two unique issues for Western Australia (WA): an inadequate number of medical practitioners in rural and remote WA, and the health disparity experienced by Aboriginal people in the state.

The team were impressed by the School's efforts to address these special needs of their community. In particular, the team commends the School on their Rural Immersion program in the Kimberley, successful collaboration with the University of Western Australia in the Rural Clinical Schools, the Broome immersion, and their well embedded and integrated Aboriginal Heath curriculum.

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.

The graduate outcome statements for the MBBS have not changed since the last AMC accreditation. The outcome statements are now contained in an online curriculum management system, Prudentia™, which enables tracking of these outcomes. The MD program, which commences in 2017, has clearly defined graduate outcome statements which are consistent with the AMC's goals for medical education.

The medical program is delivered consistently across all instructional sites. Staff at all the sites visited by the team were aware of their discipline's learning outcomes, as well as the students' prior learning. The availability of the online curriculum management system will further support this inter-site consistency.

The program uses psychometric tools to compare the assessment results in each discipline across sites. The team notes this process has been validated by the correction, in 2014, of significant inter-site differences identified in the previous year.

The School also seeks experiential feedback from students at all instructional sites and there is a robust system for analysing this information and acting upon it.

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 MBBS medical program is a four year graduate entry degree. The program is organised into two stages, Years 1 – 2 Preclinical and Years 3 – 4 Clinical. Each year is an integrated single unit.

- Year 1: Foundations of a Medical Vocation
- Year 2: Foundations of Clinical Practice
- Year 3: Clinical Apprenticeships / or Clinical Apprenticeships in the Rural Clinical School (25% of cohort)
- Year 4: Preparing for Internship.

There is an additional Honours Research Project, which is an overload for students who are accepted into an Honours program.

The program achieves the defined graduate outcomes. As the first two years of the program are primarily preclinical, very little clinical contact occurs prior to the third year of the program. This structure places some pressure on the two clinical years. Paediatric exposure, which is a four-week attachment, is shorter than in most medical programs. Although there is exposure to neonatal paediatrics in the obstetrics rotation, this experience parallels that of most programs. The School may wish to consider increasing the exposure to clinical paediatrics.

3.2 The content of the curriculum

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

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner

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

3.2.3 Health & 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.

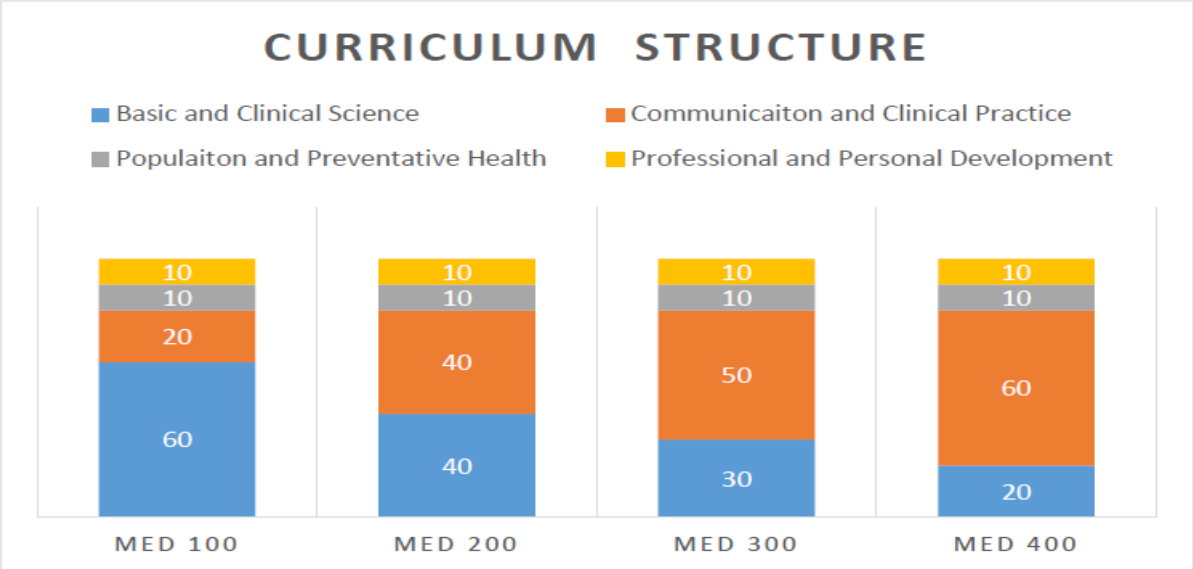
The curriculum content is organised into four vertical domains:

- Basic and Clinical Sciences

- Communication and Clinical Practices
- Population and Preventive Health
- Personal and Professional Development.

Domain chairs are responsible for content development, delivery, integration and assessment of the relevant learning and teaching, and assessment activities. The four domain chairs and the Aboriginal Health team design and resource curriculum content for the first two years of the program, working closely with discipline leaders in the clinical years. The domains are well established and produce an integrated curriculum as content across the four domains is delivered each year. Clinicians the team spoke with commented on the success of the integrated curriculum. Figure 4 illustrates the proportion of the domain-specific curriculum each year. Basic and Clinical Sciences constitute the majority of the curriculum content in Year 1, tapering off through the next three years as Communication and Clinical Practice content increase to represent the majority of content in Year 4. The Personal and Professional Development domain and Population and Preventative Health domain each account for 10% of the curriculum content in each year of the program.

Figure 4: Domain specific curriculum per year



Components of the Basic and Clinical Sciences curriculum are delivered by Murdoch University. Students and clinical staff reported issues, which the team viewed as both real and perceived, concerning the delivery of the anatomy and pharmacology teaching in the program. The team noted the School and Murdoch University are actively working to address these concerns. This process of review is well supported by the Chair of Basic and Clinical Science Domain, who holds a joint appointment with each University. Encouragingly, clinical teachers at multiple sites report that students in the clinical years have a good grasp of foundation knowledge.

The implementation of the MD program in 2017 will introduce enhanced research training, and each student will be required to carry out a substantial research project. The team explored this during discussions with the School, teaching staff at Murdoch University and the School's clinical training sites. These discussions suggested there is clear opportunity, and willingness, amongst partners concerning the creation of appropriate research projects. The School should provide a report on the introduction of the research project component within the MD program in 2017.

The program has a strong emphasis on communication, and clinical teachers considered students from the School as good communicators. The program has a number of innovative measures including the clinical debriefing program and the Kimberly Experience Week that support students in developing communication skills.

Students are well engaged during the program's clinical years. Delivering the program over a large number of clinical sites with relatively small student numbers at any one site requires considerable effort. However, there appears to be good student involvement in the clinical process and a high degree of student support from clinicians and staff involved in the program. The program's clinical supervisors have fostered a high degree of engagement with students.

The program has a strong emphasis on community health. The clinical audit task completed by all students is exemplary in both concept and execution. The audit gives students a core experience in using a database in a hospital setting to critically appraise current practice in hospitals, and, often, the opportunity to act as advocates for change or adherence to existing policies, procedures or protocols. The team were very impressed to hear from clinicians that the results of student clinical audits have been implemented at a number of sites. The School is to be commended for this translational research initiative.

The School has a strong Aboriginal health program. Aboriginal health learning objectives are well embedded into the early part of the program. Twenty-five per cent of all Year 3 students participate in the Rural Clinical School, a high quality, year long, community-based learning experience. Students not offered this experience have a range of learning opportunities that also contribute to creating a sense of community engagement.

The program actively fosters professional behaviour through such initiatives as the clinical debriefing program. While noting the intent of the initiative, a number of preclinical students commented that the clinical debriefing program felt disconnected in the early part of first year when they had not yet had any clinical contact. Students in clinical years, however, felt that the clinical debriefing program improved their ability to discuss issues with colleagues and senior staff. The School is to be commended for this innovation; refinement of the process will further enhance it.

The clinical audit program mentioned above is an initiative that clearly fosters leadership and its planned extension in the MD program will further enhance it. The Medical Students' Association of Notre Dame, Fremantle is very active and plays a proactive role in medical education well beyond that of most similar student associations. The team commends the School's active engagement with the student society which fosters this impressive student leadership.

The team explored the theology, philosophy and ethics component of the current program with students and staff of the School. As referenced at standard 1.1, these mandatory elements of the curriculum, *Theological Studies in Medicine* and *Philosophical Studies in Medicine* in Year 1 and *Ethical Studies in Medicine* in Year 2, are delivered by Notre Dame's School of Philosophy and Theology.

These units are not strongly represented in the learning outcomes, and will be replaced by a Bioethics unit in Year 1 of the MD program. It is clear that discussions are ongoing as to the degree of representation of theology and philosophy in the new bioethics component of the MD program and that staff of the School are still to resolve these discussions. The team requests a report concerning the final content of the bioethics component of the MD program.

3.3 Curriculum design

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

The large-scale curriculum is well designed with a logical flow of content across the pre-clinical and clinical years. The spiral curriculum builds on the complexity of concepts presented each year. The learning outcomes are aligned vertically and horizontally through the program, with domain content woven horizontally and vertically through each year of 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.

The School has developed a set of specific learning outcomes and from 2016, these are communicated to students through the Prudentia™ curriculum mapping tool. Students felt that the learning objectives provided a good framework on which to base their learning.

The current orientation process appears to make the whole curriculum and all its learning objectives accessible to students from the start of semester 1 in year 1, and it is possible that this might be overwhelming to students early in the program. The School may wish to consider a staged release of this material as students' progress through the program.

Students can access program information, the unit outline and weekly content though the Learning Management System Blackboard. A student handbook, which outlines the goals of the program and program overview, is available. Students in the clinical years are provided discipline specific study guides which outline prior learning, broad learning outcomes and specific learning objectives.

The team were informed that from semester 1 in 2016 learning objectives were made available to students earlier in the week than previous years, based on student feedback. The School determined that providing the objectives at the end of each (problem-based learning) PBL session in Years 1 and 2, and at the beginning of the delivery of each learning resource did not impair the PBL process of enquiry.

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).

There is a strong Aboriginal health component in the program. The team noted the introduction of a welcome to country and smoking ceremony at the start of first year. The School has developed a curriculum map which details the specific Aboriginal health learning and teaching through the four years of the program. Aboriginal health is embedded in the early years in the PBL syllabus and in the clinical years, there is very good opportunity for students to have access to Aboriginal people in clinical settings. The team commends the integration of Aboriginal health content into the program, and impressive resource allocation to the Aboriginal health team.

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.

In Years 1 and 2, students complete a 30-hour social justice service learning placement, where students select their own placement and develop learning objectives.

The 25% of Year 3 students who participate in the year-long Rural Clinical School placement are provided excellent opportunities for diversity of experience. For students who do not participate in the Rural Clinical School placement, there is some opportunity for diversity in the fourth year general practice attachment. While there is an elective term offered after effective completion of the program, the team concluded the timing of the elective diluted its role in fostering diversity of learning experience within the program. The School may wish to consider bringing the elective to a point earlier in the program.

The new MD program will foster diversity via students' choice of MD project.

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 program employs a diverse range of learning opportunities. Methods span the traditional didactic and preceptorship approach through integrated problem-based learning (PBL) to both simple and complex simulation. The program also employs flipped classroom approaches and provides both simple and advanced reflective opportunities. Students are provided with substantial opportunities for clinical learning through direct patient contact across a wide variety of public and private, metropolitan and rural clinical settings.

The range of evidence provided by staff, students and other stakeholders indicated that this blended approach to teaching and learning supports a range of different student learning styles, is capable of ensuring both knowledge acquisition and clinical competence, and fosters personal and professional growth. The majority of these learning experiences will be retained in the MD program. The MD program will also introduce a range of approaches to both the teaching of research skills and ensuring the practical application of these skills, in the context of an extended clinical audit or research project.

The curriculum structure is blueprinted and mapped to the AMC graduate outcome statements through the bespoke curriculum mapping and management tool Prudentia™. Prudentia™ also allows students and teachers to collaborate in teaching and learning experiences that are transparently aligned with program learning outcomes. In particular, the team saw evidence of clinical and preclinical cohorts of students using Prudentia™ to guide their engagement with the learning opportunities offered in PBL and clinical rotations. In addition, educators at the School of Medicine Fremantle, Murdoch University and the clinical sites use Prudentia™ to inform and help design their teaching materials.

There is obvious commitment from all parties to ensure that the teaching and learning opportunities experienced by the students at Murdoch University are of a high quality. The team were also impressed by the commitment of Murdoch University in obtaining an outstanding pathology archive from the Royal Perth Hospital and for its plan for curating this archive.

The School of Medicine, Fremantle learning outcomes are conveyed to Murdoch teaching staff, and Murdoch staff present learning opportunities that reflect the requirements of the medical program.

Murdoch University records all lectures in the Basic and Clinical Sciences domain, making them available to students through the Murdoch Learning Management System. However, student feedback to the team indicated that the School of Medicine, Fremantle does not mandate the recording of lectures for later review by students. The School reported that the Echo 360 system is available to the medical program to facilitate the recording of teaching sessions and that the use of technology to allow this is increasingly integrated into the School of Medicine Fremantle. The team suggest the School record lectures and make them available electronically.

The commitment of the School to ongoing review and renewal of curriculum structure and the associated teaching and learning materials and approaches is impressive. One such example is the Year 1 and 2 PBL structure and its associated learning outcomes, which is currently undergoing block-by-block review. It was apparent that the teaching team (including staff at the

School of Medicine Fremantle, Murdoch University and the clinical sites) are aware of this review, and look forward to being involved in contributing to the design and creation of resources and their implementation. It is also apparent that the review will be systematic, and observe best practice by following a 'backward design' approach. The PBL content renewal, carried out in parallel with the implementation of the MD program, will be a resource-intensive task.

The School should provide a report on the outcomes of the problem-based learning block reviews.

The team commends the teaching and learning opportunities offered by the Aboriginal health team, which are highly regarded by students. During the visit, the team were provided with evidence of the vertical integration of these teaching and learning opportunities throughout the curriculum and discussion with members of domain teams and clinical mentors indicate that work is ongoing to ensure integration with other areas of the program.

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.

Students are afforded opportunities to evaluate their learning experiences at different points during the program. A major component of this is the clinical debrief, for which time is allocated each week throughout the entire program. These sessions are carried out in small groups and are guided by facilitators. The clinical debriefs appear to have multiple aims. They allow role modelling and rehearsal of a debriefing process that the students will use throughout their clinical lives to reflect, test their own perceptions, responses and decisions, and to help ensure their personal growth, development and health. The team found this teaching and learning approach to be innovative and useful to students; although as referenced at standard 3.2, due to lack of clinical experience, preclinical students did not connect with this learning opportunity to the extent of their peers in the clinical years.

The inculcation of lifelong learning practices is inherent to the PBL process and to some degree, the clinical debrief. Students are afforded many opportunities to rehearse the skills they will use to become lifelong learners and then implement these during the clinical years. Lifelong learning skills in the program will be enhanced by the introduction of research training introduced as part of the new MD program.

4.3 Clinical skill development

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

The School's Communication and Clinical Practice (CCP) domain content provides excellent opportunities for the development of core skills in clinical practice and communication, prior to students moving into the clinical years of the program. The CCP team employ a range of simulation techniques to develop these skills and provide formative and competency-based opportunities for students to self-evaluate and develop in these areas. Student progress in developing core skills is monitored through end of year Objective Structural Clinical Examinations (OSCE) so there is a good balance between formative and summative learning, and feedback opportunities.

Formative (and summative) Mini-Clinical Evaluation Exercises (Mini-CEX) are used widely in the clinical years and the team's discussions with clinical teaching staff and students suggest that students are able to access an impressive range of clinical teachers in order to engage in these tasks and receive feedback. Staff exhibited commitment to the application of the formative Mini-CEX and students were appreciative that it was usually possible to get access to a teacher in order to complete these tasks. Student uptake of these opportunities is uneven in certain discipline areas and this may be related to inconsistencies in the length, or detail, of the task between discipline areas.

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.

At the clinical sites visited by the team, there are structures in place to enable student access to, and to clerk, a broad range of patients. These opportunities were particularly apparent in the student rotations at St John of God Health Care (SJOG) (Subiaco) and the Hollywood Private Hospital, where patient consent issues are managed carefully. The patient consent levels are high in these private health settings and therefore, students are afforded good access to most patients with little competition from others due to the lower student numbers in the private hospitals. Student feedback was slightly less positive about patient access through the public hospital system. However, in general, students' capacity for supervised patient contact across their range of placement opportunities was very good. SJOG (Subiaco) provides students the excellent learning opportunity to follow pathology samples through to the laboratory and observe/participate in the analytic process, which is unusual in Australasian medical training.

Students commented to the team about opportunities for the identification of long cases during placements. Overall, it was the team's impression that clinical teachers are very helpful to students, from an early stage in some rotations, in suggesting cases that students might follow in order to develop long cases for assessment. Tracking of student experiences is carried out through a clinical logbook, which allows staff to audit student experiences where necessary.

4.5 Role modelling

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

There is extensive evidence of role modelling throughout the program, particularly in the clinical years. The School's clinical teaching staff had a well-developed understanding of the importance of providing strong positive role models to the students. Staff interviewed at St John of God Health Care (Subiaco) and Hollywood hospital spoke at length about their strategies for providing this to students.

The team were unable to make a judgement regarding opportunities for appropriate role modelling in the MD program related to the research sphere. Students currently conduct a limited clinical audit and the team were impressed with the role modelling provided in this respect as students at times had the opportunity to see the outcomes of their audit implemented.

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.

Teaching in the preclinical years fosters a focus on patient-centred care. Additionally, the teaching of patient-centred care was a feature of each of the clinical environments visited by the team.

The team repeatedly found, through conversations with clinical teachers in the private hospital environment, that the private hospital teaching environment was highly suited to teaching patient-centred care. This was a key focus of the specialists, and a commitment to patient-centred care was, therefore, expected of students.

Clinicians reported that students were particularly well prepared to engage with patient-centred care when arriving in the clinical environment. The team observed that contributory factors to student preparedness in this respect included the design of the PBL cases, the curricular emphases in the Population and Preventive Health (PPH) and Personal and Professional Development (PPD) domains and opportunities offered to students during the clinical debriefing.

4.7 Interprofessional learning

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

The team supports the stated intent of the School to improve the integration of opportunities for interprofessional education within the program. While inherent interprofessional learning opportunities were frequent and varied in the clinical environment, there are few formalised learning opportunities for students of the program.

The ongoing review of the curriculum by the School, in concert with the refresh of the PBL cases and process, will afford students more opportunities to learn about interprofessional care teams and the benefits of interprofessional care to both patient outcomes and the broader health system. A more explicit interprofessional education program in the preclinical years should better prepare students to engage with the inherent learning opportunities available to them once they enter the clinical environment. The School is developing an interprofessional learning curriculum, along with the Schools of Nursing and Physiotherapy, and the team request a report on the progress of this project.

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.

The team commends the School for its approach to the assessment of student learning. The students undertake a variety of assessment tasks, which build in complexity across the program and ensure knowledge acquisition, capacity for knowledge application, clinical and communication competence, and capacity for reflective practice.

Excellent quality control processes are also in place to ensure the capacity of the School to credential their graduates with confidence. The School's assessment policy and related procedures is readily available to staff and students, generally transparent, clearly articulated and appropriate for a medical program.

Students raised the issue of the School's use of relatively high stake, semester- and year-end assessments and its policy of not offering supplementary assessments across the first three years of the program. The School's robust rationale for these policies includes active programs to identify and support students in difficulty, a high completion rate and high progression rate through the first three years, and the desirability of comprehensive remediation of borderline students early in the program as opposed to allowing progression to later years.

The team also obtained feedback from supervising clinicians and clinical employers on the quality of progressing students and graduates of the program. The team formed the opinion that despite concerns from the student body regarding some aspects of assessment, the assessment approach taken by the School contributes to the high quality of the program's graduates.

The School provided evidence that students have access to a range of formative opportunities, both in terms of feedback on knowledge acquisition and clinical competence. While the quality of the feedback associated with the examples of formative assessment it viewed was variable, the School is both aware of the value of these formative opportunities, and of the need to improve the standard of feedback in certain areas. The team were satisfied that the School is actively engaged in further developing the quality and utility of this process for its students. While formative Mini-CEXs are available to students, the utility of these formative tasks was variable across discipline rotations. The School may wish to investigate ways in which the complexity of Mini-CEX tasks can be better standardised across disciplines in order to ensure better functionality for both students and teaching staff alike.

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 School has implemented good practices in assessment across its curriculum. Many facets of assessment including production of assessment items, standard setting, post-assessment analysis and feedback to students are carried out to a high standard.

The team had the opportunity to view samples of a range of assessment items, both summative and formative, and discuss the processes employed in devising and reviewing the assessment items, and in standard setting. The team also discussed the utility of the curriculum management tool, Prudentia™, in this context, particularly in respect of blueprinting. Based on the review of this material and the comments it received from both the student body and educators, the team were satisfied that the School has solid, inclusive processes for the development of assessment items, that these assessment items are reviewed and edited appropriately before use, and that there is a rigorous standard setting process used and then applied in determining final outcomes.

The team were particularly impressed with the capacity of the Prudentia™ curriculum management tool to facilitate storage of both assessment items and the associated item analysis. In addition, the curriculum tool facilitates alignment of each assessment item with the appropriate learning outcomes across the program. The team had little doubt that the range of assessment items employed in the program is entirely appropriate for assessing the range of learning outcomes of the program.

The team received feedback from Murdoch University staff who teach in the program and students who suggested the quality of assessment associated with the Basic and Clinical Sciences area of the curriculum could be improved. The School may wish to consider providing more guidance to Murdoch staff on the design and review of assessment items against program learning outcomes and their standard setting. This may result in better engagement of Murdoch staff with the assessment process.

5.3 Assessment feedback

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

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

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

The team find there are adequate processes in place for identifying and remediating underperforming students, however, this process is mainly activated following the end-of-study-period assessments. While informal processes for identifying underperforming students exist in PBL groups, clinical debrief sessions, and clinical rotations, the identification and counselling of these students is on a relatively ad hoc basis prior to formal assessments. Once students are identified, there is a range of support mechanisms available to them, both through the School and broader University. The team suggests that in addition to the formal counselling of students that have failed assessment items, the School consider ways in which the within-study-period mechanisms can be activated and monitored more formally.

Staff, students and teaching clinicians commended the processes in place for ensuring that feedback is delivered to students in an easily digestible and timely fashion. While the team could not verify whether students use this feedback effectively to improve their future performance, students did indicate the feedback was helpful in improving performance.

Murdoch University staff contribute assessment items for their teaching areas but do not appear to receive feedback on student assessment performance. The team suggests that Murdoch academic staff should be actively informed about student performance on items they have contributed as well as overall performance in the units of study to which they contributed content.

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's governance structure provides an effective pathway for the oversight and review of assessment policies and practices. Dedicated staff undertake psychometric and other data analysis, and report back through this pathway.

Utility of the Prudentia™ curriculum tool simplifies the process of assessment blueprinting, even during periods of curricular change, and the team were impressed with its contribution to ensuring a robust blueprinting process. The School tracks attrition rates.

A potential weakness noted by the team in the existing governance structure is that the Evaluation Committee does not have a formal reporting pathway to provide data to other key committees. Although informal reporting of assessment outcomes and associated data may exist through certain common committee memberships, the team could not identify a formal reporting mechanism to ensure student feedback on assessment. As referenced in standards 1.1 and 6.1, the School may wish to consider ways to formalise the Evaluation Committee's oversight of all evaluation activity, and altering the reporting lines of the Committee from the School Executive Committee to the Academic Governance Committee.

Following review of comparative data and meeting with teachers and assessors across different sites, the team were satisfied mechanisms were in place to identify any potential variability in assessment practices, processes and/or outcomes across teaching sites. The team were provided an example of a situation where inconsistent student outcomes between clinical sites and rotations had been identified and rectified, which serves to highlight that the system in place is capable of identifying such issues.

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 the medical program.

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

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

The medical program has an active monitoring program overseen by the Evaluation Committee. The committee is chaired by an external expert who provides leadership to the program's teaching evaluation activities.

As referenced at standard 4.1, the School is currently undergoing a review of pre-clinical content and this process is well organised.

A Quality Assurance Manager, who reports directly to the Dean, is responsible for monitoring and reviewing student feedback on curriculum content and quality of teaching. The Quality Assurance Manager meets regularly with the Dean and all committees as part of the evaluation regime. The team reviewed examples of student feedback, which is routinely gathered on new components of the program to inform curriculum development.

Student evaluations of teaching are a key aspect of program monitoring at the School of Medicine, Fremantle. Evaluation of teaching performance and unit content consist of two main components: the University-wide unit of study evaluation process and a program specific process that regularly evaluates units of study in more detail. In addition, several academic units undertake internal evaluation via student surveys. The School may wish to consider making elements of monitoring mandatory to improve data quality in critical areas.

The team understand that teaching performance feedback was not as readily available to Murdoch University teaching staff. The School should establish a process to provide teaching performance feedback to staff teaching at Murdoch University.

While the School employs a number of excellent curriculum evaluation processes and initiatives, it is not clear how the information gathered is collated, reported and improvements implemented. For example, students reported a number of informal routes through which they were able to provide feedback in addition to the formal evaluation surveys. It was unclear to the team as to how this feedback was gathered and managed. The team learned the Clinical Placements Monitoring Sub-Committee, which reviews all feedback relating to clinical placements, will be re-established. It will be useful to integrate this activity under the auspices of the larger monitoring framework.

As referenced at standard 1.1, the School may wish to consider establishing the Evaluation Committee as the single point of evaluation review. A formal reporting line from the Evaluation Committee to the Academic Governance Committee would assist in completing the quality assurance loop.

The program actively participates in cross-institutional monitoring programs including the Australian Medical School Assessment Consortium, the Medical Deans Australia and New Zealand Benchmarking Project, and the AMC-MDANZ Collaborative Benchmarking Project.

6.2 Outcome evaluation

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

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

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

The School has a robust process for reporting performance data after each summative assessment. Poor performance triggers a revision of the teaching and learning activities related to the content. Performance data is also used to determine if assessment items are edited, retained, or removed from the assessment bank. The School recently initiated a project to survey graduates concerning preparation for practice. The survey findings have informed interventions to address some issues identified by graduates, such as the implementation of the Transition to Internship workshop. This workshop was organised in 2015 for final year students to address some issues identified by graduates as areas for development (e.g. patient discharge and handovers).

The results of a recent alumni survey will be used to determine if the School is achieving its mission of providing doctors for Western Australia.

The School monitors outcomes of the program through various mechanisms, including as the Medical Schools Outcomes Database, which provides outcome data about graduates.

The School noted that the grade point average (GPA) of applicants is steadily increasing as the program matures and is now consistent with applicants to the University of Western Australia. The School monitors student performance in relation to background and personal circumstance. The performance of rural entry pathways students with lower GPA scores and students, who come into the program from a non-science background, is also a focus of performance monitoring. The senior management team reviews this data and there are pathways to ensure that selection committees are informed about systemic problems.

6.3 Feedback & 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.

Although the School places considerable effort into the collection of evaluation data through its formal processes and a full time Quality Assurance Manager, it is not clear that the reports of these processes are formally provided to the Academic Governance Committee. As referenced at standard 1.1, the provision of evaluation data relies to some extent on cross membership of committees and direct communication between members of the Evaluation Committee and

other senior staff. A number of academic units were undertaking or had undertaken evaluation processes independently of the Evaluation Committee. The School may wish to consider reporting evaluation data to each meeting of the Academic Governance Committee and developing a mechanism to include the Evaluation Committee in internal evaluation processes.

Distribution of evaluation data to students is currently through the student members of the evaluation committee. The School may wish to make evaluation results routinely available to the entire student body

While the School makes evaluation data available to The University of Notre Dame, Fremantle, it is not clear that it routinely shares evaluation data with Murdoch University. The School may wish to consider developing mechanisms for actively reporting data to this partner.

7 Implementing the curriculum – students

7.1 Student intake

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

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

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

The School has clearly defined its student intake. The student cohort comprises Australian and New Zealand citizens, and Australian permanent residents. There are no international students enrolled in the program, however, the School does accept full fee paying domestic students. There are 400 Commonwealth supported places across the program's four years.

The School aims to enrol up to five Aboriginal students each year via its clearly defined alternative entry pathway. Twenty-five per cent of each first year cohort is from a rural origin.

While it appears good support is available to Aboriginal students, it is not clear how the School communicates the availability of this support to current and potential Aboriginal students.

7.2 Admission policy and selection

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

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

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

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

Admissions to the School are overseen by a Medicine Admissions Oversight Committee. This University level committee reports directly to the Vice Chancellor and oversees admissions for both the Fremantle and Sydney medical programs. The committee ensures the selection and admissions process for both medical programs are similar and consistently applied. The Deans of both medical programs sit on this committee.

The School has a clear admissions policy, which is well articulated and sustainable. In addition to a GPA and Graduate Australian Medical Schools Admissions Test (GAMSAT) score, students must submit the Notre Dame Portfolio, which is completed online through the Graduate Entry Medical School Admissions System (GEMSAS). Each of these three elements contribute equally to the score which is used to invite candidates to interview. The program uses a multiple mini interview format and interviews represent 50% of the overall candidate score. The School has explicit affirmative action policies for rural origin and Aboriginal applicants.

The School complies with the University's guidelines and regulations in regards to the admission of students with disabilities. Admission of students with infectious diseases, including blood borne viruses, is addressed within the School's Immunisation Policy and Infectious Disease Policy.

The School's mission makes special reference to supporting the needs of rural and Aboriginal communities. The School participates in a University-wide recruitment drive for Aboriginal students, and since 2014, there has been an alternative entry pathway for Aboriginal students. The team commends the School for ensuring that the admissions policy reflects this intent. However, while the general admissions policy is easily accessible on the website, the team had difficulty finding the information on the alternative entry pathway for Aboriginal students. The School should ensure that information on the alternative entry pathway and the support available for Aboriginal students is clearly communicated, for example, through the School's website.

Information regarding the selection processes is publically available through a variety of means, both in hard copy and electronic format.

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 School has a broad ranging approach to student support encompassing physical, mental and emotional support. The School, and the University, prides itself on its extensive means of student support. Students feel well supported by the School and in particular by the Dean.

The team commends the School for the comprehensive range of student support and in particular, their preventative mental health education strategies. The facilitation of peer support as a life-long tool is innovative and well received by students.

Students with a disability are encouraged to seek assistance from the Disability Support Office on campus. The Disability Support Office is responsible for individual student Learning Access Plans to comply with national laws.

The School has a policy and a handbook on infectious diseases for students.

Students with mental health issues can be identified within the School either by self-referral or through pastoral care networks. Once identified, students have access to a broad range of support, including on and off campus counselling.

Students who are identified as being at risk of not completing the medical program due to academic performance will be contacted by their year coordinator to arrange a meeting. At that meeting, additional support requirements will be determined. A range of additional support, which is consistent with the nature of the program, may be offered.

Where a student is at risk of not completing the medical program due to non-academic factors, the student is referred to the Dean.

The Aboriginal health team provide support to Aboriginal students, and there is limited financial support available to these students. The School recognises the need for a dedicated Aboriginal space and are actively working towards this. The team supports this initiative.

Students who have a specific learning or special need are referred to the University's Disability Support office or the Academic Enabling and Support centre. An individual confidential learning access plan will be developed for the student and only aspects which are relevant are released to School staff.

The team notes the early support provided to inter-state students and efforts to accommodate their personal needs while studying.

Despite the small size of the medical program, staff and students were able to articulate ways in which student support and academic decision making are separated. Students have access to a broad range of support, some of which can be accessed without involvement from academic staff.

7.4 Professionalism and fitness to practise

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

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

The School has a Professional Practice and Fitness to Practice Policy that is in compliance with the University's General Regulations.

The School has clear policies and procedures for identifying and supporting medical students, whose professional behaviour raises concerns about their fitness to practice medicine or ability to interact with patients. In the preclinical years, these issues are often raised by problem-based learning tutors or clinical debriefing tutors. Within the hospital setting, all teaching staff are encouraged to reflect on and raise issues with student professionalism. Concerns about student professionalism will be raised with the student in the first instance to allow them to negotiate resolution and improvement. There are mechanisms in place to trigger escalation of a concern to the Dean.

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.

The team met with members of the Medical Students' Association of Notre Dame (MSAND), and were impressed by the extensive level of student participation within the governance structures of the program. The team commends the Dean for facilitating student representation both formally and informally within the program, and the members of MSAND for their engagement in these processes. Students report that their voice is welcomed and respected. Regular meetings between the executive of MSAND and the Dean are seen as a valuable input into the governance of the program. The team commends the Dean for facilitating student representation both formally and informally within the governance of the program, and the members of MSAND for their engagement in these processes.

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 medical students are adequately indemnified and insured for all educational activities. The limits of these insurances are clearly articulated, and students are encouraged to take out their own medical indemnity insurance student policy.

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 facilities on the University campus are of a high standard. The historic nature of the five buildings that house the School is unique and appreciated by students, staff and the broader community. The refurbishment of the PBL and clinical skills rooms, as well as the addition of swipe card access, has improved the utility and safety of the School buildings for students and staff.

The team visited Murdoch University and were satisfied with the physical infrastructure which facilitates the delivery of components of the basic science teaching. The team are comfortable that the facilities and expertise at Murdoch are capable of delivering a premium learning experience to the School of Medicine, Fremantle medical students.

The space provided for students at most hospitals is fit for purpose, with the exception of the Fiona Stanley Hospital. Students at this large teaching hospital have no dedicated space and no way to securely store their belongings. The team acknowledges that this is outside the control of the medical program but recommends that attempts be made to address this situation.

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.

The School uses a range of information technology resources including email, Blackboard, Sonia, Maze and the online curriculum management system Prudentia™. These resources function well and are well utilised by staff and students.

The team notes that the only site with adequate computers to host computerised exams is the University library, which makes exam scheduling difficult.

Email, Blackboard, Sonia online and the curriculum management program are accessible by students on and off campus. Wi-Fi is available at most clinical sites, and where Wi-Fi is not available, students have access to computer terminals with internet access.

The Galvin Medical Library is situated in the School's main building. The library provides a range of resources including access to electronic books and journals. Smaller libraries are available at the hospital clinical teaching sites.

8.3 Clinical learning environment

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

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

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

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

The team commends the School for successfully establishing and maintaining clinical teaching sites within private hospitals, with students having excellent patient access. Clinical teaching staff display an impressive understanding of the curriculum needs of students and the School's assessment tools. Clinical supervisors are well supported with access to the curriculum, learning objectives, teaching aides and the evaluations which occur in relation to their teaching. There is a clear feedback loop with return of evaluation findings to clinical teaching staff.

The School provides a range of clinical experiences across the breadth of tertiary and secondary, public and private, rural and remote settings in Western Australia. Clinical experiences cover a range of models of care including inpatient, outpatient, hospital, general practice and home visits.

The team commends the School and the Aboriginal health team for their efforts in developing strong relationships with Aboriginal health and community organisations. Feedback from students regarding the Aboriginal health curriculum within the School was excellent, and in particular, made note of vertical integration within the program.

At present Notre Dame Fremantle and UWA share a number of clinical sites. The two Universities appear to have a good relationship. In their third year, students from Notre Dame participate in the Rural Clinical School WA. The Dean meets with the Head of the Rural Clinical School WA regularly.

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.

Each clinical teaching site has an identified hospital coordinator and a network of clinical supervisors to ensure safe involvement of students in clinical practice. Clinical supervisors are also supported by a Discipline Leader within the School.

Clinicians report adequate access to training and support in their role teaching medical students. Clinical teaching staff display an impressive understanding of the curriculum needs of students, and the School's assessment tools. Clinical supervisors are well supported with access to the curriculum, learning objectives, teaching aides and the evaluations which occur in relation to their teaching. There is a clear feedback loop with return of evaluation findings to teaching staff.

The Director of Clinical Teaching for the public sector and the Associate Dean (Clinical) are responsible for ensuring that adequate time is allocated to teaching within the public sector teaching sites. Within the private sector, a variety of funding methods are in place to facilitate teaching time. The School has approximately 150 adjunct staff including clinical teachers and General Practitioners.

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

Appendix One Membership of the 2016 assessment team

Professor Wendy Brown (Chair) MBBS (Hons), PhD, FRACS,FACS
Chair and Head, Monash University Department of Surgery, Central Clinical School, the Alfred Hospital

Associate Professor Leo Davies (Deputy Chair) MBBS,MD, FRACP
Associate Dean, Medical Education, University of Sydney Medical School

Professor Allan Cripps AO PhD, BSci (Hons), FASM, FAIMS, AFACHSM
Pro-Vice Chancellor Health, Griffith University

Professor Alex Gentle BSc GCertUniTeach, PGCertOcTher, PhD, FACO, FCOptom, FAAO
Associate Head of School (Teaching and Learning), School of Medicine, Deakin University

Dr Tammy Kimpton BMed, FRACGP
Director, Australian Indigenous Doctors Association / General Practitioner, Scone Medical Practice

Ms Annette Wright
Program Manager, Medical Education and Accreditation, Australian Medical council

Ms Fiona van der Weide
Accreditation Administrator, Australian Medical Council

Appendix Two Groups met by the 2016 assessment team

University of Notre Dame Australia

Chief Operating Officer and University Secretary

Dean of Medicine

Executive Director of Student Services

Head of Fremantle Campus and Pro Vice Chancellor

Vice Chancellor, University of Notre Dame Australia

School of Medicine Fremantle Staff

Assistant Dean (Preclinical)

Associate Dean (Aboriginal Health)

Associate Dean (Clinical)

Associate Dean (Medical Science)

Chair of Assessment Committee

Chair of Basic and Clinical Sciences Domain

Chair of Communications and Clinical Practice Domain

Chair of Personal and Professional Development Domain

Chair of Population and Preventative Health Domain

Chair, Research Committee

Director (Medical Education Support Unit)

Executive Officer, School of Medicine

Head of Student Matters

Quality Assurance Manager

School of Medicine Fremantle Groups and Committees

Aboriginal Health Team

Academic Governance Committee

Assessment Committee

Communications and Clinical Practice Domain staff

Curriculum Committee

Discipline leaders

Evaluation Committee

General Practitioner teachers

IT Group

PBL teachers

Personal and Professional Development Domain staff

Population and Preventative Health Domain staff

Research Committee

School of Medicine Executive

Selection Committee

Student Support team

Murdoch University

Dean, School of Veterinary and Life Sciences

Deputy Dean, School of Veterinary and Life Sciences

Deputy Vice Chancellor (Research and Development)

Executive Business Manager, School of Veterinary and Life Sciences

Teaching staff

Students

Medical Students' Association of Notre Dame

President, Medical Students' Association of Notre Dame

Student representatives from all years

Clinical sites

Fiona Stanley Hospital

Clinical supervisors

Director Clinical Sciences

Executive Director

School of Medicine Staff

St John of God, Subiaco Hospital

Chief Executive Officer

Clinical Supervisors

Hospital Executive

School of Medicine Staff

Hollywood Hospital

Clinical Supervisors

Director of Medical Services

School of Medicine Staff

Rural Clinical School of Western Australia, Broome Campus

Broome Regional Aboriginal Medical Service, School of Medicine coordinator

Head, Rural Clinical School

Medical Coordinator for Broome

Medical Coordinators

Senior Medical Officers, Broome Hospital

Stakeholders

Dean, Curtin Medical School

Chief Medical Officer, WA Health