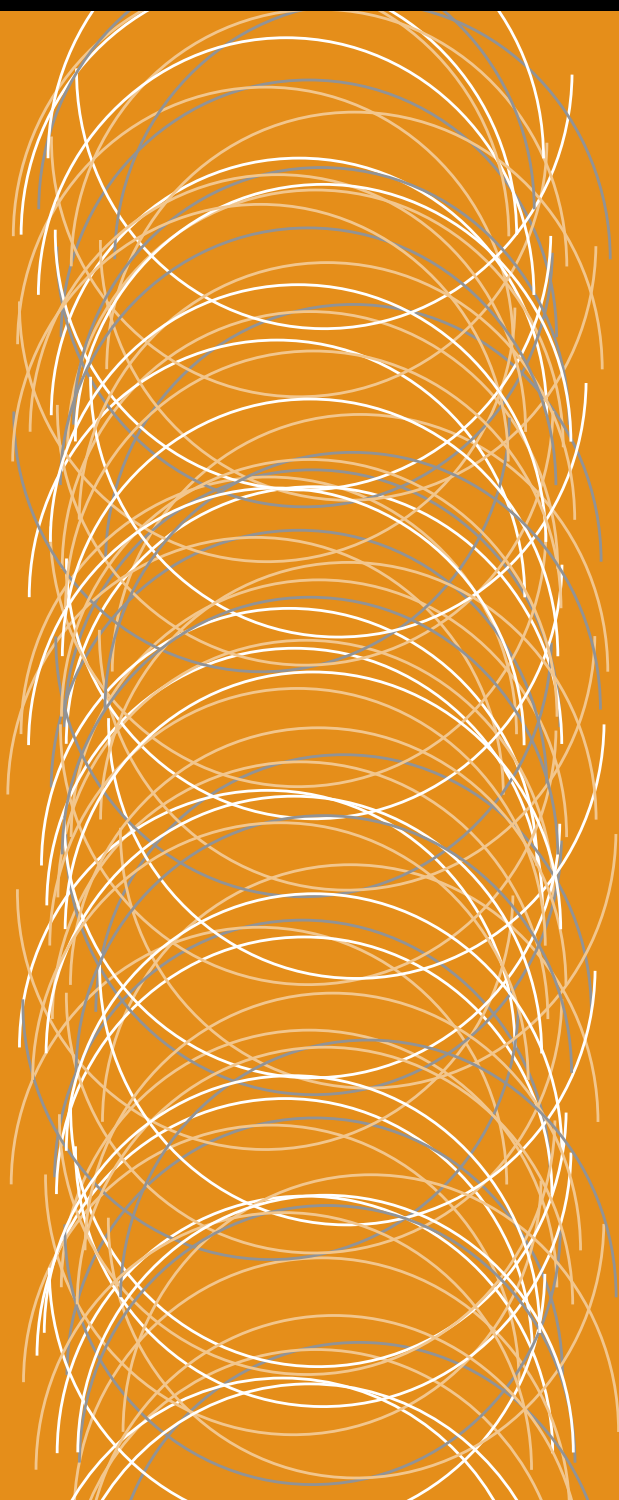


Australian Medical Council Limited

Accreditation of the medical program of
School of Medicine, Sydney
the University of Notre Dame Australia

AMC



Medical School Accreditation Committee
September 2017

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Contents

Executive summary 2017	1
Key findings	4
Introduction	8
1 The context of the medical program	12
1.1 Governance	12
1.2 Leadership and autonomy.....	14
1.3 Medical program management	14
1.4 Educational expertise.....	15
1.5 Educational budget and resource allocation	15
1.6 Interaction with health sector and society.....	16
1.7 Research and scholarship	17
1.8 Staff resources.....	17
1.9 Staff appointment, promotion & development.....	18
2 The outcomes of the medical program	19
2.1 Purpose	19
2.2 Medical program outcomes	19
3 The medical curriculum.....	21
3.1 Duration of the medical program	21
3.2 The content of the curriculum	22
3.3 Curriculum design	25
3.4 Curriculum description	26
3.5 Indigenous health	26
3.6 Opportunities for choice to promote breadth and diversity.....	26
4 Learning and teaching	28
4.1 Learning and teaching methods.....	28
4.2 Self-directed and lifelong learning.....	29
4.3 Clinical skill development.....	29
4.4 Increasing degree of independence.....	30
4.5 Role modelling.....	30
4.6 Patient centred care and collaborative engagement.....	30
4.7 Interprofessional learning.....	31
5 The curriculum – assessment of student learning	32
5.1 Assessment approach.....	32
5.2 Assessment methods	33
5.3 Assessment feedback.....	34
5.4 Assessment quality.....	35
6 The curriculum – monitoring.....	37
6.1 Monitoring	37
6.2 Outcome evaluation	38
6.3 Feedback and reporting	38

7	Implementing the curriculum - students.....	40
7.1	Student intake.....	40
7.2	Admission policy and selection.....	41
7.3	Student support.....	42
7.4	Professionalism and fitness to practise	43
7.5	Student representation.....	44
7.6	Student indemnification and insurance.....	45
8	Implementing the curriculum – learning environment.....	46
8.1	Physical facilities.....	46
8.2	Information resources and library services.....	48
8.3	Clinical learning environment	49
8.4	Clinical supervision	52
Appendix One	Membership of the 2017 assessment team.....	54
Appendix Two	Groups met by the 2017 assessment team.....	55

List of Figures

Figure 1 - School of Medicine, Sydney Committee Structure at 2 May 2017	13
Figure 2 – Weighting of each of the four domains BCS, CCS, PPD and PPH across the four years of the MBBS and MD programs.....	23

List of Tables

Table 1 – School of Medicine, Sydney Medical Program Structure.....	21
Table 2- Number of clinical placements for Year 3 and 4 by Clinical School.....	50

Executive summary 2017

The University Notre Dame Australia, School of Medicine Sydney is seeking reaccreditation of its medical programs. The School delivers a four-year graduate entry MD program. The School commenced delivery of the MD program in 2017, while teaching out the current Bachelor of Medicine / Bachelor of Surgery (MBBS) program. Current MBBS students have the opportunity to transfer into the MD program.

Accreditation process

According to the Australian Medical Council's (AMC) *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2017*, 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 accreditation of the School of Medicine, Sydney expires on 31 December 2017.

An AMC team completed the reaccreditation assessment. It reviewed the School's submission and the student report submitted by the Medical Association of Notre Dame University Sydney (MANDUS). The assessment team visited the School and associated clinical teaching sites in the week of 1 – 5 May 2017.

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.
- (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, Sydney meet the approved accreditation standards.

The 26 October 2017 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, Sydney be granted accreditation to 31 March 2022 (N.B. no new enrolments were taken for the MBBS from 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, Sydney be granted accreditation to 31 March 2024.
- (iii) That the accreditation of both programs is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; and to the following conditions:

2018 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 the School's plans to address these requirements. (Standards 1.5, 1.7)
- Implement the research project component of the MD program. (Standard 3.2)
- Develop relationships with Aboriginal Medical Services in Sydney and other sites to support the successful Aboriginal and Torres Strait Islander Immersion Day facilitated by the Australian Museum and extend students' clinical knowledge and experience in Indigenous health. (Standards 1.6, 3.5)
- Expand and formalise the opportunities for interprofessional learning, building, wherever possible, on the co-location of other health professional courses. (Standard 4.7)

- Demonstrate that the structures, methods and formats currently under development to teach and assess professionalism are fit for purpose. (Standard 5.1)
- Evaluate the merit of establishing a School Professionalism Council in terms of providing ongoing advice regarding, and management of, professional behaviour and fitness for practice issues. (Standard 7.4)

2019 Condition

- Demonstrate that the medical programs' revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders. (Standard 1.1)

Key findings

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

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

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

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

1. The context of the medical program	MET
--	------------

Standards 1.1 and 1.5 are substantially met

Conditions

2018

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 the School's plans to address these requirements. (Standards 1.5, 1.7)

2019

Demonstrate that the medical programs' revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders. (Standard 1.1)

Commendations

There is a strong ethos of inclusion, engagement and consensus development in School processes. (Standard 1.1)

The School has achieved effective communication across the dispersed sites, which are a feature of the medical programs. (Standard 1.8)

Recommendations

Membership of the External Advisory Board (EAB) could be extended to include a wider stakeholder group, for example State Health Departments, local Aboriginal health services, local Aboriginal Elders, primary health care networks and other agencies with whom a relationship may be beneficial in terms of teaching and research. (Standard 1.6)

Extend the Aboriginal cultural awareness training that is already offered to some staff, to all staff in order to support an environment of cultural safety for Aboriginal and Torres Strait Islander students and staff. (Standard 1.9)

2. The outcomes of the medical program	MET
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Commendation

Program delivery and assessment ensure equivalence of opportunity to achieve the graduate outcomes at all sites. (Standard 2.2)

Recommendation

Increase the visibility of activities undertaken to ensure consistency of assessment to alleviate student perceptions of differences in assessment across sites. (Standard 2.2)

3. The medical curriculum	MET
----------------------------------	------------

Standard 3.5 is substantially met

Conditions

2018

Implement the research project component of the MD program. (Standard 3.2)

Develop relationships with Aboriginal Medical Services in Sydney and other sites to support the successful Aboriginal and Torres Strait Islander Immersion Day facilitated by the Australian Museum and extend students' clinical knowledge and experience in Indigenous health. (Standards 1.6, 3.5)

Commendation

The Aboriginal and Torres Strait Islander Health Unit and School on the Aboriginal and Torres Strait Islander Immersion Day at the Australian Museum. (Standard 3.5)

Recommendation

Evaluate the Year 1 Bioethics component of the medical programs, and report on the outcomes and integration with the Personal and Professional Development (PPD) domain in later years. (Standard 3.2)

Develop an effective curriculum mapping tool. (Standard 3.3)

4. Teaching and learning	MET
---------------------------------	------------

Standard 4.7 is substantially met

Condition

2018

Expand and formalise the opportunities for interprofessional learning, building, wherever possible, on the co-location of other health professional courses. (Standard 4.7)

5. The curriculum – assessment of student learning	MET
---	------------

Standard 5.1 is substantially met

Condition

2018

Demonstrate that the structures, methods and formats currently under development to teach and assess professionalism are fit for purpose. (Standard 5.1)

Recommendation

Report on the changes to grade distributions presented to the Academic Council in 2017. (Standard 5.1)

Commendation

The longitudinal relationships between tutors and students, in both Foundation and Clinical years, enhance the student experience and enable strong academic support. (Standard 5.3)

6. The curriculum – monitoring	MET
---------------------------------------	------------

7. Implementing the curriculum – students	MET
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Condition

2018

Evaluate the merit of establishing a School Professionalism Council in terms of providing ongoing advice regarding, and management of, professional behaviour and fitness for practice issues. (Standard 7.4)

Commendations

The extensive range of academic and personal support provided to students across all sites. (Standard 7.3)

The strong understanding and practise of professional behaviour and leadership evident in both staff and students. Professionalism is actively fostered in students through a range of initiatives. (Standard 7.4)

Recommendations

Continue to progress the work that is underway in separating student support from academic progression throughout all clinical sites. (Standard 7.4)

Report on the establishment of an ongoing mentorship program between clinicians and students based on the Osler Fellowship Program at McGill University, Montreal, Canada. (Standard 7.4)

Increase the number of School committees where formal student representation is embedded in order to enhance outcomes and transparency. (Standard 7.5)

8. Implementing the curriculum- learning environment	MET
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Commendations

The use of multiple methods of delivery, including videoconferencing, to ensure that no Clinical School is disadvantaged due to geographical dispersion. (Standard 8.4)

The low, often one-on-one, supervisor to student ratios. Students acknowledge and appreciate the access they have to experienced clinicians. (Standard 8.4)

Introduction

The AMC accreditation process

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

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

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

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

The AMC appoints an accreditation assessment team to complete 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 opportunities for the medical school to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, together with a recommendation on accreditation to the AMC Directors. The Directors make the final accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2017*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

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

The University and the School

The University of Notre Dame Australia is a national Catholic University with campuses in Fremantle and Broome in Western Australia, and Sydney in New South Wales. The University describes itself as an Australian University which embraces both the modern Australian University tradition and the tradition of Catholic universities. It specialises in the education of young people for entry to the major professions of Medicine, Law, Teaching, Nursing, Accounting and Finance, Physiotherapy, Counselling, Health Sciences and the Priesthood.

The University offers degrees in Arts and Sciences, Business, Education, Health Sciences, Law, Medicine, Nursing and Midwifery, Philosophy and Theology, and Physiotherapy. The Broome campus also offers a range of vocational courses that include Community Services, Health and Nursing. The University has over 11,000 students enrolled in courses across all campuses.

The University has two Medical Schools: one at the Sydney campus and the other in Fremantle. The two Schools are managed and accredited separately.

The School of Medicine, Sydney is one of seven Schools within the University of Notre Dame, Sydney. The other Schools are Arts and Sciences, Business, Education, Law, Nursing and, Philosophy and Theology.

The Medical School is geographically dispersed, with Clinical Schools located in Sydney (St Vincent's and Mater Health, Auburn and Hawkesbury), Melbourne (Werribee Mercy Health) and rurally in New South Wales and Victoria (Wagga Wagga, Lithgow and Ballarat).

The School has placed an upper limit of 120 students on the numbers of students admitted to the program. The student intake includes on average 60 Commonwealth Supported Places (CSP) including 17 bonded medical placements, and between 55 and 60 full fee-paying domestic positions. The School is planning to accept international students from 2018. This would be capped at 10 international students per cohort to be included within the overall cohort numbers.

Program Structure

The School of Medicine, Sydney commenced delivery of an MD program in 2017, while teaching out the current MBBS. Current MBBS students have the opportunity to transfer into the MD program if they choose. The School notified the AMC in 2015 of the proposed move from a Bachelors degree to a Masters-level Doctor of Medicine as the primary program to be delivered from 2017. The changes consist of: the discontinuation of the generic, University-wide philosophy, ethics and theology program in favour of a Masters-level, professionally focused program that emphasises bioethics in relation to medicine; the introduction of a research project in one of ten themes, conducted across Years 2-4 of the program; and a revision of the Population and Public Health learning activity in Year 4 of the program.

The AMC Medical School Accreditation Committee did not consider that the changes represented a major change to the accredited program and this advice was endorsed by AMC Directors at their meeting on 13 March 2016.

The School curriculum is defined by four Domains: Basic Clinical Sciences (BCS), Communication and Clinical Skills (CCS), Population and Public Health (PPH) and Personal and Professional Development (PPD). All curriculum content is aligned with one of these Domains and is delivered

within year-long, integrated blocks. Both programs are four-year, graduate-entry programs consisting of two foundation preclinical years and two clinical years.

Years 1 and 2 of the programs are primarily delivered at the School's central campus in Darlinghurst. The Darlinghurst campus is shared with the School of Nursing and is located in a purpose built, stand-alone building adjacent to St Vincent's Hospital.

Teaching of some elements of the Basic and Clinical Sciences (BCS) in the Foundation Years (Years 1 and 2) has been contracted out to the University of Technology Sydney (UTS) Broadway campus since 2008. Physiology, microbiology, histology, biochemistry and haematology lectures are delivered in UTS lecture theatres, while anatomy tutorials and lectures are delivered at both Broadway and Darlinghurst campuses. The laboratory facilities at Broadway were specifically developed for joint use with the University of Notre Dame Australia, School of Medicine.

Years 3 and 4 of the programs are primarily conducted in Clinical Schools. The School has three Clinical Schools (Sydney, Melbourne and Rural Clinical Schools) at eight campuses, across NSW and Victoria in both metropolitan and rural locations.

The Sydney Clinical School is composed of three separate Clinical School campuses - the St Vincent's and Mater Clinical School, Auburn Clinical School and the Hawkesbury Clinical School. The Melbourne Clinical School is based at Werribee. The Rural Clinical School has campuses in NSW (Lithgow and Wagga Wagga) and in Victoria (Ballarat).

Accreditation History

The University of Notre Dame Australia, School of Medicine was first assessed by the AMC in 2007. The proposed program was a four-year, graduate-entry program. Following this assessment, the School was granted accreditation to December 2013, subject to a report on conditions in 2008, and a follow-up assessment in 2009. The first cohort of students commenced the program in 2008.

Assessments in 2009, 2010 and 2011

In 2009 the AMC conducted a follow-up assessment to the School. The AMC noted concerns regarding the pace of progress towards implementation for the Clinical Years, Years 3 and 4, and decided to complete a follow-up assessment in 2010.

Following the 2010 follow-up assessment, the AMC found that the medical program substantially met the accreditation standards. The AMC Directors shortened the School's accreditation to December 2011 and imposed conditions on the program's accreditation.

The School was required to report on conditions in December 2010 and at four points in 2011 between February and August. In May 2011, an AMC team conducted a follow-up assessment. The Medical School Accreditation Committee considered the team's report, the School's August report on conditions and advice from the School's new Dean on developments since her appointment in May 2011 and the AMC returned the expiry date of the School's accreditation to 31 December 2013, subject to conditions.

Monitoring of the program 2011 - 2016

Once it has accredited an education provider and its program of study, the AMC monitors them to ensure they continue to meet the accreditation standards. The principal monitoring mechanisms are structured progress reports, reports on conditions, and a comprehensive report, generally in the sixth year of accreditation, to seek extension of accreditation for a further four years.

The School submitted a satisfactory progress report in 2012 which included reporting on conditions. The Committee agreed that the School met all conditions that required reporting at this time, except for conditions related to curriculum integration, which were progressing, but required further reporting.

In 2013, the School submitted its comprehensive report for extension of accreditation including a report on conditions and areas for improvement. The AMC found the report satisfactory, and that the program met the accreditation standards, and extended accreditation for the maximum period allowable to 31 December 2017.

The School submitted satisfactory progress reports in 2014, 2015 and 2016. In this period, the main areas for reporting have included updates on research outputs, financial resources to sustain the program, the IT infrastructure to support students at all sites and the development and implementation of the Hawkesbury Clinical School which commenced in 2015.

Over the course of subsequent annual reports from 2014 to 2016 the School progressively satisfied the required areas of reporting. Following the 2016 annual progress report, the AMC Medical School Accreditation Committee recognised that each requested area of reporting was satisfied.

The School has no outstanding areas for reporting or conditions.

This Report

This report details the findings of the 2017 accreditation assessment. Each section of the accreditation report begins with the relevant AMC accreditation standards.

The members of the 2017 AMC team are at **Appendix One**.

The groups met by the AMC team in 2017 are at **Appendix Two**.

Appreciation

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

1 The context of the medical program

1.1 Governance

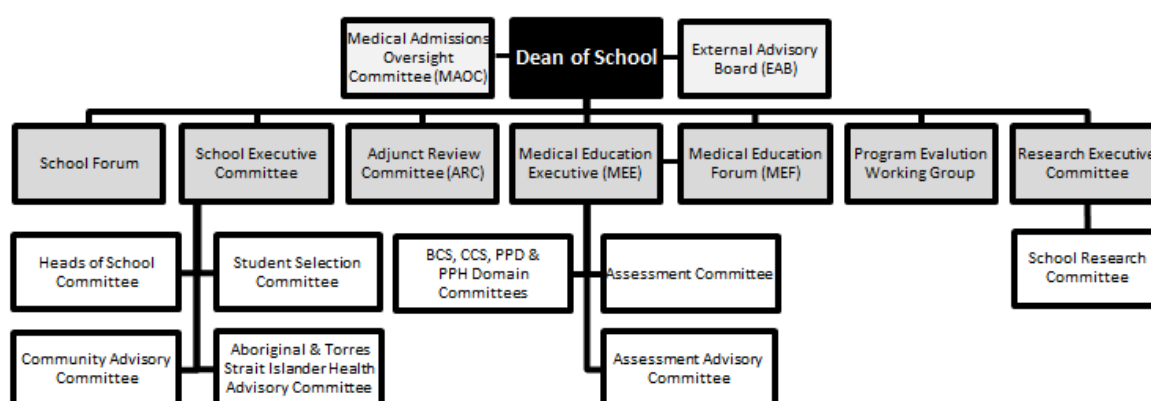
- 1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the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

The School of Medicine, Sydney is one of two medicine programs offered by the University of Notre Dame Australia, the other (the first) being the School of Medicine, Fremantle in Western Australia. Together they form the University of Notre Dame College of Medicine, which has the primary purpose of exploring matters of common interest, ensuring consistency of academic standard, and monitoring the equivalence and comparability of educational outcomes across the Schools. While the two programs share similarities, they are different programs and each of the medical programs is managed and accredited independently, with separate admissions pathways and different governance structures. There is some sharing of resources, such as assessment expertise, the potential for use of the curriculum management program (Prudentia™) and the clinical school facilities in Broome.

The medical program at the Sydney campus has an upper limit of 120 students on the numbers of students admitted to the program. The student intake includes on average 60 Commonwealth Supported Places (CSP) including 17 bonded medical placements, and between 55 and 60 full fee-paying domestic positions.. The four-year, graduate entry program is based at the Darlinghurst campus for Years 1 and 2, and then dispersed to seven Clinical Schools for Years 3 and 4. Four of these Clinical Schools are urban, located in Darlinghurst, Auburn, Hawkesbury (Sydney) and Werribee (Melbourne). Three Rural Clinical Schools are located in Wagga Wagga and Lithgow in NSW and Ballarat in Victoria.

While the team initially found the governance structure of the medical programs to be unclear, discussions with staff members throughout the week improved understanding. The organisational charts are complex, showing several committees with reporting lines and defined roles, but the functioning of the organisation proved to be a little different. Several committees and working groups appear to overlap with respect to roles and membership. The School notes that this arrangement is by design, in order to ensure people with appropriate knowledge are available to contribute to any operational or strategic matters for consideration at a committee.

Figure 1 - School of Medicine, Sydney Committee Structure at 2 May 2017



The key management committee is the School Executive Committee, which is chaired by the Dean and includes representatives from Learning and Teaching, Student Matters, Student Selection, Research, Quality Management, Aboriginal and Torres Strait Islander Health, the heads of all Clinical Schools and the Executive Officer. This committee meets monthly in a formal capacity, although there is also a short planning meeting for the coming week each Monday morning. The School Executive Committee makes most of the decisions. Most other committees are advisory, having evolved from the original curriculum groups from the early days of the School. Each member of the School Executive Committee is also a member of two or three other committees and some carry more than one senior role in program and school management. Some committees meet less regularly, based on need.

There is a strong ethos of inclusion, engagement and consensus development in the School. These are features that enhance curriculum integration in both design and delivery across such a dispersed organisation. Most decisions appear to be made by the same group of senior staff, with the Dean playing a crucial role, sitting on most committees and providing strong leadership. Parallel discussions concerning a specific matter may occur in several committee or working group meetings, where agendas are flexible in order to attend to the specific aspects that align with the purpose of the committee or working group. Some decisions that do not require resource changes may be made and implemented at the committee and management level, while those requiring change to resource allocation or policy require explicit approval by the Dean and/or support from senior University management.

While the team had no concerns about the outcomes of this structure and process - management appears responsive and flexible - its success may be person-dependent rather than due to a governance structure. Greater clarity in governance structures and decision making pathways may be important as the School matures, particularly as other programs are developed.

The Medical School has a close relationship with a wide range of health and charitable organisations, particularly in Sydney, and particularly with related Catholic institutions. This is demonstrated best by the External Advisory Board (EAB), which includes several high-profile people from well-known institutions. The University requires each School to have an EAB, and the structure and membership of the School's EAB conforms to University requirements. There is emphasis on appointing people who are independent of the University but influential in education, health care and/or research and community organisational connectivity.

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 position of Dean of Medicine for the Sydney School reports through the Senior Deputy Vice Chancellor (Sydney Campus) to the Vice Chancellor. This is a senior position within the University, with a clear position description and substantial authority and strong support from senior University management. This includes the capacity to offer a different program to that at Fremantle, based on local community needs and resources. The Dean is the Chair of the University of Notre Dame College of Medicine, which incorporates representatives from both University of Notre Dame Medical Schools. The Dean collaborates well with her equivalent positions in other NSW medical schools, NSW Health, Health Education and Training Institute in NSW (HETI) and the Postgraduate Medical Council of Victoria (PMCV) in sharing clinical placement capacity and interfacing with postgraduate medical education.

The roles and responsibilities of the position of Dean are clearly stated. The Dean has substantial authority, with advice from the senior management team, to determine the curriculum and develop the program, in negotiation with senior University management. Senior university management were of the opinion that the Medical School matters profoundly to the University, and it is regarded as a 'flagship' program among the professional programs that are the focus of the University.

1.3 Medical program management

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

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

There are currently three committees that share roles in curriculum management. The overarching committee is the Senior Executive Committee, while the Medical Education Executive is more directly engaged in planning and delivering the curriculum; this group is the 'engine room' of the medical curriculum. The Medical Education Forum meets less frequently and discusses more strategic issues with wider participation and consultation. The Medical Education Executive acts as the executive group of the Medical Education Forum.

While the overlapping nature of these three committees, and particularly the Medical Education Executive (MEE) and Medical Education Forum, may lead to some duplication of process or opacity of accountability, one potential advantage is that integration of the curriculum is actively managed. Domain Committees are responsible for Domain content and reporting to the MEE, who are responsible for approval of changes to the curriculum. Operational delivery and resourcing decisions are managed by the School Executive Committee.

Clinical School Heads are each extensively involved in several committees of the School. This enhances the cohesion with which the programs are managed across the different sites. The

involvement of staff ensures that multiple perspectives are considered and assists with standardising the implementation of any committee outcomes across multiple sites.

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 staff profile includes staff members with substantial experience in teaching and assessment. The Dean recognises that there may be some gaps in expertise in such a small organisation, and is mindful of this when recruiting.

The group responsible for assessment is well connected nationally and internationally through participation in several assessment collaborations that bring broader oversight and comparison with other medical programs with respect to assessment practices and quality assurance.

There are senior positions filled by people with strong academic education credentials, particularly in bioethics and philosophy. The School has an Aboriginal and Torres Strait Islander Health Unit consisting of two academic staff of Aboriginal and Torres Strait Islander background with extensive community and academic experience and expertise.

1.5 Educational budget and resource allocation

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

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

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

The current financial model provides adequate support for the medical programs. There is strong support from senior management for the transition to the MD model, with early plans to provide expanded teaching and research facilities at the current campus. The Medical School is required to make a contribution of about 12-13% of total teaching income to central University services and the Vice-Chancellor is committed to maintaining a contribution of 'no more than 15%' for the foreseeable future. This means that the University does not recover all costs for the delivery of medical programs but has explicitly accepted this in light of the other benefits that the School of Medicine brings. While a University-wide staff recruitment stringency program has affected the School, the impact has been delays of a few weeks rather than failure to gain approval.

The financial modelling is based on the higher cost of delivering a professional program in health care settings across a widely distributed clinical education model. Additional income may be earned in future by developing new programs, such as a 'pre-med' biomedical sciences program. This would require new facilities and a move of basic science teaching from the UTS Broadway campus to the School and is, for this reason, a lower priority in the medium term.

The medical program is in transition from Australian Quality Framework (AQF) Level 7 to 9 Extended (9E) and has been assessed against the AQF learning outcomes. The University has determined that the program meets AQF Level 9E outcomes subject to the addition of a

mandatory, small research activity that requires students to complete some research training, a small supervised project and the reporting of findings. While the resourcing for this MD project appears to be adequate, implementation of the program is in its first year, and the School may encounter issues such as the recruitment of sufficient project topics or supervisors. The team is interested in the progress of the MD project as it evolves.

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 External Advisory Board (EAB), whose role is to connect the medical programs to key partner organisations. The EAB is mandated by the University and has membership and terms of reference that reflect the University's requirements. The team met with representatives of the EAB and, while the current Board composition has served the School well during its establishment phase, the School may wish to consider recruitment to the EAB to address additional areas of strategic benefit. By necessity the School must interact with health services and other community organisations that may contribute to teaching and research in medicine, and relationships with these groups could be made stronger through membership on the EAB. Membership could be extended to include State Health Departments, local Aboriginal health services, primary health care networks and other agencies where a relationship with the School may be beneficial.

The University does not have the capacity to deliver some components of the medical programs directly. It therefore has firm, written agreements with the University of Technology Sydney for the delivery of basic medical sciences and the Douglas Hanley Moir Pathology group for delivery of pathology components of the curriculum. There are strong relationships with the St Vincent's/Mater Hospitals in Sydney and St Vincent's and Cabrini Hospitals in Melbourne, and clear agreements for sharing clinical placement capacity in Ballarat and Wagga Wagga. NSW Health is satisfied with the utilisation of clinical placement capacity and with the collaboration of the Medical School with NSW hospital recruitment processes and postgraduate training resources.

Each of the Clinical Schools has a local Community Advisory Board that brings together key local community groups, such as hospitals, general practices, community health facilities and Aboriginal health or medical services for consultation. These are formal groups in Melbourne, Ballarat, Wagga Wagga and Lithgow, while at the Hawkesbury and Auburn Clinical Schools the currently informal groups are planned to be made formal. The Sydney Clinical School relies more on the EAB for the School as a whole.

While the University has strong, high-level relationships with the NSW Land Council and other high profile health groups engaged in health care innovations and projects, the connections are

relatively weak with Aboriginal medical services. Sydney has several medical schools and most of the capacity in Aboriginal medical services is heavily utilised. The Medical School is developing a relationship with an Aboriginal medical service in Sydney's western suburbs that may fill this void. This will be important because the successful venture with the Australian Museum will require continued activities over Years 2 to 4, including experience in the Aboriginal Primary Health model. Should a Sydney-specific Community Advisory Board be formed, the team recommends that a Sydney-based Aboriginal Medical Service or Aboriginal Elders be invited onto the Board.

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 is building research capacity and the recent performance in this regard has been strong. The University Human Research Ethics Committee has an efficient process and the Research Executive Committee provides strategic direction to research activity in the School, which is categorised and supported through agreed research themes.

A medical education theme has been included as a key theme for the MD research projects. It is the School's intention to use the projects to develop a program of research that may be utilised to inform teaching and learning, and support decision making on matters of medical education within the School.

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 staff complement and profile is adequate to support the teaching, research and service roles of the medical programs. This is achieved through a combination of full-time and part-time positions and adjunct appointments that are distributed throughout the dispersed campuses. Communication is maintained through the regular use of technology, ensuring that the Rural Clinical School staff are as well integrated into the programs as their colleagues in Sydney or Melbourne. Professional staff are engaged in all committees to ensure efficient delivery and communication and there is strong collaboration between academic and professional staff. The team commends the School on its achievement of effective communication across the dispersed sites, which is a feature of the medical programs.

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.

There are clear policies for appointment, promotion and development of staff. A number of positions have been slow to recruit because of a restriction across the University on recruitment, particularly to new positions. This has resulted in some delays in recruitment of replacement positions, but all requested positions are being approved after delays of up to a few weeks. While the School has been successful in attracting and graduating Aboriginal and Torres Strait Islander students, reports suggest that not all staff may understand the needs of these students. The team notes that all clinical debriefing tutorials (CDT) tutors have received Aboriginal cultural awareness training, and recommends that this be extended to all staff in order to help provide an environment of cultural safety for Aboriginal and Torres Strait Islander students and staff.

2 The outcomes of the medical program

2.1 Purpose

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

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

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

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

The medical program has the stated goal of producing 'excellent, caring and ethical doctors'. This goal is based on the imperative for graduates to achieve the graduate outcomes required by the AMC and the strong Catholic social justice perspective that is evident in all of the University's programs. Further, there is a desire for graduates to be strong thinkers and leaders, moulded by the Catholic intellectual tradition.

There is specific mention of the need for addressing Aboriginal and Torres Strait Islander health in the goals of the School. The appointment of the new head of the Aboriginal and Torres Strait Islander Health Unit in 2015 has greatly expanded leadership and capacity. Aboriginal and Torres Strait Islander health is represented primarily within the Population and Public Health Domain, although it is present to a variable extent in all curriculum Domains. There are a series of lectures and opportunities for practical engagement with Aboriginal and Torres Strait Islander peoples although, during Years 1 and 2, the contribution is more campus-based. The clinical engagement capacity in subsequent years is constrained by a lack of availability of placements concerned specifically with the health of Aboriginal and Torres Strait Islander peoples, due to a high utilisation of places by other medical schools, particularly in Sydney. The Clinical Schools continue to provide content and engagement opportunities through local community groups and health services, although the amount varies between Clinical Schools.

At each of the dispersed clinical campuses, a Community Advisory Board provides connection to the community and advice on local opportunities and constraints, although the structure of the program and the assessment of student performance is standardised at all locations. The University of Notre Dame Australia School of Medicine Sydney programs have been developed to reflect the needs of the communities in NSW and Victoria rather than draw on structures and relationships from its sister school in Fremantle.

2.2 Medical program outcomes

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

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

- 2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.*
- 2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.*
- 2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

The graduate outcomes of the medical programs are consistent with, and mapped to, those of the AMC through four similar domains. The team was impressed with the concept of 'the Notre Dame Doctor', which included a strong emphasis on personal and professional development. This includes an emphasis on life long and self-directed learning. Students were able to express this attribute as a goal that they could achieve.

The School shares assessment items, practices, formats and expertise with several other medical programs, both Australian and international. Results show comparable performance with other schools in the assessment collaborations. The Medical School has sought feedback informally from employers of their graduates and the feedback on the first few graduating cohorts has been positive. Their graduates have been awarded 'Intern of the Year' prizes in some teaching hospitals and many are now well advanced in their specialty training. NSW Health and HETI report satisfaction with graduates of the School, believing them to be of equivalent standard to those from other NSW medical schools.

The medical programs are delivered at seven Clinical Schools, about half of which are sites shared with other medical programs. Program delivery and assessment are managed well to ensure equivalence of opportunity to achieve the graduate outcomes at all sites. Results in written assessments in Year 3 reflect equivalent mean performance in all placements in all Clinical Schools. The results in Year 4 assessments show some variation, particularly in paediatrics, and obstetrics and gynaecology, but these variations seem to be related to small numbers of questions and are not significant. Program delivery and assessment are managed very well to ensure equivalence of opportunity to achieve the graduate outcomes at all sites. The dispersed model is a defining characteristic of the programs and the team commends the School on its implementation.

Student feedback reflects a perception that there may be some differences in clinical assessments, in both Mini-CEX and final summative assessment ratings, but the team was satisfied that the intensive clinical supervision facilitated sound judgement, the assessment tools utilised and the training of discipline coordinators were standardised. To alleviate student concerns and to ensure ongoing consistency of assessment, the School could consider refreshing assessor training, reviewing clinical assessments to explore any differences in scores across sites and disciplines, and increasing the visibility of these activities for students.

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.

In 2017 the School commenced a Masters level MD program, which will in time replace the MBBS as the primary medical degree for vocational registration. The MD program is a Level 9E qualification in the AQF. The medical program is of sufficient duration, and will continue as a four-year graduate entry program. The School has chosen a minimal change approach, allowing many students currently enrolled in the MBBS program the opportunity to transition to the MD. Students commencing the MD are required to complete an additional week of teaching by undertaking a four-day Bioethics Intensive course at the beginning of Semester 1. The inclusion of an applied Research Project Unit integrated over the four-year program will meet the learning outcomes of the medical program.

Table 1 – School of Medicine, Sydney Medical Program Structure

MBBS / MBBS (Hons) Course Structures			MD Course Structures		
Unit Code	Unit Name	Credit Points & Length*	Unit Code	Unit Name	Credit Points & Length*
MED1000	Foundations of a Medical Vocation (In addition to LOGOS program of theological, philosophical and ethical studies is taken as electives throughout Semester 1 and 2)**	200 41 weeks	MED16001	Foundations of a Medical Vocation (Includes Bioethics studies)**	200 42 weeks
MED2000	Foundations of Clinical Practice (In addition to LOGOS program of theological, philosophical and ethical studies in medicine is taken as electives throughout Semester 1 and 2)**	200 41 weeks	MED16002	Foundations of Clinical Practice	200 41 weeks
MED3000	Apprenticeship in Clinical Practice Orientation (1 week) <u>Eight 5-week clinical rotations:</u> Medicine x 2 Surgery x 2 Paediatrics Psychiatry General Practice Women's Health	200 45 weeks	MED16003	Apprenticeship in Clinical Practice Orientation (1 week) <u>Eight 5-week clinical rotations:</u> Medicine x 2 Surgery x 2 Paediatrics Psychiatry General Practice Women's Health	200 45 weeks
MED4000	Preparation for Internship Orientation (1 week) <u>Eight 4-week rotations:</u> Anaesthesia Critical Care - Intensive Care Unit (ICU)/High Dependency Unit (HDU) Emergency Medicine Rural (various disciplines in a rural location) Speciality 1 (sub-speciality Surgery) Speciality 2 (sub-speciality Medicine) Speciality 3 (sub-speciality Medicine or Surgery) Speciality 4 Community Medicine One 4-week elective	200 43 weeks	MED16004	Preparation for Internship Orientation (1 week) <u>Eight 4-week rotations:</u> Anaesthesia Critical Care - Intensive Care Unit (ICU)/High Dependency Unit (HDU) Emergency Medicine Rural (various disciplines in a rural location) Speciality 1 (sub-speciality Surgery) Speciality 2 (sub-speciality Medicine) Speciality 3 (sub-speciality Medicine or Surgery) Speciality 4 Community Medicine One 4-week elective	200 43 weeks
MED4001	MBBS Honours Program A Research Unit is offered as 25% overload to selected MED4000 students. The Unit is concurrent with MED4000.	200 43 weeks	MED16005	Applied Research Project The MD requires all students to conduct a research-based or professionally-focused project	0
*Length includes assessment times and vacation periods during the unit			*Length includes assessment times and vacation periods during the unit		
**LOGOS is a core curriculum of the University			**Core curriculum embedded in the PPD Domain of the medical program		

3.2 The content of the curriculum

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

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner.

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

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

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

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

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

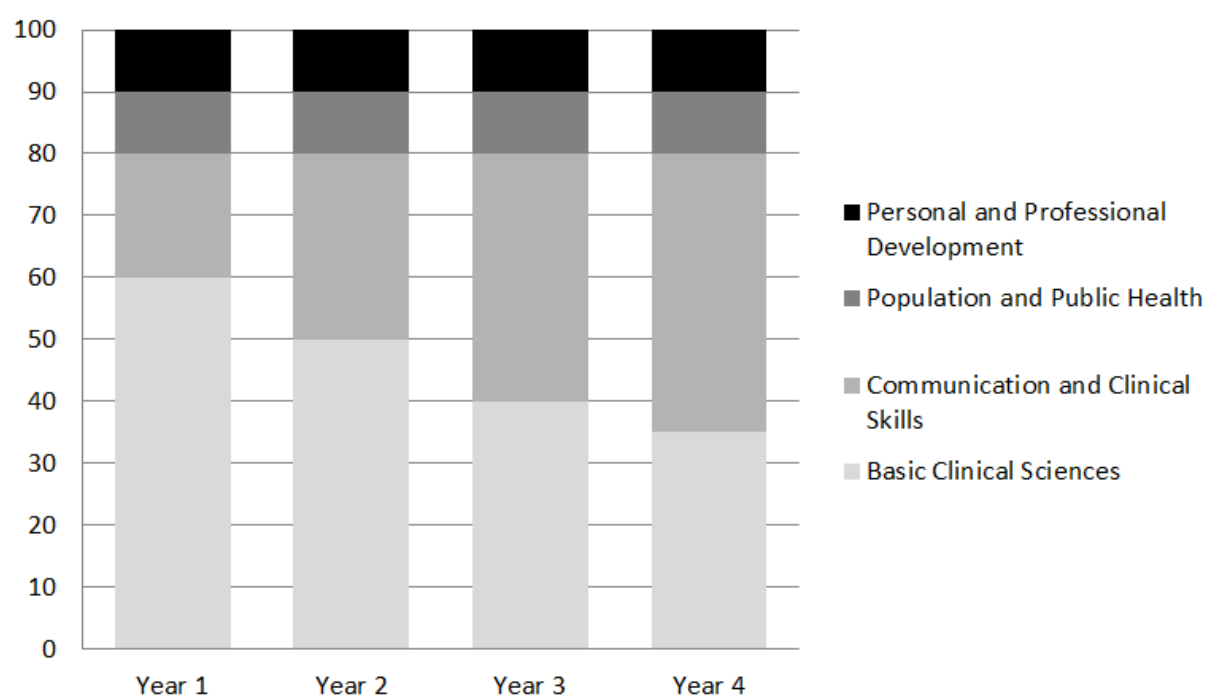
The curriculum is outcomes-based and well designed, demonstrating a logical flow of content across the Foundation and Clinical Years. The spiral curriculum builds on concepts that are revisited, increasing in complexity, over the duration of the programs. The learning outcomes are mapped throughout the programs and are integrated horizontally and vertically through each year of the programs. The Foundation Years are predominantly campus-based and the Clinical Years demonstrate a range of rich clinical learning experiences across all Clinical School sites.

The curriculum is defined by a four domain framework that aligns to the AMC Graduate Outcomes. The domain structures comprise of the following:

- Basic and Clinical Sciences (BCS)
- Communication and Clinical Skills (CCS)
- Population and Public Health (PPH), and
- Personal and Professional Development (PPD).

Figure 2 demonstrates the weightings of each domain for each of the years of the programs. The BCS Domain is more heavily weighted in Years 1 and 2, with a shift towards an increased prominence of the CCS Domain in Years 3 and 4.

Figure 2 – Weighting of each of the four domains BCS, CCS, PPD and PPH across the four years of the MBBS and MD programs



The programs are organised into two stages, with Years 1 and 2 constituting the Foundation Years, and Years 3 and 4 the Clinical Years. Each year consists of a single, standalone unit with the four Domains interwoven within it.

The implementation of the Applied Research Project in the MD program will require an additional 120 hours over the MBBS program across Years 2-4. Outcome statements for the MD Applied Research Project require the student to demonstrate the application of knowledge and skills to plan and conduct a research-based, professionally-focused project.

Unit Outcome statements for the Applied Research Project (MEDI6005)

1. Analyse and synthesise data and information to formulate and address a question or hypothesis.
2. Apply and reflect on ethical principles in conducting a research or professionally-focused project.
3. Contribute to a body of knowledge or area of professional practice.
4. Construct coherent arguments and effectively communicate findings with peers and the community.
5. Develop and execute projects within a professional framework of self-reliance, judgment and flexibility.

The Foundation Years

In the Foundation Years, Problem-Based Learning (PBL) is the integrating focus of learning. The Foundation Years are supported predominantly by the BCS and CCS Domains and are taught between the School's campus in Darlinghurst and UTS at Broadway. Some of the basic science curriculum is delivered in partnership with UTS. Histology, biochemistry, haematology and immunology are taught at UTS, along with practical tutorials for histology and microbiology. Students and clinical staff reported the UTS arrangement works well, with most students reporting appropriate levels of anatomy teaching. The School has appointed a head of Pharmacology at the Darlinghurst campus in response to student concerns.

During 2017, a new, medicine-specific, Bioethics component was introduced to Year 1 students, replacing the former LOGOS program that is a core requirement of all other programs across the University. The new program consists of six modules, supported by lectures and workshops, covering a range of issues commonly arising in health care. Debate is strongly encouraged, even if opinions differ from those of the Catholic Church. The program is still in development and will be adjusted in accordance with feedback from the pilot this year. Bioethics has been added as an area of research focus for the School and is also available as a Theme option for the students' MD Projects. These are interesting developments and the team looks forward to progress reports.

Likewise, the team is interested in the development of the MD research program as it develops. The team looks forward to receiving updates on the progress of the research program, including theme design, projects undertaken, outcomes for students and any emerging issues for the School.

The Year 2 curriculum is delivered in learning blocks with two to three weeks of consistent learning in a specific body system. Each block of learning is associated with an Integrated Anatomy Workshop (IAW). These workshops align with the PBL sessions that are delivered in the teaching blocks and also revise content learnt in previous years. The design and content is structured to encourage students to understand clinical problems from a multidisciplinary approach inclusive of the radiological, pathological and clinical anatomy perspectives of disease.

The Clinical Years

Knowledge developed in the Foundation Years is consolidated and built upon with particular attention to the clinical manifestations of common and important, illness and disease through investigation, support and management of patient illness and disease. Weekly Back-to-Base skills days build on the PBL model of clinical reasoning. Back-to-Base days build on clinical rotations and are supported by case presentations, specialist led lectures, tutorials and interactive workshops. Skill acquisition over the four years is tracked using clinical skills log books.

Students are able to nominate preferences for the allocation to a Clinical School in Sydney, Hawkesbury, Melbourne or one of the Rural Clinical Sites in Ballarat, Lithgow and Wagga Wagga. After allocation, students have the opportunity to swap their allocation with other students if they desire. Special consideration may also be given to student requests.

3.3 Curriculum design

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

This is a comprehensive curriculum that is well designed and has a logical flow of content across the Foundation and Clinical Years. The spiral curriculum builds on concepts that are revisited, increasing in complexity throughout the duration of the program. A detailed curriculum map with a clear philosophy of vertical and horizontal integration outlined for the Foundation and Clinical Years of the MD program.

Horizontal integration across each year long unit incorporates the delivery of the content of the Domains. This is achieved by weekly learning activities, supporting the themes contained in the PBL case of the week. Learning is organised around the clinical presentation in the PBL which is designed to promote authentic, aligned learning. Lectures and tutorials develop and extend the topics covered in the PBL case. The PBL environment allows the integration of learning and the development of clinical reasoning skills.

Vertical integration across each year of learning builds on the previous year. Topics and skills are revisited through the spiral curriculum in a process that reinforces prior learning and further develops and deepens that learning. This is designed according to explicit constructivist pedagogy, to build and extend students as their learning progresses.

In Year 1 the depth of learning increases throughout the year. The Year 2 curriculum is delivered in learning blocks, with two to three weeks of learning dedicated to a specific body system. Students build on foundation knowledge acquired in Year 1, by revisiting prior learning at a higher level throughout the year, with a much stronger focus on clinical reasoning.

The learning outcomes have been mapped horizontally, and a process for vertical integration is being developed for implementation. Back-to-Base days provide students with opportunities to build on knowledge gained through the Foundation Years.

Specific learning outcomes are provided to all students via Blackboard. Examples of documents outlining learning objectives have been provided to the team, and these clearly communicate to the students the requirements for each subject and phase of the program.

Curriculum Management System

The School has been working towards the introduction and piloting of the Prudentia™ Curriculum Management System. Prudentia™ is a curriculum database built by the University of Notre Dame Australia's Information Technology Services and is being used by the School of Medicine, Fremantle.

Further work is required on the implementation of an effective curriculum mapping tool, as the Prudentia™ database has proved to be limited in its utility as a result of the different curriculum structures between the Schools of Medicine. Consequently staff continue to rely upon manually updated spreadsheets for curriculum management.

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.

Students systematically receive information about specific learning outcomes and objectives with a communication pattern that is established in Year 1 and continues across all years. Information is shared with students through orientation, unit outlines, Foundation Years and Clinical Years Handbooks, the Blackboard Learning Management System and a learning objective document for each year. Through these mechanisms, students have access to early and extensive information regarding the program of study and assessment for their stage of the program. The team notes that the student handbooks are particularly well written and explanatory.

3.5 Indigenous health

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

The medical programs provide good coverage of Indigenous health, led by the staff of the Aboriginal and Torres Strait Islander Health Unit. There are formal opportunities for learning about Indigenous health, history and culture provided across the Foundation years. Opportunities for engagement are available through lectures, although the team noted that attendance at these is low. The team is particularly impressed with the newly developed Immersion Day at the Australian Museum. The team commends the Aboriginal and Torres Strait Islander Health Unit and School on this initiative but recognises that other engagement and extension activities, both formal and informal are essential to supplement this worthwhile initiative.

The School also has established and funded placements in Katherine and Broome and has worked to build up opportunities for students who have an interest in Aboriginal and Torres Strait Islander Health. The School is able to work with students who wish to undertake an elective in Aboriginal and Torres Strait Islander Health to identify and secure suitable opportunities. Likewise, students are able to choose a social justice project that intersects with the Indigenous Health Curriculum. While these opportunities are laudable, the team recommends continued relationship building in Aboriginal Medical Services in Sydney and other sites to extend students clinical knowledge and experience.

The School has systems in place to assess learning outcomes related to Aboriginal and Torres Strait Islander health and to monitor and evaluate the delivery of the curriculum.

3.6 Opportunities for choice to promote breadth and diversity

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

The School offers students a number of opportunities to explore areas of interest and broaden their experience. This can be achieved through both the curriculum and extra-curricular, student-led activities.

The MD project is an example of learning that is integrated into the curriculum that affords students an opportunity to explore areas of personal interest while developing knowledge and skills in applied research.

Another notable opportunity for students to explore an area of personal interest is the Social Justice Project, which allows students to develop skills and insights into the intersection of health and society. The project is anticipated to take about 40 hours of applied action learning and volunteering undertaken in the students' own time. Many students choose activities that address social inequities concerning marginalised populations affected by poverty and discriminated against by society. The projects offer potential for students to pursue studies of choice that promote breadth and depth of experience in accordance with the School curriculum.

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 learning and teaching plan for both the MBBS and MD programs has been designed to utilise multiple methods of learning and teaching which encourage both self-directed and small group learning.

The Foundation Years focus on basic and clinical sciences within a PBL framework. Weekly small group tutorials in communication and clinical skills (CCS) and the clinical debriefing tutorials (CDT) support and extend the learning associated with the PBL activities. The framework is complimented by lectures addressing the same topics, which are recorded and available for later viewing via the learning management system if required. Year 1 commences with a four-day intensive program in bioethics which includes workshops centred on moral philosophy and medical ethics in the context of Catholic intellectual tradition. This workshop series is intended to prepare students for the intersection of medical ethics and other curriculum content. Ongoing development of components of the PPD domain, that intersect with the bioethics themes, is occurring for integration into subsequent years of the program.

Each PBL group has the same tutor for three PBL tutorials per week for the full year. The tutors are medical practitioners or specialist clinicians, often a General Practitioner, who are carefully selected and trained in the PBL approach. This results in useful student support from PBL tutors but has the additional benefit of facilitating peer support from other PBL group members. Students report that the PBL framework builds efficacy with self-directed learning and that this continues through the course. One of the three weekly PBL tutorials in Year 2 is student led. Students report some cases are inconsistent with latest evidence and practice but the team acknowledges that revision of PBL cases and materials is scheduled.

Laboratory based tutorials in the basic clinical sciences, including physiology, histology, biochemistry and haematology, and practical laboratory sessions in microbiology are held at UTS. Tutorials, including anatomy and anatomical pathology are moving towards the concept of team based learning.

Additionally, students in Years 1 and 2 are supported in undertaking a Social Justice project. Planning occurs in Year 1 and execution and reporting is completed during Year 2. The report includes the personal reflections of the student as well as an analysis of the outcomes of the project. Students also maintain a portfolio of reflections on their learnings which contribute to the CDTs.

Years 3 and 4 have a predominantly clinical focus, with one Back-to-Base day occurring in most weeks. Back-to-Base days are designed to supplement learning that occurs in the clinical environment through lectures and tutorials delivered by clinical staff, consultants, mentors, visiting academics or the students themselves. The structure and content of the Back-to-Base days is consistent across all sites and links explicitly to the learning objectives of the curriculum. Some lectures are delivered from the Darlinghurst campus and are streamed live for students to view from each Clinical School in real time. Lectures are also recorded for the students to view

later. Back-to-Base days also incorporate simulation activities, case presentations and interactive workshops.

The Clinical Years feature a weekly journal club, and the multi-campus, whole of class, Back-to-Base day led by students and expert clinician facilitators. This is the one day of the working week that students are not active clinically on the wards. The Year 3 program is comprised of eight, five-week rotations, while Year 4 students undertake eight, four-week rotations.

The Year 4 program includes tutorials aimed at student preparation for internship and the Public Health Project report for MBBS students or the Population and Public Health Analysis Report for MD students.

All students have access to clinical simulations, with a unified curriculum for consistency of delivery across the multiple sites.

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.

Examples of activities that promote self-directed learning include the PBL cases and tutorials (particularly the student led PBL sessions in Year 2), reflection within the student portfolio, the Social Justice project and the MD research project. Students also have the opportunity to participate in self-directed formative assessments, including a mini-quiz bank, BMJ OnExamination, and eMedici. Students also have access to the medical library and anatomy museums for self-directed learning. Online learning modules in scientific enquiry and epidemiology are being introduced in 2017 and are accessible through the library.

Students confirm that they consider themselves well prepared as self-directed learners.

4.3 Clinical skill development

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

In the Foundation Years, students are prepared for clinical practice through a range of learning activities that emphasise authentic clinical practice. CCS tutorials are conducted in simulated clinical settings and students are guided through clinical scenarios, with an emphasis on developing communication and clinical skills. Students have the opportunity to practice new skills on one another. Simulation mannequins and models, as well as trained actors performing as simulated patients are also available for the students in Foundation Years to assist in the development of clinical skills.

Clinical teaching commences in the Foundation Years and includes weekly site visits to a clinical area. Years 3 and 4 are situated in a range of health care settings and the emphasis is strongly on learning in clinical practice. Throughout the programs, explicit clinical competencies are described for each year. These are demonstrated through the clinical skills log books which are a mandatory inclusion in the student professional portfolio submitted for assessment.

Back-to-Base days in the Clinical Years have a focus on clinical skill development based on student experience in the clinical setting. Learning is student-focused and transferable to the various settings that the students are placed in.

A simulation strategic plan is being completed in 2017, encompassing the dimensions of hardware, software, people and time. The strategic plan includes revision of the simulation manual and ensuring equivalence of both training of the instructors and of delivery of simulation activities at multiple sites.

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.

Discussion with CCS tutors, clinicians and students has confirmed that the students have a well-defined, staged process to independence. The CCS training in the Foundation Years, including the Clinical Skills Logbooks, scaffold skill development and increased independence. The Patient Record List is a tool that provides evidence of increasing independence in Years 3 and 4.

Students report some challenge in adapting from the training in Years 1 and 2 to direct patient contact in Year 3, although the development from this point is considered to be a smooth trajectory to increasing independence, albeit with inter-student variations in the level of independence. The majority of students indicate a high level of “hands-on” training at all sites. There are some rotations where hands-on training is appropriately limited, in for example quaternary care situations such as transplantation.

4.5 Role modelling

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

Role modelling appears to be strong in the Clinical Years. In most sites the students are at the same site for substantial periods of time (up to a year) and this facilitates ongoing relationships between students and clinical teachers and academic leaders. In addition, students doing a specific rotation are supported to follow patients or explore related clinical settings, as opportunity permits, to broaden experience and reinforce learning in other disciplines.

Role modelling in research has the potential to increase as the full cohort moves from the MBBS to the MD degree through participation in the MD Research project.

4.6 Patient centred care and collaborative engagement

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

Patient centred care is prominent in the programs from student selection through the preclinical and clinical years. The School reports that patient centeredness is a key characteristic of students that is valued in the admission portfolio and interview. Throughout the curriculum patient centredness is evident through the emphasis on communication, the doctor-patient relationship,

social justice and ethical medical practice. PBL and CDT tutorials include elements that maintain a focus on the patient at the centre of medical practice.

The School has undertaken research which has demonstrated maintenance of patient centredness in students throughout the programs.

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.

Interprofessional learning (IPL) - learning from, with, and about other health professions - is deliberately built into the programs. For example, Year 4 students of the Ballarat Clinical School participate in simulation sessions with nursing students. IPL is particularly strong in obstetrics, with students having the opportunity to work and learn alongside student midwives.

The team notes that IPL is variable in the Clinical Years and that there is potential for this aspect of the programs to be further developed. Possible opportunities for enhancing IPL in the programs may occur in the Clinical Years, particularly when nursing and allied health programs are undertaken in the same facilities in parallel to medical students. The team encourages the School to look at increasing the opportunities for students to experience IPL, building, wherever possible, on the co-location of other health professional courses.

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 School's approach to assessment is based on constructive alignment of assessments with the learning objectives and knowledge domains of the curriculum. Clear progression requirements highlight the need for students to pass each year long unit, achieve competence across domains of knowledge and meet compliance requirements within subjects. There is a wide range of assessment methods used throughout the programs including both formative and summative assessments.

While most individual components of the summative assessments are not barrier assessments, exceptions include Objectively Structured Clinical Examinations (OSCEs) (in Years 2-4 of the programs), Year 3 and 4 end of rotation assessments, and the public health project report (MBBS) or PPH analysis report (MD). MD students are also required to pass their Applied Research Project Unit in order to graduate.

In addition to achieving an overall pass in each unit, students must obtain a pass mark for each of the four domains of knowledge - Basic and Clinical Sciences (BCS), Communication and Clinical Skills (CCS), Population and Public Health (PPH), and Personal and Professional Development (PPD). The relative weighting of these Domains changes throughout the programs - from a predominance of Basic and Clinical Sciences in Year 1 to a greater focus on Communication and Clinical Skills in Year 4. Alignment of assessments with these four Domains was strengthened in 2015 through alteration in the allocation of assessment items amongst the Domains.

Compliance requirements for successful progression include satisfactory end of rotation assessments, submission of the learning portfolio, and satisfactory attendance. For example, attendance at certain formative assessments is compulsory.

The Assessment Policy for the outgoing MBBS program and the new MD program are easily accessible to students via Blackboard, the School's learning management system. Students are provided with assessment requirements, marking rubrics and pass criteria for hurdle assessments. The assessment policy is also communicated to students through an assessment briefing by Head of Assessment at the beginning of Year 1 and at the start of subsequent years of the program. In Years 2 to 4 of the program these briefings are also used to present cohort level feedback regarding performance on the previous year's end of year summative assessments. These presentations are recorded and uploaded to Blackboard to facilitate subsequent review of the points raised.

Frequent opportunities for formative assessment are provided throughout the programs in both Foundation and Clinical Years.

In the Foundation Years, students are provided with a mid-year Multiple Choice Questionnaire/Short Answer Questions (MCQ/SAQ) paper, Blackboard quizzes, formative OSCEs, and practice laboratory examinations. Students also have longitudinal relationships with tutors, providing opportunity for informal feedback in addition to the requisite tutor assessments, which include assessments of professional behaviour and professional portfolio assessments.

There are many formative assessment opportunities throughout the Clinical Years of the programs, which can be facilitated through the long-term, consistent relationships with clinical supervisors and tutors extending throughout the clinical rotations in Years 3 and 4. Students at all sites reinforced the value of these longitudinal relationships in providing useful feedback and guidance for future learning. In addition, clinical year students have practice papers with MCQ/SAQ and script concordance test items, regular Blackboard quizzes, and practice laboratory OSCEs. Students also complete formative end of rotation, professional portfolio and Back-to-Base day presentation assessments.

Summative assessments are informed by evidence, clearly described and involve multiple methods. These include tutor and clinician observations, student reflections, the professional portfolio, written exams (including MCQ, SAQ, and script concordance test items), practical assessments (such as Mini-CEX, end of rotation assessments and OSCEs), and specific projects related to public health, social justice and the MD applied research project.

The School intends to undertake extensive work on the teaching and assessment of professionalism, which will potentially also include professionalism-based progression requirements to commence later in the year, as well as further work around grade distributions, which will be presented to the Academic Council during 2017. The team looks forward to updates on this work as it progresses.

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.

Assessments used by the School are evidence informed, clearly described and involve multiple methods. Assessment methods are used consistently throughout both the MBBS and MD programs with an additional applied research project for students enrolled in the MD. These students will be formally enrolled in this compulsory, zero-credit point graded unit in Year 4 with an assessment of their research via poster, oral defence and final written report.

Assessments are mapped to year level and domain of knowledge. For example, the BCS domain is assessed in Year 1 through PBL tutor assessments, SAQ and MCQ items within end of year papers, and through the laboratory examination. These assessments combine to provide 60% of the overall mark for the year. In that same year the PPD domain is assessed through SAQ items and the professional portfolio and contributes 10% of the overall mark.

Blueprinting of examinations is undertaken to ensure alignment between exam items, learning objectives and curriculum emphasis. While the Prudentia™ curriculum management tool was

intended to aid exam blueprinting, the decision not to use this tool has not significantly affected blueprinting of assessments, as a detailed curriculum spreadsheet is utilised to this effect.

The Assessment Unit oversees the development of assessment items to ensure a good spread of difficulty, aiming for a pass mark of between 50% and 55% for the written papers and 60% for the OSCE. Practice questions and changes to question development processes appear to have addressed the relatively low performance by earlier cohorts of students in script concordance test questions and thus the School continues to use these assessments.

The School has done significant recent work to improve the robustness of standard setting processes. The consistency of clinical assessments at the various clinical sites and standard setting of assessments is now in line with current practice. Reference clinical panels are used to standard set the script concordance test questions, the Cohen-Schotanus method is used for MCQ and SAQ items, and median of borderlines is used for OSCEs. Continuous assessments have a set pass mark of 50% (or 60% for end of rotation assessments) with marker training and detailed assessment rubrics used to ensure consistent application of the required standard.

5.3 Assessment feedback

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

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

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

The School has processes in place to identify underperforming students and to implement remediation. The School has introduced a basic science intensive and bridging program for students from non-science backgrounds to address the wider spread of results that has occurred for students in Year 1 of the program. In addition, all students now sit a post-entry literacy assessment during orientation. University wide writing and comprehension courses are offered on the basis of results in this assessment.

Student performance is monitored through ongoing formative assessment processes as part of the PBL tutorials in Years 1 and 2 and through end of rotation assessments in the Clinical Years.

Mid-year formative assessments and end-of-year summative assessments provide additional opportunities to identify students requiring more support and the mid-year and end of year examinations are formally discussed at the Internal Board of Examiners meetings. This group explores overall performance by the student cohort and undertakes comparison with historical averages, areas of strengths and weaknesses, consistency between exam sites, Clinical Schools or tutorial groups as required. The Internal Board of Examiners makes recommendations on remedial approaches for students with borderline performances.

The Internal Board of Examiners also makes recommendations for future improvement to teaching and assessments. These recommendations are considered by the Assessment Committee, the relevant Domain Committees, and the Medical Education Executive and this information, in addition to cohort performance data, is fed back to relevant teaching staff.

When students are identified as having a performance deficit, the Domain Heads develop individualised remediation plans in partnership with involved students. These plans are tailored to each student's specific needs. Student needs may include learning difficulties, social circumstances or health issues. Various strategies are used to engage students in practice, feedback and reflection, including the use of study groups and mentoring. Most reassessment takes place through the ongoing formative assessments as part of the year level, however, students who fail a clinical rotation in Year 4 are provided one opportunity for a remediation rotation in that year in place of their elective, and are formally reassessed at the end of the rotation. The School also provides remedial support to students who self-refer, or those identified by the Foundation Years Coordinator, Heads of Schools or Head of Student Matters.

Regular feedback is provided to all students. Formative and summative assessment results are communicated to students via Blackboard, and mid-year formative assessment feedback includes detailed information on individual items including correct response and model answers. Year 1 students receive one to one feedback from OSCE examiners. Practice OSCEs in Clinical Schools are accompanied by personalised feedback. Longitudinal relationships between tutors and students, in both Foundation and Clinical Years, also facilitate regular feedback, particularly in relation to learning portfolios and during end of rotation interviews.

5.4 Assessment quality

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

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

The School has a detailed quality assessment cycle involving design, implementation and evaluation phases. The design phase incorporates clear communication of the assessment policy to students and staff, training of examiners and item developers, peer review of items, standard setting and blueprinting. Implementation involves planning, logistics, content experts, briefing and standardisation of examiners and simulated patients, observation of processes and seeking feedback from all involved. The evaluation phase involves internal and national benchmarking, School pass/fail discussions, item analysis and cohort performance feedback, reliability assessments and test paper security.

The team notes the School's involvement in numerous national and international benchmarking collaborations and considers this is an excellent way to demonstrate comparable outcomes.

The School has a protected question bank and some assessment items are reused in subsequent years. The School hopes to decrease reliance on recycled items through continued collaborative involvement and through further development of item writing capacity within existing faculty.

The team notes the strategic involvement of representatives from other medical schools in the new Assessment Advisory Committee and considers this will be of significant benefit to all stakeholders.

The School makes considerable effort to ensure consistency of assessment practices, processes and standards throughout the dispersed clinical sites. The team acknowledges student concerns

about potential variation in clinical assessment at different sites and encourages the School to continue its ongoing work in ensuring assessments remain comparable and increasing the transparency of this for students where possible.

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 its 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 Program Evaluation Working Group (PEWG) meets three monthly to review the programs and plan revision of areas that may be in need of development. This group works in conjunction with the University level processes that require an annual assessment of all courses including the medical programs. The University also requires all units that score mean ratings in unit and tutor satisfaction of less than 3.9 out of 5.0 to be reviewed and a follow-up and action plan developed. In addition the University requires an external review of every course every five years.

Teacher Performance Evaluations (TPEs) are conducted on Foundation Years lecturers who deliver more than three lectures each year, or have previously been identified as requiring development. Lecturers may also request an evaluation of their teaching using the TPEs for professional development purposes. Evaluation results for lecturers in BCS delivered by UTS staff are provided to the Associate Dean, Learning and Teaching, and the Head of the BCS Domain, who liaises with the Coordinator of Notre Dame Teaching at UTS.

A modified version of the TPE is used for PBL tutors. To date, all PBL tutors have been evaluated twice each year, but commencing in 2017 this will take place annually. Tutors requested a mid-year assessment to allow for feedback to be constructively applied in the program. Individual teacher evaluations are provided confidentially to the teacher and their supervisor.

Evaluation of clinical teachers in a standardised way is difficult, particularly for adjunct clinical staff, but this problem is lessened by anonymous student feedback at the end of each clinical rotation. These reports are useful and the School acts on feedback as required. Underperforming clinical teachers are subject to remedial action or the discontinuation of a teaching role. There are regular meetings, both face-to-face and by videoconference, of site teachers in the same disciplines in order to identify common opportunities for improvement and to enhance uniformity of approach.

The School has external advisors for many parts of the curriculum, including the PPH and PPD Domains. In addition, the School has relationships with several Australian and International organisations for the purpose of benchmarking and is involved in collaborations with other medical schools in developing new assessment methods. Organisations with whom the School has a relationship that allows self-evaluation of the program against others include: Australian Medical School Assessment Collaboration (AMSAC); AMC calibration project and MDANZ/AMC benchmarking collaborative; Medical Deans of Australia and New Zealand (MDANZ) National

Benchmarking Collaboration; ACCLAiM collaboration for OSCE; IDEAL Consortium; and the IFOM formative examination project with the US National Board of Medical Examiners (NBME).

The School also invites external examiners from its sister school in Fremantle, the University of NSW, the University of Adelaide, the University of Wollongong and the University of New England to examine and benchmark in the OSCEs.

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.

Comparative analyses of the summative assessment results of cohorts of students and graduates are undertaken to monitor student performance and outcomes of the medical programs over time and have demonstrated comparable performance between cohorts.

As experienced in other medical schools, there is difficulty in tracking the longer term outcomes of graduates of medical programs. To address this, the School is working with other universities to develop a system of tracking the careers of the graduates. The School reports good outcomes in terms of student performance post-graduation, with graduates of the program being awarded the NSW “Intern of the Year” for the last two years. In addition, many graduates are now in specialty training positions in hospitals affiliated with the School.

The School is currently involved in a cross-university study of Australian Medical Schools in the GAMSAT Consortium. The GAMSAT Project aims to examine the relationship between the students’ previous academic discipline, socio-demographic factors, course selection scores, and assessment outcomes in graduate medical courses, with the goal of establishing the predictive validity of these measures on assessment outcomes. The study is in its first phase of data collection.

The Head of Student Matters reports to the Student Selection Working Group and to the School Executive annually on the outcomes of the selection process, describing the overall characteristics of each intake and informing selection policy.

6.3 Feedback and reporting

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

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

Summary reports of all monitoring, evaluation, and benchmarking activities are provided to the Medical Education Forum (MEF), Medical Education Executive (MEE), Domain Committees, Selection Committee, Heads of Clinical Schools and the School Executive, to guide the ongoing

renewal of the medical programs. These committees include academic staff and student representatives. The overlapping nature of the committee structures allows strategic decisions to be made, operationalised and implemented in a consistent and unambiguous manner.

The School communicates evaluation outcomes with a wide range of stakeholders according to their interest in, and level of engagement with, the programs. Stakeholders that receive varying degrees of feedback on the evaluation of the programs include the External Advisory Board, the Community Advisory Boards for each rural Clinical School, the Commonwealth Department of Health, the NSW Ministry of Health, the Health Education and Training Institute in NSW (HETI), the Postgraduate Medical Council of Victoria and the Victorian Department of Health, as well as the community and health services that provide placements for students.

7 Implementing the curriculum - students

7.1 Student intake

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

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

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

The School aims to graduate 112 students each year under the mission-based compact agreement between the Commonwealth and the University of Notre Dame Australia. Currently the student intake is set between 115 and 117 students in order to stay within the graduating average. The team acknowledge that the size of the student cohort is restricted to 120 by capacity of facilities at both Darlinghurst and at UTS.

Within each entry cohort there are 60 funded student places; 43 of these are Commonwealth supported and 17 are bonded placements (a combination of Bonded Medical Placement (BMP) and Medical Rural Bonded Scholarships (MRBS)). The remaining 55 to 57 are fee-paying places with fees currently capped to the level of the Commonwealth contribution.

The School meets or exceeds the annual targets for students from a rural background currently set at a minimum of 25% (28% in 2017) of Commonwealth Supported places. While the School does not have currently a separate entry pathway for rural students, it allocates bonus points to the student portfolio score for rural students related to the duration and remoteness of their rural life, as determined by GEMSAS and the ASGC-RA allocation system. The team notes the School's collaboration with Charles Sturt University in establishing a facilitated pathway for graduates of the Bachelor of Clinical Science degree which is planned to enhance access to the program for rural, as well as Aboriginal and Torres Strait Islander, students.

The School reports that there were five Aboriginal and Torres Strait Islander graduates in the first six graduating years of the program and a further eight students are currently enrolled. There are plans to further develop and implement specific recruitment strategies, incorporating community involvement, to attract students in secondary school and undergraduate programs and the team encourages the School to implement these strategies.

The facilitated entry pathway for students who identify as Aboriginal and/or Torres Strait Islander includes a focus on support before and during the selection process. This continues throughout the program. The Aboriginal and Torres Strait Islander Health Unit is integral in providing student support.

The School is exploring partnerships with universities in low resource countries whose mission and values align with the University of Notre Dame Australia, to assist them in training a small number of medical students who would be encouraged to return to serve their home country community on graduation. The School is currently considering admission of international students into the course through a small number of places offered to students from Beirut's Notre

Dame University in 2018 and further discussions are underway with the University of Louzain in Lebanon.

7.2 Admission policy and selection

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

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

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

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

The School has clear selection policy and processes which have much in common with the University of Notre Dame Australia in Fremantle. The Medical Admission Oversight Committee (MAOC) ensures selection and admission processes for Fremantle and Sydney are similar and are consistently applied. This committee reports directly to the Vice Chancellor.

Applicants to the medical program must have completed, or be in the final year of, a three-year full-time equivalent undergraduate degree. Students are ranked for interview based on equal weighting of Grade Point Average (GPA), GAMSAT result and a portfolio score. GPA is calculated on the most recently completed undergraduate degree. From 2018 onwards GPA will be based on the immediate prior three years of higher education study at AQF level 7 and above. Applicants must have completed the GAMSAT and submit the Notre Dame Portfolio via the online GEMSAS portal. The Portfolio includes a personal statement that outlines the applicant's motivation to pursue a career in medicine and to study at the University of Notre Dame Australia. This Portfolio also details experience of leadership, academic and life achievements, community involvement and service to others. Bonus points are added to the portfolio score on the basis of completion of higher degrees and rural background.

Students at a number of campuses spoke favourably about the selection process and the student report highlighted that students appreciate the portfolio and personal statement component of selection, as they feel this allows them to clearly demonstrate non-academic experiences that make them an excellent fit both for the School and for future medical practice.

Approximately 330 candidates are offered interviews for approximately 115 places. The multiple mini-interview (MMI) format has been used since 2014. There is a strong focus on patient-centred care and personal characteristics that align with the University's values in the interviews, which was confirmed by current students. The seven MMI stations cover: motivation to study medicine, reflective practice, understanding of Australian health issues, group work, empathetic communication, ethical reasoning, compassion and observation. The MMI interview process involves practitioners with experience in rural health, members of the local Community Advisory Boards, the Head of the Aboriginal and Torres Strait Islander Health Unit and the Associate Lecturer in Aboriginal Health. Places are offered on the basis of 50% GPA, GAMSAT and Portfolio, additional loadings and 50% interview score.

The University of Notre Dame Australia has clear guidelines and regulations supporting the admission of students with disabilities. The School encourages such students to seek support from the Disability Support Unit. Students are asked to advise the University if they have a medical condition or disability that they wish to disclose to support services. Equipment and facilities to support the students' needs can be provided, should they be offered a place.

The School requires all students to comply with NSW Health requirements regarding occupational assessment, screening and vaccination against specified infectious diseases and blood-borne viruses. These requirements include acceptable evidence of protection against specified infectious diseases, completion of a tuberculosis screening tool and a signed student undertaking indicating their understanding and acceptance of the policy.

The School uses the LIME (Leaders in Indigenous Medical Education) Accreditation Tools to monitor, evaluate and plan their commitment to Aboriginal and Torres Strait Islander participation. Aboriginal and Torres Strait Islander applicants are encouraged to contact the Aboriginal and Torres Strait Islander Health Unit through the University's Admissions Office, for support through the application and selection process, and then later throughout the course. Students who identify as Aboriginal and/or Torres Strait Islander are assessed on an individual basis, to judge likelihood of successful completion of the MD degree. As part of this pathway process, the School accepts applications from students with any undergraduate degree and does not enforce the minimum GPA and GAMSAT requirements. The School will also subsidise GAMSAT and other costs for preparation to study medicine.

Information on the selection process is available from the School website, Graduate Australian Medical Schools Admission Guide and at course information sessions at the School (in March, May and August each year). The student appeals process is publically available on the University website.

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.

There is an extensive range of support services available to students, both through the University and the School. Students are informed of available services through the Student Handbook, during Orientation at the commencement of each year, on Blackboard, and by the Head of Student Matters and other senior academics as issues arise. A student initiated peer support program is run during the first three weeks of Year 1. Students consider this program very helpful and it is being extended into the second semester of Year 1 during 2017.

The University has mechanisms to identify and support students who require health and academic advisory services. The University and School strongly support admission of students with disabilities and encourage student engagement with the Disability Support Office. The University has documented processes for special consideration and disability support and can facilitate student access to financial services. The School complies with the NSW Health policy regarding students with infectious diseases. Preventative mental health education and strategies are embedded into the programs as part of the PPD domain and include mindfulness training and practice sessions, wellness modules and clinical debriefing sessions.

The team commend the School on the extensive range of academic and personal support provided to students across all sites. Students report they are well supported and know where to go for assistance regardless of the year of the program or the location of the clinical school. Individual students described how staff members, ranging from clinical tutors through to the Dean, had supported their continued engagement with the School through challenging circumstances. The team acknowledges the significant efforts of academic and professional staff in supporting students, and encourages the School to continue its efforts to separate student support from academic progression at all clinical sites - recognising that this is a particular challenge at sites with small student numbers. Prior to 2017 the Head of Student Matters was also the Head of the PPD domain, which included a role with responsibilities for the assessment of students. The pastoral care responsibilities and oversight have been moved to the Associate Dean, Sydney.

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 practice medicine or ability to interact with patients.

The School has a detailed Fitness to Practice policy supported by procedures encouraging students to recognise and self-refer for management of impairments which may impact on their ability to practice medicine. This policy covers both impairment and professional behaviour and is in addition to a separate professional practice policy which is focused on statutory and regulatory requirements. Students are required to sign a Fitness to Practice policy at initial enrolment and in each year of the course. Students who disclose a disability or a physical or mental health condition then meet with the Head of Student Matters who facilitates appropriate assessment and assistance.

Professionalism issues are usually identified by group tutors in small group tutorials, or by year coordinators and clinical teachers. Tutors and clinical supervisors are all encouraged to raise concerns about student professionalism, and assessment of professionalism forms part of each

student's End-of-Rotation assessment in the Clinical Years. In the Foundation Years, concerns from tutors are referred to the Foundation Year Coordinator who liaises with the Head of Student Matters to assess and address the matter. In the Clinical Years, Heads of Clinical Schools raise the matters with the Associate Dean (Sydney, Melbourne or Rural). Students are involved in exploring the professionalism issue and making plans to address it. Any issues identified are reviewed and remediated. Each year, matters arise that are dealt with through the School disciplinary processes.

The Dean is kept informed of professionalism issues. The Professional Practice Policy also provides for escalation to the University Disciplinary Committee and/or Australian Health Practitioner Regulation Agency (AHPRA) if required. University regulations provide the Dean with the capacity to refuse to allow a student to undertake or complete a placement, where the Dean forms a reasonable belief that the nature of a student's disability or behaviour is associated with specified risks to the student or any person, or where the student has not met statutory requirements.

The School describes two interesting future developments. The School is exploring the establishment of a Professionalism Council, which will engage the students and staff in two way communication about professionalism issues and will act as an advisory body. The student body will be involved in this development. The School also describes work towards establishment of an ongoing mentorship program between clinicians and students based on the Osler Fellowship Program at McGill University. The team looks forward to learning more about these developments as they evolve.

The assessment team acknowledges and commends the professionalism and leadership that is clearly visible in the staff and students of the University of Notre Dame Australia, Sydney.

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.

Students appear to be very engaged with the School both formally through the student association, MANDUS, and informally through interactions with staff. Committee members of MANDUS are represented on a number of the School committees including the Medical Education Forum, the Medical Education Executive, the Assessment Advisory Committee, the Aboriginal and Torres Islander Consultative Committee and the Student Affairs Committee. The team encourages the School to consider increased representation of students on various committees as the governance structures evolve.

The School also continues to engage with former students. School alumni are involved in MANDUS and as Notre Dame adjuncts, particularly in the Preparation for Internship (PRINT) tutorials. They also assist the School as examiners and participate in student selection interviews. The School reports that 43 alumni have been offered or applied for adjunct appointments.

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.

Medical students are adequately indemnified and insured for all educational activities within the medical programs. Students are not covered for clinical or research activities outside the programs (for example during their University holidays) and are encouraged to take out student membership with a medical indemnity insurance provider. Contact with the various insurance providers is facilitated through MANDUS organised events.

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 School of Medicine is dispersed over two states with three clinical schools and eight campuses in both metropolitan and rural settings.

The physical facilities offered by the School are a strength of the medical programs, particularly in the Clinical Years. The wide range of metropolitan and rural clinical teaching sites matches the School's objective to train well-rounded practitioners. There are multiple student teaching and learning sites across a large geographical area, which are all of a high standard. Students can be assured of adequate facilities across the dispersed sites.

Years 1 and 2 are based at the Darlinghurst campus in central Sydney. UTS, where students attend teaching in microbiology, physiology, biochemistry and some anatomy, is a short distance by public transport from the Darlinghurst campus.

The Darlinghurst School of Medicine building includes two lecture theatres, a medical/nursing library, simulated clinical consultation rooms, a simulated eight bed hospital ward, an anatomy and pathology museum, tutorial rooms, PBL rooms and staff offices. Students also have a common room and access to kitchen facilities.

UTS houses laboratories for anatomy practical classes using wet specimens and for practical classes in microbiology, histology and physiology. Resources are suitable for bacteriological examinations and for teaching of histology with colour projection using teaching microscopes.

The proximity of the School to the St Vincent's group of hospitals is used to advantage and the School is well-serviced by public transport enabling reasonable access to the other Sydney metropolitan hospitals and to UTS.

The School has indicated that it has adequate resources, noting that facilities are at capacity at Darlinghurst for the number of students in the program. The physical space at Darlinghurst is allocated in approximate thirds to medicine, nursing, and shared medicine/nursing facilities. The School has confirmed that the facilities at Darlinghurst and UTS are unchanged since the 2013 accreditation report to the AMC.

Years 3 and 4 are taught in three Clinical Schools: the Sydney Clinical School, the Melbourne Clinical School and the Rural Clinical School. The team note that the facilities at the Clinical Schools are excellent. Student amenities are first class, with abundant teaching space and proximity to local health facilities.

The Sydney Clinical School includes three clinical campuses in metropolitan Sydney: the St Vincent's and Mater Clinical School, Auburn Clinical School and the Hawkesbury Clinical School. At each of these campuses there is an Associate Dean, a Head of School and administrative staff who coordinate clinical placements.

Students of the Sydney Clinical School undertake placements in a wide range of metropolitan hospitals, both public and private, and in general practices.

Currently the School facilities are limited at St Vincent's Hospital and are housed in renovated space within the hospital. This space is adequate as a short to medium term solution, with a master plan for a substantial education facility in development at present. It is expected that the new education facility, which will house the Clinical Schools and all of its university partners, will be completed within five to ten years. Students have access to a common room and to lockers as well as to an extensive hospital library. Students reported that toilet and shower facilities are inadequate, especially for students cycling to the hospital. The plans for the new development at St Vincent's hospital include ample facilities for those that require lockers and showers.

The Mater Private Hospital has limited teaching space. Students told the team that lockers are housed in a nearby building which closes at 4pm, meaning that students must find a "hiding place" for their belongings outside these hours. The students also reported that, even though hospital computers are linked into the university network, wireless access was difficult to obtain, with some students reporting that they were finally able to connect only at or near the completion of their rotation.

The Auburn Clinical School, in the western suburbs of Sydney, occupies its own building immediately adjacent to the Auburn Hospital. The Clinical School is well equipped, with three floors including tutorial rooms, library, a lecture theatre, simulation facilities, sessional consulting suites and three overnight ensuite bedrooms. The building also houses research facilities. Access is secured by swipe card providing a secure environment for students. Year 3 students of the Auburn Clinical School undertake clinical rotations at a range of hospitals and general practices in addition to Auburn Hospital itself.

The Hawkesbury Multidisciplinary Clinical School, located on the campus of St John of God Hospital, is used by medical and nursing students from Notre Dame University, Sydney. Facilities include a study room, library, common room, kitchen facilities, 12 ensuite bedrooms, a lecture theatre, tutorial rooms, simulation facilities and excellent videoconferencing facilities. The team noted that facilities are particularly well-suited to interdisciplinary learning. Clinical rotations for students of the Hawkesbury Multidisciplinary Clinical School are undertaken at the Hawkesbury District Health Service, the St John of God Hospital and at general practices in the district.

The Melbourne Clinical School, which takes 60-70 students in Years 3 and 4 of the programs, is based on the Werribee Mercy Hospital campus and is close to St Vincent's Private Hospital, Werribee, currently under construction. Facilities are spacious and of a high standard, including a large auditorium with excellent videoconferencing capabilities, a common room, library, tutorial rooms and skills area including simulation. Access is secured by swipe card providing a secure environment for students. The Melbourne Clinical School has an Associate Dean in addition to administrative staff who coordinate clinical placements and support staff.

The Rural Clinical School (RCS) operates across three campuses located at Lithgow, Wagga Wagga and Ballarat. The facilities at each campus are all well situated, with good student amenities including simulation facilities, common rooms, tutorial rooms and videoconferencing facilities. The three RCS campuses are overseen by an Associate Dean.

The Lithgow Clinical School occupies purpose-built facilities adjacent to the Lithgow District Hospital and takes students both for a full year or for shorter rural rotations. The School houses tutorial rooms, a common room and four ensuite student bedrooms with a shared living area. There is also a large lecture theatre, a simulation room, consulting rooms and study spaces as well as a library that houses core texts. Videoconferencing enables full participation in lectures and meetings held at Darlinghurst or elsewhere across the School of Medicine.

The Wagga Wagga Rural Clinical School is situated in a new purpose-built facility and is well equipped with a lecture theatre, tutorial rooms, consulting suites, a simulation room and a common room with amenities for students and staff. Videoconferencing with all campuses of the School is easily accessible and is well used. Year 3 and 4 students undertake clinical placements in a range of local hospitals, health services and General Practices and plans are in place for surgical rotations to commence at St Vincent's Private Hospital, Griffith. The Wagga Wagga Rural Clinical School has an Associate Dean in addition to administrative staff who coordinate clinical placements and support staff.

The Ballarat Clinical School is housed in a stately mansion located on the grounds of St John of God Hospital. Facilities include a small lecture theatre, a library, a tutorial room and a simulation room. There are videoconferencing facilities enabling participation in teaching sessions and meetings with all campuses of the School. Year 4 students undertake clinical rotations in St John of God Hospital and in local general practices and community health services. Ballarat Base Hospital, located nearby, is a teaching hospital for Deakin and Melbourne University. However University of Notre Dame, Sydney students have permission to visit the hospital and, in particular, participate in some ICU teaching sessions and some outpatient clinics in the public hospital.

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 has comprehensive information technology (IT) services and support that extend to all of the Clinical Schools and to many of the clinical sites. The University has significantly improved IT services since the last accreditation review including enhancements to Wi-Fi redundancy (enabling very large numbers of simultaneous sessions), secure network storage and the creation of automatic logins for students at the Darlinghurst and Broadway campuses.

The AARNet network is now in widespread use, providing improved internet access and supporting multi-use videoconferencing across the School.

Students express satisfaction with internet access and Wi-Fi connectivity at all sites. Some issues arose for students at Mater Private Hospital in Sydney that warrant further examination by the School liaising with management at the Mater Private Hospital. Overall, the ability of students to

access wireless internet, online resources and library services is admirable considering the dispersed student placements.

The School uses Blackboard as its learning management platform for online access to lecture materials, course handbooks and administrative documents, timetables, portfolio submission, and some assessment submissions and marking.

The team noted the high standard of seamless videoconferencing at all Clinical Schools and observed its use regularly throughout its visit. Videoconferencing contributes significantly to consistent delivery of the curriculum. The team confirmed that no Clinical School or hospital experiences any disadvantage as a result of geographical separation. The team commends the School on its use of videoconferencing, particularly in the Back-to-Base days at each of the Clinical Schools.

The School uses SONIA online to manage clinical placements. Students are able to access information regarding their placements in all years of the programs.

Recent IT developments include an improved web portal, accessible with mobile devices, the implementation of Echo 360 learning capture and recording and the provision of clinical simulation facilities at the Darlinghurst campus and at each of the Clinical Schools.

The School's main library at the Darlinghurst campus adjoins the main building and is adequate in physical size and in its stock of books, although there is no dedicated space for student meetings or for group discussion within the library itself. The library provides access to computers, study carrels and to photocopying and printing. In addition to the physical collection of books, students have access to a wide range of online journals, databases and books through the University's website.

Each of the Clinical Schools has a local library, with limited physical collections in each instance, but with access to an array of appropriate online resources. Students have access to library support at both Darlinghurst and Melbourne, irrespective of their location across the School's campuses. Students confirmed their high levels of satisfaction with library facilities at each of the Clinical Schools.

8.3 Clinical learning environment

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

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

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

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

The team was impressed by the well-structured and comprehensive clinical experience across the breadth of the medical programs that prepare students well for clinical practice in a range of health settings.

While clinical teaching commences in Years 1 and 2, with weekly site visits and observation in aged care, sexual health and general practice, Years 3 and 4 are devoted almost entirely to clinical learning in a range of health care settings.

Students are allocated their Year 3 and 4 placements in the latter half of Year 1, enabling preparation and planning well in advance of placements. There is sufficient flexibility in the allocation process to allow for preferences in most instances and to allow for special consideration to be given to those students whose personal or family circumstances limit placement options.

Student allocation by facility is documented in Table 2.

Table 2- Number of clinical placements for Year 3 and 4 by Clinical School

Site	Year 3	Year 4
St Vincent's/Mater Clinical School	32	62
Auburn Clinical School	28	
Hawkesbury Clinical School	25	
Wagga Wagga Rural Clinical School	6	8
Melbourne Clinical School	33	32
Lithgow Rural Clinical School		6
Ballarat Rural Clinical School		14

During Years 3 and 4, students spend four days each week in clinical settings. Students are encouraged to spend as much time as possible developing skills in history taking and physical examination, particularly in Year 3, as well as spending time on formal ward rounds and in bedside and tutorial teaching with clinicians. The fifth day in each week is spent as a Back-to-Base day, in the Clinical School, where formal lectures and tutorials are provided by School staff and by hospital consultants and visiting clinicians. Videoconferencing enhances the Back-to-Base day for those Clinical Schools that conduct these activities on the same day of the week.

Students are allocated eight, five-week rotations in Year 3 and eight, four-week rotations in Year 4. Year 3 students undertake 10 weeks of teaching in surgery (in two, five-week blocks in most instances), 10 weeks of medicine (in two, five-week blocks) as well as rotations in obstetrics and gynaecology, psychiatry, paediatrics and general practice. Year 4 rotations include further rotations in medicine and surgery as well as emergency medicine, critical care, anaesthesia, community medicine and rural medicine. Students also undertake a four-week rural rotation in Year 4.

The Sydney Clinical School (incorporating St Vincent's/Mater Private Hospitals, Auburn Hospital and Hawkesbury Hospital) has students for a year-long attachment which includes exposure to a range of hospitals and health services in a variety of public, private and community settings. In addition to traditional hospital rotations, students are exposed to ambulatory care, general practice and to specialist consulting rooms.

Students allocated to the Melbourne Clinical School undertake rotations at a range of public and private hospitals and health services in the Melbourne metropolitan area. The dispersion of rotations across the metropolitan area presents challenges for students and the School in its efforts to develop and maintain working relationships with all clinical teachers at all locations. The Clinical School matches each student's allocated clinical placements to curriculum requirements ensuring that patient contact is appropriate and sufficient. Academic staff conduct regular site visits. Student feedback is also sought.

Students allocated to the Rural Clinical School obtain clinical experience in a range of public and private health services in addition to rural and remote settings in New South Wales and Victoria. Students based at the Lithgow Clinical School rotate through a range of services and are exposed to multidisciplinary inpatient care and spend time in consultants' rooms as well as outpatient and community settings. Students based at the Wagga Wagga Rural Clinical School also rotate through public and private hospitals and through consultants' rooms and community health centres. Students at the Ballarat Rural Clinical School rotate through clinical rotations at the private St John of God Hospital but are also exposed to intensive care, ambulatory medicine and to some medicine and surgery at the nearby Ballarat Base Hospital. Students also rotate through ambulatory care, community health and general practice rotations.

The School demonstrated that all students receive adequate cultural training prior to participating in Indigenous placements. In the Foundation Years, cultural awareness and competence is promoted through lectures, tutorials and workshops. A Cultural Immersion Day, held at the Australian Museum, further assists students to increase their knowledge and understanding of both Aboriginal and Torres Strait Islander peoples.

Most Clinical Schools provide clinical experiences in Aboriginal medical services, although some students will have more opportunities than others. Opportunities include placements in Broome, Katherine and Wagga Wagga and, in metropolitan settings, Tharawal in Sydney and the Victorian Aboriginal Health Medical Service (the Gathering Place) in Melbourne. Students reported that they would welcome greater clinical exposure to Aboriginal and Torres Strait Islander health issues in Clinical Years and it was evident to the team that the School is working to strengthen opportunities for student engagement in this area.

The School shares clinical placement programs with the University of New South Wales, the University of Sydney, Western Sydney University, the University of Melbourne and Deakin University and works collegially with these Universities, ensuring that the shared clinical placements are collaborative and cohesive. The team also noted support from rural stakeholders in Wagga Wagga. When visiting the Clinical Schools in metropolitan and rural settings, the team observed the consistent use of "sharing" in preference to "competing" when School and hospital staff referred to access of students from different universities to clinical resources.

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.

Clinical supervision is effective at all sites and students benefit considerably from the enthusiasm and commitment of the School's many practitioners who deliver the programs. The team was impressed by the extent to which students have ready access to their supervisors. The team commend the School on the low supervisor to student ratios – which are often one-to-one - that have been achieved, noting that the students greatly appreciate the access they have to experienced clinicians.

The School has an established cohort of experienced clinical supervisors at the main hospital sites of St Vincent's Hospital, Mater Private Hospital, and hospitals at Auburn, Wagga Wagga, Werribee, Ballarat, Lithgow and Hawkesbury. New tutors undergo orientation in both the Foundation Years and in the Clinical Years.

In the Foundation Years, clinical contact in general practice, Aboriginal health and aged care is supervised by senior clinicians from the School, all of whom are medical practitioners. In the Clinical Years, a hierarchy of responsibility is established at each Clinical School, where a Head of School, who is a medical practitioner, oversees and participates in teaching within the Clinical School. In addition, each discipline through which students rotate has an appointed discipline leader. Discipline leaders, in conjunction with the Head of School, appoint clinical supervisors, many of whom hold adjunct appointments with the School. Appointed Heads of Discipline oversee discipline leaders across the whole of the School and ensure that the School's expectations in respect of curriculum, learning outcomes, competencies of students and assessment are communicated consistently and effectively.

Tutors in the Foundation Years have opportunities for peer review and professional development through PBL workshops at the beginning of each semester and by attending a two-day retreat each year. The Medical Education Unit also offers ongoing support to supervisors for issues arising from PBL groups. Staff told the team that they receive strong support and regular constructive feedback from the School.

Each year, clinical supervisors in the Clinical Years are provided with a handbook which sets out details of the Clinical School resources and outlines details of assessment activities during and at the end of clinical rotations. Clinical Supervisors also have opportunities for peer review and professional development through a range of activities. These include events for discipline leaders and an annual Heads of Disciplines and Domains meeting with the Dean, Associate Deans and Heads of Domain. Clinical supervisors can also take advantage of Teaching on the Run

programs which have been conducted at the Darlinghurst campus, Auburn Clinical School, Melbourne Clinical School, the Wagga Wagga Rural Clinical School and at Lithgow.

The School has service agreements with health services at each Clinical School site which ensure that clinical teachers have protected teaching time separate from clinical practice obligations. Where teaching is compromised due to clinical demands, senior School staff seek resolution through the relevant health service hospital administration. In private practice settings, patients and clinical supervisors have been uniformly welcoming and student satisfaction is high.

The team met with many enthusiastic dedicated clinical supervisors, who were highly engaged with the medical programs. Supervisors reported that they are well-supported by the School and have effective relationships with their School contact.

The School routinely monitors the quality of student experience and supervision through regular contact with supervisors in hospital and community settings. Although the School does not systematically monitor the individual performance of clinical supervisors, student satisfaction with clinical supervision is discussed through surveys and at feedback sessions. Students stated they were pleased with the level of supervision throughout the programs, and felt confident to voice their opinions if concerns were to arise.

Issues with supervision are escalated to the Associate Dean who is responsible for managing issues in the first instance. In instances where the students have given feedback regarding an unsatisfactory clinical supervisor, it was reported that the School was active in assessing the situation, remediating any issues, and working with clinical supervisors.

The team met or spoke with hospital executives from each Clinical School who were strongly supportive of their clinicians contributing to the programs, and who spoke favourably of their interactions with the School and commitment to the student experience. Overall, across sites it was apparent that supervisors have time allocated for teaching.

The team was confident that students are being appropriately supervised. It was clear that the high-quality clinical supervision provided and the School staff's excellent coordination of the students' clinical experiences is resulting in work-ready graduates able to contribute to health care for patients in all settings, including regional and rural communities.

Appendix One Membership of the 2017 assessment team

Professor Richard Hays (Chair) MBBS PhD DipRCOG FRACGP FACRRM FRCGP PFHEA FAoME FAMEE FANZHPE

Dean, School of Medicine, University of Tasmania

Professor Allan Cripps AO BSci (Hons) PhD FASM FAIMS AFACHSM

Professor, School of Medicine Griffith University

Dr Peter Dohrmann MBBS GradDipOccEnvH FRACS FRACMA

Director, Neuroscience Clinical Institute, Epworth Healthcare

Professor William Heddle RFD MD FRACP FCSANZ FAMA FHRS CCDS GAID

Associate Dean and Head, Flinders Southern Adelaide Clinical School, Flinders University

Dr Anna Ryan PhD MBBS BAppSc(Clin)/BChiroSc Dip.Acu Grad Dip VET Grad Cert Uni Teaching Senior Lecturer and Medical Education Fellow – Assessment, Department of Medical Education, University of Melbourne

Dr Maree Toombs BEd Grad Cert Tertiary Teaching PhD

Director of Indigenous Health, Rural Clinical School, University of Queensland. Chair, Carbal Aboriginal Medical Centre, Toowoomba

Mr Alan Merritt

Manager, Medical School Assessment, Australian Medical Council

Ms Fiona van der Weide

Accreditation Administrator, Australian Medical Council

Ms Annette Wright

Program Manager, Medical Education and Accreditation, Australian Medical Council

Appendix Two Groups met by the 2017 assessment team

Executive Committee

Dean

Executive Officer

Associate Dean, Learning & Teaching

Associate Dean of Clinical Leadership and Research

Associate Deans of Clinical Schools

Head of Student Matters

Head of Student Selection

Head of Research Programs

New Course Development and Quality Management

Head of Aboriginal and Torres Strait Islander Health Programs

Senior Deputy Vice-Chancellor

Vice Chancellor

External Advisory Group representatives

External Stakeholders

NSW Health

Dean, Melbourne Medical School, Melbourne University

Dean, School of Medicine, Deakin University

Medical Education Executive

Head of Curriculum

Head of Assessment

Head of Student Matters

Head of Program Evaluation

Heads of Domain

Foundation Years Coordinator

Representatives of the Heads of Discipline

Associate Dean of Rural Clinical School

Representative of the Heads of Clinical Schools

Student Academic Representative

Student Medical Society

President

Vice President

Secretary

Treasurer

Heads of Domains and Disciplines

Heads of Domain

Heads of Discipline representatives

Head of Bioethics

Heads of Clinical Schools

Associate Dean, Sydney

Associate Dean, Melbourne Clinical School

Associate Dean, Rural Clinical Schools

Head of Clinical School – St Vincent's

Head of Clinical School – Hawkesbury

Head of Clinical School – Auburn

Head of Clinical School – Ballarat

Head of Clinical School – Wagga Wagga

Head of Clinical School – Lithgow

Head of Clinical School – Melbourne Clinical School

Foundation Year Coordinator

Student Selection Committee

Head of Student Selection

Head of Student Matters

Associate Dean, Rural Clinical Schools

Head of Aboriginal and Torres Strait Islander Health Programs

Executive Director, Student Recruitment and Services UNDA

Aboriginal and Torres Strait Islander Health Unit

Head of Aboriginal and Torres Strait Islander Health Programs

Staff

Associate Lecturer

Aboriginal and Torres Strait Islander and relevant academics

Head of PPH Domain

Academic staff of the Aboriginal and Torres Strait Islander Health Unit

Head of Curriculum

Student Representative

Committee external representatives

Head of Melbourne Clinical School

Head of PPD Domain

St Vincent's Hospital Executive

Executive Office

Finance

Executive Officer

Finance Officer, Rural Clinical Schools

Student Welfare

MANDUS student representative (Community and Wellbeing)

Representative of Student Life

Head of Discipline, Psychiatry

Associate Dean, Rural Clinical School

Head of Melbourne Clinical School

Head St Vincent's Medical School

Assessment Committee Strategic matters

Head of Assessment

Head of Curriculum

Foundation Years Coordinator

Head of Student Matters

Representative of Clinical Schools

Domain Heads

Foundation Years Coordinator

External Academics

Assessment Committee Operational matters

Head of Assessment

Head of Curriculum

Foundation Years Coordinator

Head of Student Matters

Representative of Clinical Schools

Domain Heads

Foundation Years Coordinator

Program Evaluation working group

Head of Evaluation and Quality Management

Associate Dean, Learning & Teaching

Head of Program Evaluation

Associate Dean, Rural Clinical Schools

Head of Assessment

Head of Epidemiology and Medical Statistics
Foundation Years Coordinator
Representative from Quality Management Office (QMO)

Basic and Clinical Sciences Domain Committee

Head of BCS Domain
Head of Anatomy
Head of Curriculum
Foundation Years Coordinator
Head of Pathology
Head of Clinical Discipline - (General Practice)
Head of Pharmacology
UTS Program Director of Notre Dame teaching
UTS academics involved in BCS teaching (Physiology/Biochemistry)
Senior Lecturers

Communication and Clinical Skills Domain Committee

Head of CCS Domain
Head of Curriculum
Head of PPD Domain
Heads of Discipline
Foundation Years Coordinator
Head of Aboriginal and Torres Strait Islander Health
Representatives of Heads of Clinical Schools

Personal and Professional Development Domain Committee

Head of PPD Domain
Head of Curriculum
Head of Bioethics
Foundation Years Coordinator
Clinical Schools' representative
Head of Aboriginal and Torres Strait Islander Health
External Senior Clinical Academics representative

Population and Public Health Domain Committee

Head of PPH Domain
Head of Curriculum
Head of PPD Domain
Head of Epidemiology and Medical Statistics

Head of Aboriginal and Torres Strait Islander Health
Rural Clinical School representative

Research Executive Committee

Associate Dean of Clinical Leadership and Research
Associate Dean Learning and Teaching
Associate Deans of Clinical Schools
Heads of Research in the Clinical Schools
Head of Epidemiology
Honours/MD Project Coordinator
Heads of Research in the Clinical Schools representative

Anatomy/ Pathology Museum

Head of the BCS Domain
Head of Anatomy
Senior Lecturer
Associate Dean, Teaching and Learning

University of Technology Sydney, Associate Dean & Research staff

UTS Program Director of Notre Dame Teaching
Associate Dean, Research
Head of Basic and Clinical Sciences
Head of Anatomy
Senior Lecturer (School of Life Sciences)
Director of Student Mobility
Lecturer (School of Life Sciences)
Director of Postgraduate Coursework Programs

The Australian Museum

Creative Producer

Lithgow Clinical School

Head of School
Back-to-Base teaching day Supervisor
Student Coordinator
Discipline Leads and staff
Year 4 Students
Hospital management

Hawkesbury Clinical School

Head of School

Associate Dean

Hospital management

Discipline leads and staff

Students

Melbourne Clinical School

Associate Dean

Executive officer

Administrative assistant

Research coordinator

Senior lecturer

Back-to-Base coordinator

Portfolio assessment and deputy clinical coordinator

Clinical rotations academic advisor

Head of Discipline

Clinical Skills Coordinator

Discipline Leads

Hospital Management

Students

Ballarat Clinical School

Head of School

Students

Discipline Leads

Hospital Executive

Dean of Co-located Medical School

Wagga Wagga Clinical School

Associate Dean

Head of School

Hospital Executive

Teaching clinicians

Local Health District Executive

Students

Discipline Leads

Mater Clinical School

Head of School

Discipline Leads

Hospital Management

Students

St Vincent's Clinical School

Head of School

Discipline Head

Discipline Leads

Year 4 Coordinator

Auburn Clinical School

Head of School

Key Clinical Contacts

Head of Epidemiology and Medical Statistics

Senior Research Fellow

Research Fellow

Hospital Management

Students

Discipline Leads

Department Heads

Darlinghurst Campus

Students

Foundation Year Coordinator

Head of Research programs

Executive Officer

