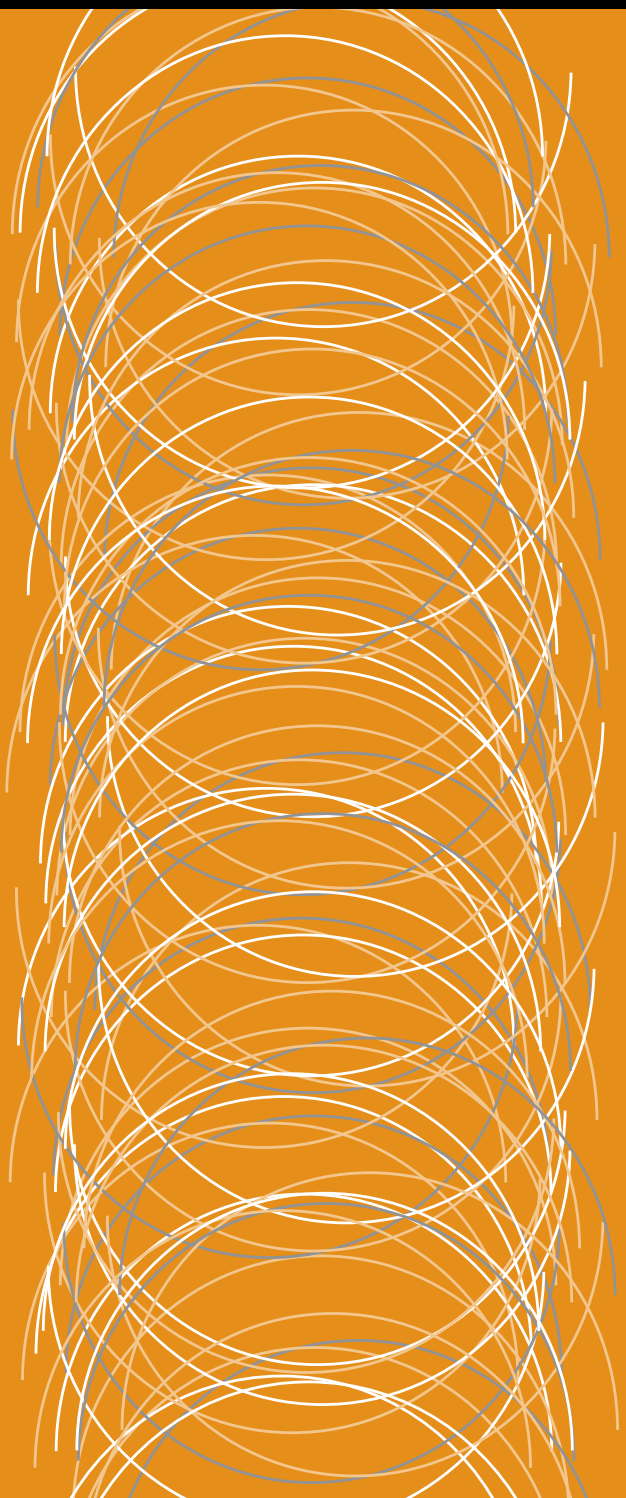
Australian Medical Council Limited

Accreditation of University of Newcastle and University of New England's Joint Medical Program

AMC



Medical School Accreditation Committee
November 2018

March 2019
Digital publication

ABN 97 131 796 980
ISBN 978-1-925829-20-4

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Accreditation process

According to the AMC's *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018,* the AMC may conduct a follow-up assessment when it wishes to review plans for later stages of a new program development.

Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for the follow-up assessment. An AMC team assesses the submission, and visits the provider and its clinical teaching sites.

This assessment was undertaken as a condition of the University of Newcastle and University of New England's Joint Medical Program (JMP) Bachelor of Medical Science/Doctor of Medicine (BMedSc MD) accreditation which was placed on the program following the AMC's 2016 major change assessment. As per *the Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018*, following a major change assessment, the AMC also conducts a follow-up accreditation assessment to review the plans for the later stages of a new program development and confirm the accreditation decision.

The AMC team concurrently assessed the report on conditions from the accreditation report due to be met in 2018.

The accreditation of the University of Newcastle and University of New England's Joint Medical Program, BMedSc MD expires on 31 March 2023.

2016 major change assessment

In 2013, the AMC received a notice of intent from the JMP of its intention to develop a BMedSc MD program. Following further development of the new curriculum, the JMP notified the AMC in June 2015 of its intention to implement the new BMedSc MD program in 2017. The Medical School Accreditation Committee and the AMC Directors advised that this would require a major change assessment and invited the JMP to proceed to the Stage 2 Assessment.

An AMC team reviewed the JMP's Stage 2 submission, the University of Newcastle Medical Society and the University of New England Medical Students' Association joint report, and visited the Universities and associated clinical teaching sites in the week of 30 May – 2 June 2016.

The AMC Directors reviewed the accreditation report in October 2016, and found that the proposed BMedSc MD program met the approved accreditation standards. Directors agreed:

(i) that the major change proposed to the University of Newcastle/University of New England, Joint Medical Program, specifically the change to a five-year Bachelor of Medical Science/Doctor of Medicine (BMedSc MD) program, be approved

(ii) that the five-year Bachelor of Medical Science and Doctor of Medicine (BMedSc MD) program of the University of Newcastle/University of New England, Joint Medical Program be granted accreditation until 31 March 2023; and

(iii) that accreditation of the program is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports, a follow-up assessment in 2018 to review the implementation of the first two years of the program and detailed plans for Years 3 and 4, and to the conditions described in Appendix Three.

The AMC Team did not review the JMP BMed course, which enrolled its last cohort of students in 2016. The accredited BMed program will be taught out progressively.

Scope of the 2018 assessment

As per the accreditation decision, the focus of the 2018 follow-up assessment is to confirm that the BMedSc MD program continues to meet the accreditation standards. This assessment is only concerned with the BMedSc MD program that the University of Newcastle/University of New England, JMP offers. A BMed program is also offered and is accredited to 31 March 2019 but is not the primary focus of this assessment.

For the 2018 follow-up assessment, an AMC team reviewed the JMP's follow-up submission and the University of Newcastle Medical Society and the University of New England Medical Students' Association joint submission, and visited the University of New England (UNE) and University of Newcastle (UON) and associated teaching sites in the week of 12 June 2018.

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.

The accreditation decisions that can be made by the AMC as a result of this assessment is:

(i) confirm the accreditation of JMP's Bachelor of Medical Science/Doctor of Medicine to **31 March 2023**, subject to satisfactory progress reports
(ii) if the Program is found to not meet all the standards, to set conditions to ensure the standards are met in a reasonable timeframe
(iii) support the decision to prolong the accreditation of the BMed until **31 March 2023** in order to facilitate the teach out of this program without disadvantaging current students. The JMP will be expected to report on the progress of the BMed annually until it expires, or there are no longer students in the program.

The AMC is satisfied that the University of Newcastle and University of New England, Joint Medical Program now meets the approved accreditation standards.

The 17 December 2018 meeting of AMC Directors agreed:

(i) that the five-year Bachelor of Medical Sciences / Doctor of Medicine (BMedSc MD) program of the University of Newcastle / University of New England, Joint Medical Program now meets the accreditation standards
(ii) that the five-year Bachelor of Medical Sciences / Doctor of Medicine (BMedSc MD) program of the University of Newcastle / University of New England, Joint Medical Program has its accreditation confirmed until 31 March 2023
(iii) that the accreditation of the five-year Bachelor of Medicine (BMed) program of the University of Newcastle / University of New England be extended until **31 March 2023** in order to accommodate the teach out of the program; and

(iv) that accreditation of the programs is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; reports on conditions and the following new conditions:

a) By 2019, provide evidence that the medical program has addressed the following conditions from the accreditation report:

AMC condition #	**Accreditation condition**
18	Provide progress reports on the Bachelor of Medicine (BMed) annually and as required until the program has concluded. (All relevant standards)
19	Implement strategies to increase the level of dedicated staffing of the Discipline of Aboriginal and Torres Strait Islander Health to meet current and future program needs. (Standards 1.4 and 1.8)
20	Provide evidence of the articulation and communication of specific learning points across the full range of subject areas in Phase 3. (Standard 3.2)
21	Confirm the outcome of the University proposal that multi-term sequencing is to be discontinued in favour of a year-long structure. (Standard 3.3)
22	Implement actions to improve access to support for Aboriginal medical students in Armidale. (Standards 1.8 and 7.3)

The collated accreditation conditions and quality improvement recommendations from the 2016 and 2018 assessments can be found in **Appendix Three.** (Note: conditions are numbered for tracking purposes)

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.

2018 follow-up assessment

1. The context of the medical program	**Met**

Standards 1.1 and 1.8 are substantially met.

Conditions

18 Provide progress reports on the Bachelor of Medicine (BMed) annually and as required until the program has concluded. (All relevant standards)

19 Implement strategies to increase the level of dedicated staffing of the Discipline of Aboriginal and Torres Strait Islander Health to meet current and future program needs. (Standards 1.4 and 1.8)

Recommendations

C Consider strategies for ensuring the sustainability and continuity of Medical Education Unit activities. (Standard 1.4)

Commendations

The strong and consistent leadership of the program demonstrated by the Joint Medical Program Dean is commended. (Standard 1.2)

The JMP is commended for establishing the Academy of Clinical Educators and the Certificate in Clinical Teaching. (Standard 1.9)

2. The outcomes of the medical program	Met

Nil additional.

3. The medical curriculum	Met

Standard 3.4 is substantially met.

Conditions

20 Provide evidence of the articulation and communication of specific learning points across the full range of subject areas in Phase 3. (Standard 3.2)

21 Confirm the outcome of the University proposal that multi-term sequencing is to be discontinued in favour of a year-long structure. (Standard 3.3)

Recommendations

D Explore strategies that lead to the greater inclusion of the program themes in the process of curriculum development. (Standard 3.2)

E Consider strategies to mitigate the possibility that the aggregation of assessment items in Phase 3 may preclude the program from being able to demonstrate that graduates have demonstrated all of the graduate outcomes. (Standard 3.2)

F Consider making the learning point frameworks available to students earlier in the semester. (Standard 3.4)

G Continue efforts to optimise effective communication with students regarding the learning outcomes for the program. (Standard 3.4)

Commendations

The incorporation of the Aboriginal and Torres Strait Islander Health curriculum within the medical program is well done. (Standard 3.5)

The range of elective options for students is commendable. The further development of the Student Selected Pathway is an innovative and sustainable curriculum component. (Standard 3.6)

4. Teaching and learning	Met

Nil additional.

5. The curriculum – assessment of student learning	Met

Nil additional.

6. The curriculum – monitoring	Met

Nil additional.

7. Implementing the curriculum – students	Met

Standard 7.1 is substantially met.

Conditions

22 Implement actions to improve access to support for Aboriginal medical students in Armidale. (Standards 7.3 and 1.8)

Recommendations

H Consider strategies that will increase the number of dedicated scholarships available for Aboriginal and Torres Strait Islander medical students. (Standard 7.3)

I Continue to provide the series of workshops aiming to provide a culturally safe learning, teaching and working environment and ensure that all JMP staff attend. (Standard 7.3)

J Consider ways to enhance the separation of support roles from those who are in positions that contribute to decisions about academic progress, particularly at smaller sites of the distributed program. (Standard 7.3)

8. Implementing the curriculum - learning environment	Met

Standard 8.3 remains substantially met.

2018 Report on Conditions

Condition 1				
Following the review of the clinical training budget across the program, confirm the resources available for clinical training. **(Standard 1.5)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
Commentary The Clinical Training Review has clarified and strengthened the relationship between the UON and Hunter New England Health Local Health District (LHD). There is an extant agreement and ongoing working groups.				

Condition 2				
As plans for the proposed transfer of 30 University of Newcastle JMP students to the redeveloped Gosford Hospital site progress, submit details of the proposal to the AMC. **(Standard 1.6)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
Commentary This is progressing. As plans for the transfer of these places to the new Central Coast teaching and research facility mature, details will need to be submitted to the AMC at least 12 months prior to implementation				

Condition 5				
Review the anatomy and pathology curriculum content from the BMed program for delivery in the MD program. **(Standard 3.2)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
Commentary The teaching of Anatomy and Pathology has been reviewed, with a number of modifications being implemented at each site, many of which have been welcomed by students. In particular, the improved alignment of anatomy teaching activities with PBL cases and clinical skills tutorials has been positively received.				

Condition 8				
Evaluate the effectiveness of new teaching and learning methods implemented in the MD program. **(Standard 4.1)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
Commentary The JMP has a comprehensive framework to evaluate the effectiveness of the different teaching and learning methods employed.				

Condition 10				
Develop interprofessional activities and assessment in the later years of the program. **(Standard 4.7)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
Commentary Opportunities to learn from and about other health professionals are now clearly woven into the entire medical program. The JMP has detailed plans for interprofessional learning and assessment in Phases 2 and 3. These build on the focus on heath professional literacy in Phase 1.				

Condition 12				
Finalise progression requirements for Phase 2 and 3 of the program. **(Standard 5.1)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
Commentary The assessment and progression requirements for Phase 2 of the program have been fully delineated, but the requirements for Phase 3, are yet to be finalised. The team recommends that the existing condition in relation to this standard be closed in relation to Phase 2 but listed as progressing in relation to Phase 3.				

Condition 14				
Implement and provide evidence of assessment quality processes and outcomes. **(Standard 5.4)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓

Commentary

The assessment methodologies utilised to date have been carefully reviewed and optimised on the basis of their performance in practice. The program has utilised common assessment processes and standards across teaching sites so far in its implementation and it is planned for this approach to be continued as the remaining phases roll out.

On the basis of its findings on this visit, the assessment team recommends that the prior condition relating to assessment quality be found to be satisfied and closed.

Condition 16				
Provide evidence of a systematic program of monitoring and review of the MD program, specifically to seek student and teacher feedback, and evidence that analysis of this feedback informs program development. **(Standard 6.1)**				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓

Commentary

The JMP has developed a monitoring and evaluation framework that has been endorsed by the Monitoring and Evaluation Committee.

Introduction

The AMC accreditation process

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

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

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

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

The AMC appoints an accreditation assessment team to complete 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 2018*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

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

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

The Universities and the Joint Medical Program

The JMP was established in 2008 as a partnership between the School of Medicine and Public Health of the UON, the School of Rural Medicine of the UNE, the Hunter New England Local Health District and the Central Coast Local Health District.

The UON employs approximately 2,700 FTE professional and academic staff, and over 37,000 students enrolled in undergraduate and postgraduate programs.

The UON's organisational structure consists of five faculties:

- Business and Law
- Education and Arts
- Engineering and Built Environment
- Health and Medicine
- Science and Information Technology.

The UNE employs approximately 1,350 staff members, and has approximately 4,833 students on campus, and 19,772 off campus students.

The UNE's organisational structure consists of three faculties, each containing a number of schools. The UNE faculties are:

- Faculty of Humanities, Arts, Social Sciences and Education
- Faculty of Science, Agriculture, Business and Law
- Faculty of Medicine and Health.

The Faculty of Medicine and Health has three Schools. These are the Schools of Health, Psychology and Rural Medicine.

The JMP sits within the Faculty of Medicine and Health, School of Rural Medicine at UNE, and the School of Medicine and Public Health within the Faculty of Health and Medicine, School of Medicine and Public Health at UON.

In 2018, the JMP had 381 medical students enrolled in Years 1 and 2 of the Bachelor of Medical Science and Doctor of Medicine (BMedSc MD) program. The projected total of number of students in the JMP BMedSc MD increases by one cohort per year until 2022 at which time the program will be at capacity with 975 students. Table 2 shows the projected student numbers for the BMedSc MD.

Table 1 BMedSc MD cohort numbers

Year	Government supported Commonwealth	Government funded bonded Rural/Medical	Fee-paying domestic	Fee-paying international	Total including Fee-Paying International
2018	220	120	0	50	390
2019	330	180	0	75	585
2020	440	240	0	100	780
2021	550	300	0	125	975
2022	550	300	0	125	975

There are two main student societies, the University of Newcastle Medical Society (UNMS) and the University of New England Medical Students' Association (UNEMSA).

The JMP is an undergraduate entry five-year medical program delivered by the Universities of Newcastle and New England, and the Clinical Schools within the Central Coast and Hunter New England Health Districts.

The JMP commenced offering a dual degree, BMedSc MD program in 2017 with a planned teach out of the Bachelor of Medicine (BMed) program. The dual degrees will be granted upon successful completion of the five-year program. Students who successfully complete the first three years of the program and choose to exit the program will be conferred with a Bachelor of Medical Science degree.

The BMedSc MD program offers students experiences in a broad range of contexts within rural and metropolitan environments. The program has also been designed to emphasise the rural and regional training opportunities provided through the JMP partnership. The first intake of students occurred in 2017 with the second cohort commencing in 2018.

The program comprises a three-phase structure as follows:

- Phase 1 (Years 1 and 2): Essentials of Medical Practice
- Phase 2 (Year 3): Engaging with Medical Practice
- Phase 3 (Years 4 and 5): Extension of Medical Practice.

Clinical teaching will be delivered through six clinical schools detailed below.

The University of Newcastle:

- Central Coast Clinical School, with placements in Gosford, Wyong and Woy Woy Hospitals
- Hunter Clinical School, with placements in John Hunter, Belmont and Calvary Mater Hospitals
- Manning Clinical School, with placements in Taree, Wingham and Gloucester Hospitals
- Maitland Clinical School, with placements in Maitland, Singleton, Kurri Kurri, Muswellbrook and Scone Hospitals
- Peel Clinical School, with placements in Tamworth, Gunnedah, Narrabri and Moree Hospitals.

The University of New England:

- Tablelands Clinical School, with placements in Armidale, Glen Innes and Inverell Hospitals.

Accreditation Background

The University of Newcastle / University of New England JMP was first accredited by the AMC in 2007 for introduction in 2008 as a major change to the five-year, undergraduate medical course offered by the UON. The JMP remains unique in Australian medical education as a partnership between Universities and Area Health Services offering a truly joint medical program. Subsequent to the assessment in 2007, the program received accreditation until 2014. Following the program's 2008 progress report and an AMC follow-up assessment in 2009, the AMC affirmed accreditation until 31 December 2014.

The JMP submitted satisfactory progress reports from 2010 to 2013. In 2014, a comprehensive report was submitted for consideration of an extension of accreditation. The AMC conducted a comprehensive

report visit and the AMC Directors accepted the report, extending accreditation of the program until 31 March 2019 subject to satisfactory progress reporting.

In 2013, the AMC received a notice of intent from the JMP to develop a BMedSc MD program. Following further development of the new curriculum, the JMP notified the AMC in June 2015 of its intention to implement the new BMedSc MD program in 2017. The Medical School Accreditation Committee and the AMC Directors advised that this would require a major change assessment and invited the JMP to proceed to the Stage 2 Assessment.

An AMC team reviewed the JMP's Stage 2 submission, the University of Newcastle Medical Society and the University of New England Medical Students' Association joint report, and visited the Universities and associated clinical teaching sites in the week of 30 May – 2 June 2016.

The Medical School Accreditation Committee considered the draft report at its 12 September 2016 meeting and found that the JMP and its medical program substantially met the approved accreditation standards.

At the October 2016 meeting, AMC Directors endorsed the 2016 University of Newcastle / University of New England JMP accreditation report, and agreed that the major change proposed to the program, specifically the change to a five-year BMedSc MD program, be approved. Accreditation was granted until 31 March 2023, subject to satisfactory progress reports for 2016, 2017, 2019 and 2020 and a follow up assessment in 2018 to review the implementation of the first two years of the program and to assess whether the detailed plans for Years 3 and 4 meet the standards. The follow-up visit will confirm the accreditation decision.

The accredited BMed program will be taught out progressively and no new enrolments to the program have occurred from 2016. Students in the 2017 intake are exclusively enrolled in the BMedSc MD program.

This report

This report details the findings of the 2018 follow-up assessment.

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

The members of the 2018 AMC team are at **Appendix One.**

The groups met by the AMC team in 2018 in Armidale and Newcastle and various other teaching locations in New South Wales are at **Appendix Two.**

The collated conditions on accreditation are at **Appendix Three**.

Appreciation

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

1 The context of the medical program

1.1 Governance

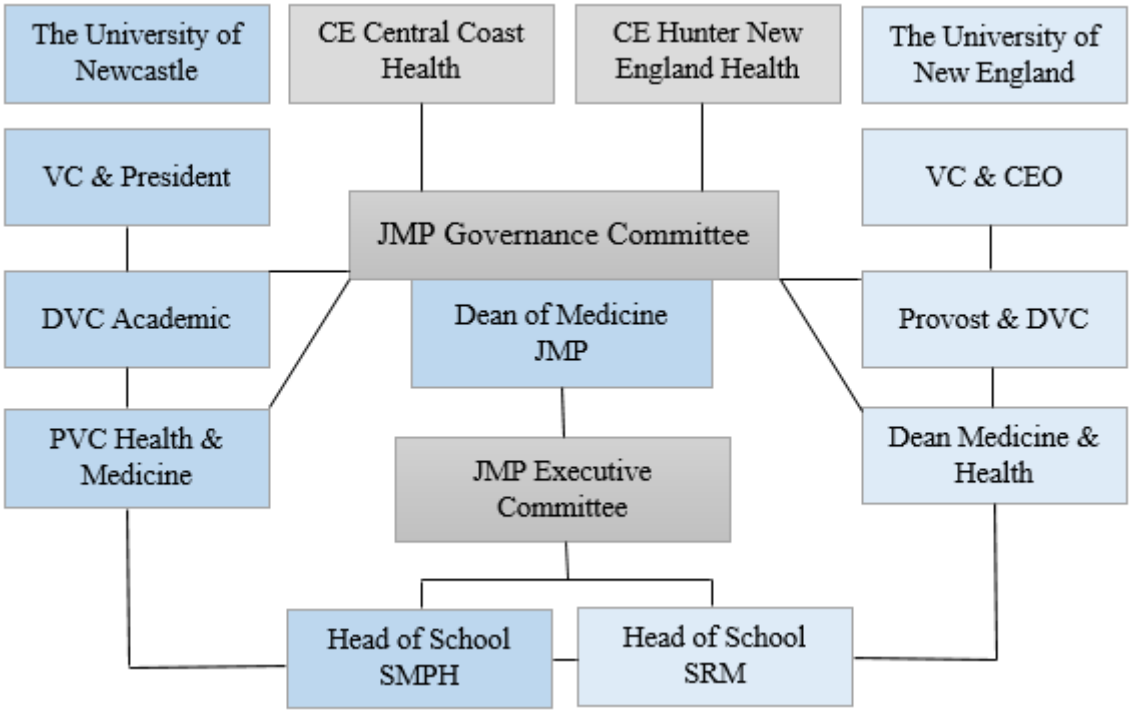
1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher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

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

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

The Joint Medical Program (JMP) reflects a unique, decade-long partnership between two universities and two Local Health Districts. The ongoing high level of university and health service representation on the JMP Governance Committee is an indication of the organisational commitment to the partnership (see Figure 1).

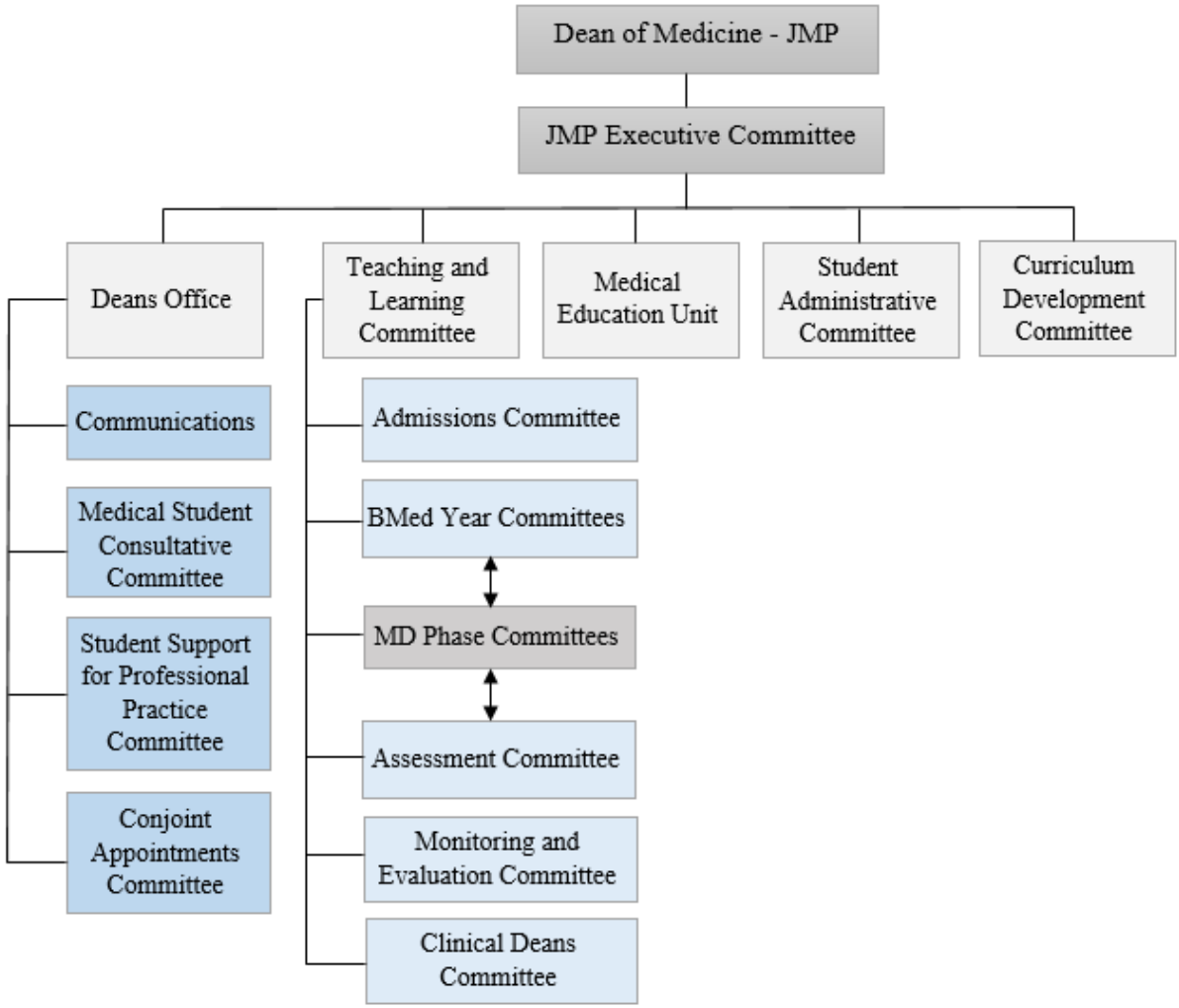
Figure 1 JMP Governance Committee



Senior staff of both universities referred to the JMP as the "flagship program" and the "jewel in the crown" at the universities. The partnership of the two universities has continued to strengthen and mature since the last accreditation visit in 2016.

At an operational level, the JMP Executive and the committees reporting to it have clear terms of reference and function effectively. Figure 2 shows the JMP governance structure. The JMP has a strong focus on equity, rural and Indigenous health.

Figure 2 JMP Governance Structure



Since the assessment visit, the JMP Collaboration Agreement has been finalised. The parties acknowledged that the process had taken longer than anticipated, but it had been a constructive process that had allowed for detailed discussion about issues such as intellectual property and shared costs. Given the importance of the JMP to both universities it is time well spent in ensuring the agreement accurately reflects the intention and practice of the parties.

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.

After a period of restructuring and senior staffing changes at both universities, key leadership positions have been filled. The Joint Medical Program Dean, who is also the Head of School at UON and Chair of the JMP Executive Committee has continued to offer strong leadership and inspire confidence in the JMP. Other key program leadership roles across both Universities are confirmed and the incumbents provide capable leadership at each site.

We commend the Dean for his strong and consistent leadership of the JMP. This is universally recognised by staff, students and senior health service personnel.

1.3 Medical program management

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

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

The JMP committee structure (Figure 2) is well developed and, while somewhat complex, functions well. A number of staff are members on multiple committees. The current committee structure affords discrete time and manageably sized groups to focus on specific areas related to both BMed and BMedSc MD curricula. Evaluation of the curriculum management structure in 2016 and 2017 has confirmed the effectiveness of the current configuration.

The Curriculum Development Committee (CDC) and the sub-committees reporting to it (MD Phase Committees, Theme leadership groups, Research Project Committee and Student Selected Pathways Committee) are concerned with the design, development and implementation of the new BMedSc MD curriculum and are time-limited. The emphasis of the sub-committees will move from development and implementation of the BMedSc MD program into maintenance and evaluation. Year Committees will be replaced by the Phase Committees over time as the BMedSc MD is progressively implemented and the BMed program is taught out.

The CDC reports to the Teaching and Learning Committee, which is the decision-making body in relation to course structure, content and assessment. Issues related to resourcing are directed to the JMP Executive.

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.

Members of the Medical Education Unit (MEU), CDC and Teaching and Learning Committee have an impressive collective medical education expertise. The MEU is active in developing assessment, monitoring, faculty development, educational research and managing the Medical Education Student Selected Pathway. A number of JMP staff are deeply engaged in the work of the MEU. For these staff

members the MEU work is an embedded part of their work output, and this is supported and facilitated by the JMP. However, despite the MEU being a rich, effective community of practice, formally the unit consists of only one academic staff member, and this may pose a risk to sustainability.

Under the leadership of the Head of Discipline , Indigenous Health, the Discipline is active and consists of five staff at UON and one 0.5 FTE academic at UNE. The UON in particular has a strong track record of graduating Aboriginal doctors. Aboriginal staff of both universities have very strong relationships with a range of health and community organisations over the broad footprint of the JMP. However, given the relatively large number of Indigenous students in the JMP and the focus on Indigenous health in the curriculum, the level of dedicated staffing is very modest, especially the solo staff member at UNE (see 1.8 below).

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 Clinical Training Review has clarified and strengthened the relationship between the UON and Hunter New England Health LHD. There is an extant agreement and ongoing working groups. Based on the information provided, the team was satisfied that both universities have the financial resources, management capacity and high level university support to ensure sustainability of the program. This includes the new facility on the Central Coast which has financial commitments from the Commonwealth and state governments, and the university.

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 JMP is a formal partnership of UON, UNE and the Hunter New England and Central Coast LHDs. There is high level representation and commitment from each of the four organisations to the JMP Governance Committee. There was a clear vision expressed at UON of ongoing university responsiveness to the research and workforce needs of these regional services.

Aboriginal staff of both universities have very strong relationships with a range of health and community organisations over the broad footprint of the JMP. The JMP has formal agreements with the Anyinginyi Health Aboriginal Corporation in Tennant Creek and an agreement with the Awabakal Newcastle Aboriginal Cooperative. The JMP has stated that it would be inappropriate to attempt a formal agreement with other groups and prefers more informal approaches to manage the relationships. With the advent of the Indigenous Health Student Selected Pathway, it may be beneficial to reconsider

establishing more formal institutional arrangements with these Aboriginal Health Services to ensure sustainability of the pathway activities.

There is ongoing planning of the Central Coast teaching and research facility that will accommodate 30 transferred UON JMP places for the five years of the program. The planned start date is 2020. As plans for the transfer of these places to the new Central Coast teaching and research facility mature, details will need to be submitted to the AMC with adequate time for assessment prior to implementation.

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.

UON has a strong health and medical research track record and research capacity. Research centres include the Hunter Medical Research Institute, the Centre for Innovation in Regional Health and five other research centres within the School of Medicine and Public Health.

The UNE has research strengths in rural health. In response to student concerns at UNE, the UNE School of Rural Health expressed the intention to enhance the research focus within the region, by for example, engaging with the Faculty data analytics group in the analysis of large data sets.

The JMP MEU is research active and this informs development of the teaching program. Furthermore, the PVC Health and Medicine expressed plans for expanding the collaborative research effort across three LHDs, in response to service needs.

The JMP has a well-developed plan for implementation of student group research training and projects though the life of the BMedSc MD. The planned Student Selected Pathways also have the potential to contribute significantly to scholarship.

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.

Overall, the JMP appears to have adequate human resources, with the caveat relating to Indigenous staff as below.

Clinical Deans and other clinicians were generally supportive of the proposed BMedSc MD, particularly the increased clinical exposure for students in Phases 2 and 3, and had capacity to accommodate these increases.

There are detailed plans to manage the overlap of BMed and BMedSc MD students during the period where students of each program will be simultaneously undergoing clinical placements. Preparations include detailed mapping and fully utilising current placement capacity; developing increased capacity at Calvary Mater and Wyong hospitals; re-allocating current resources to create teaching fellow positions, and utilising clinical deans and preceptors in rural clinical schools to prepare clinicians for the BMedSc MD and BMed students.

Given the large cohort of Aboriginal and Torres Strait Islander students, teaching responsibilities outside of the JMP, implementation of the Indigenous Health Student Selected Pathway and the potential for expansion of Indigenous Health education and research activity, the Indigenous Health Unit is under-resourced. The FTE positions in the unit have not changed since the previous AMC visit in 2016. The unit is currently vulnerable and in need of increased staffing to ensure maintenance of current activities, as well as the planned expansion of Indigenous Health related activities.

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.

Standard university processes for staff appointment and promotion are in place. There is opportunity for staff development. There is a detailed plan for professional development of clinician academics to enhance education knowledge and skills.

The JMP is to be commended on establishing the Academy of Clinical Educators and the Certificate in Clinical Teaching.

2 The outcomes of the medical program

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

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

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

1 Science and Scholarship: the medical graduate as scientist and scholar

2 Clinical Practice: the medical graduate as practitioner

3 Health and Society: the medical graduate as a health advocate

4 Professionalism and Leadership: the medical graduate as a professional and leader.

2.1 Purpose

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

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

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

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

The JMP reviewed its vision statement as a part of the development of the BMedSc MD program and has implemented a three-phase purpose statement, which includes a Preamble, Vision Statement and Innovation Statement. The preamble explicitly identifies the significant factors that contribute to the purpose of the program. These include a focus on provision of appropriately qualified, patient-centred medical graduates to rural and remote communities, as well as the recruitment and training of Aboriginal and Torres Strait Islander doctors, with the aim of promoting the health of Aboriginal and Torres Strait Islander people across the country.

The provider reports that this vision was developed through extensive consultation with stakeholders and the team found clear evidence that the program's scholarly activities are focused particularly on First Peoples, rural and socioeconomically disadvantaged communities.

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 development of the BMedSc MD included a review and expansion of the JMP's prior BMed graduate outcomes. These were further expanded under a (now-satisfied) condition following the 2016 accreditation assessment to include two additional outcomes related to the provision of culturally safe and effective care to Australia's First Peoples. The revised outcomes map well to the AMC Graduate Outcomes and encompass the capabilities required for effective intern practice and post-registration training.

The JMP plans to utilise common assessment methods across all sites and has embarked on a program of professional development for assessors to optimise the consistency of application of these methods. Further, the JMP plans to provide broadly comparable educational experiences across its multiple delivery sites and has achieved this goal in relation to the portion that has so far been implemented.

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.

There has been no change to the duration of the curriculum as a result of the implementation of the BMedSc MD program. The structure within each year has undergone some modifications in order to support greater breadth of opportunity for the research component in Years 3 and 4, and to give some flexibility in the scheduling of the research intensive block.

3.2 The content of the curriculum

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner.

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

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

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

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

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

The curriculum themes are unchanged and are aligned to the four AMC Domains:

1 Science and Scholarship

2 Clinical Practice

3 Health, Society and Environment

4 Professional Development.

The overall JMP Learning Outcomes (graduate attributes) have likewise, remained unchanged. Course learning outcomes have been developed and approved and are deconstructed into more detailed learning points at week and session level within courses. These are made available to current Phase 1 students on Blackboard as a learning point framework and as a weekly version. The development of detailed learning points, priority teaching and learning activities, and assessment is achieved in partnership between phase groups, theme leadership groups, and discipline experts.

Key elements of the curriculum include:

- year-long courses providing a focus on assessment for learning, reflection and further development where needed

- early structured clinical teaching, including use of simulation techniques, within the framework of a JMP Clinical Method – an evidence-based model that emphasises explicit acquisition and integration of knowledge, interactional and procedural skills, and highly professional attitudes in all aspects of care
- longitudinal Student Selected Pathways to broaden student learning in domains reflecting key themes in current health care and medical practice
- comprehensive, year-long pre-internship component of the curriculum incorporating work-place based assessment
- a focus on the broader settings of health care provision across rural and urban regions, with rural clinical education and community placement opportunities
- integration of learning relating to Aboriginal and Torres Strait Islander Health within the core curriculum
- focus on the development of core competencies in critical thinking and scholarship through a longitudinal research pathway
- expansion and improved coordination of global educational opportunities through strategic partnerships with international universities.

Following completion of the first full year of the new JMP, modifications have been made to content and delivery based on student and staff feedback. Learning points have also been adjusted. The teaching of Anatomy and Pathology has been reviewed, with a number of modifications being implemented at each site, many of which have been welcomed by students. In particular, the improved alignment of anatomy teaching activities with PBL cases and clinical skills tutorials has been positively received.

Changes to the Year 1 framework for Anatomy and Histology include:

- reduced content load
- removal unnecessary repetition
- increased alignment to the PBL and Clinical Skills content for a week
- increased time for specific core topics where indicated
- allow more time for revisions and review
- convert some formative assessment to summative activities.

Changes have been made to Anatomical Pathology teaching to ensure all lecture slides are available prior to Anatomical Pathology lectures. In addition, consideration is being given to an online pathology terminology activity for students to help reduce slide density.

The Course Learning Outcomes for Phase 2 and 3 from the Stage 2 submission are undergoing revision through JMP teaching and learning governance as part of the strategy to convert multi-term sequence courses into pure year-long courses. These will be reviewed at the same time as the more detailed learning points evolve, and as the list of teaching and learning activities is enhanced. Satisfactory progress has been made in finalising Phase 2 learning outcomes for 2019.

There are extensive cross linkages between the Curriculum Design, Learning and Teaching, Assessment and Phase Committees, and the various MD working groups, with evidence of effective decision making.

A future increase in the inclusion of the perspectives of the Theme Leads in the process of curriculum development is likely to enhance the curriculum.

Consideration should be given to the possibility that the aggregation of assessment items in Phase 3 may preclude the JMP from being able to demonstrate that graduates have demonstrated all of the graduate outcomes.

As is expected with a JMP undergoing a staged implementation, there is work that is yet to occur for the latter stages of the program. For example, articulation and communication of specific learning points is still required across the full range of subject areas in Phase 3. The team was impressed by the considerable work undertaken in development of the research project components and the Student Selected Pathways.

3.3 Curriculum design

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

The Curriculum Design, Assessment and Phase Committees, and MD working groups maintain responsibility for ensuring horizontal and vertical integration occurs. Regular communication between Phases occurs via the Curriculum Design Committee, and transparency of the curriculum is increasing with the use of the curriculum collaboration website.

The block structure for Phase 2 and 3 has undergone two modifications following a Leadership Forum in the second half of 2017.

Year 3 - Clinical placement blocks in the Year 3 UON Model have been consolidated. The six-week medicine and six-week surgery placements will be converted back to a 12-week block in medicine and a 12-week block in surgery. This is required for the sustainable planning of clinical placements across a diverse range of settings and subspecialties, and to promote continuity in learning and supervision over that time. Multidisciplinary and theme integrated content will occur across the year as part of the placement blocks.

Year 4 – The structured reflective option will be replaced by a research intensive block. The current four-week research intensive block will be replaced by a six-week research intensive block which will occur on a rotating basis. This will allow for an increased number, and different types, of research projects and supervisors to be available. It also gives the students two more weeks to work on the implementation component of the research project, which will in turn result in less impact on students with less travel, and fewer accommodation costs to consider. Although the structured reflective option in Year 4 is removed, elective-like blocks remain in Year 3 (Community Placement Option) and Year 5 (Student Selected Pathway Experience). Students will know their location and rotation cycle from the end of Year 2 and can therefore establish groups based on colocation in Year 4.

The updated BMedSc MD block calendar is shown below in Figures 3 and 4.

Figure 3 BMedSc MD block calendar Year 1-3

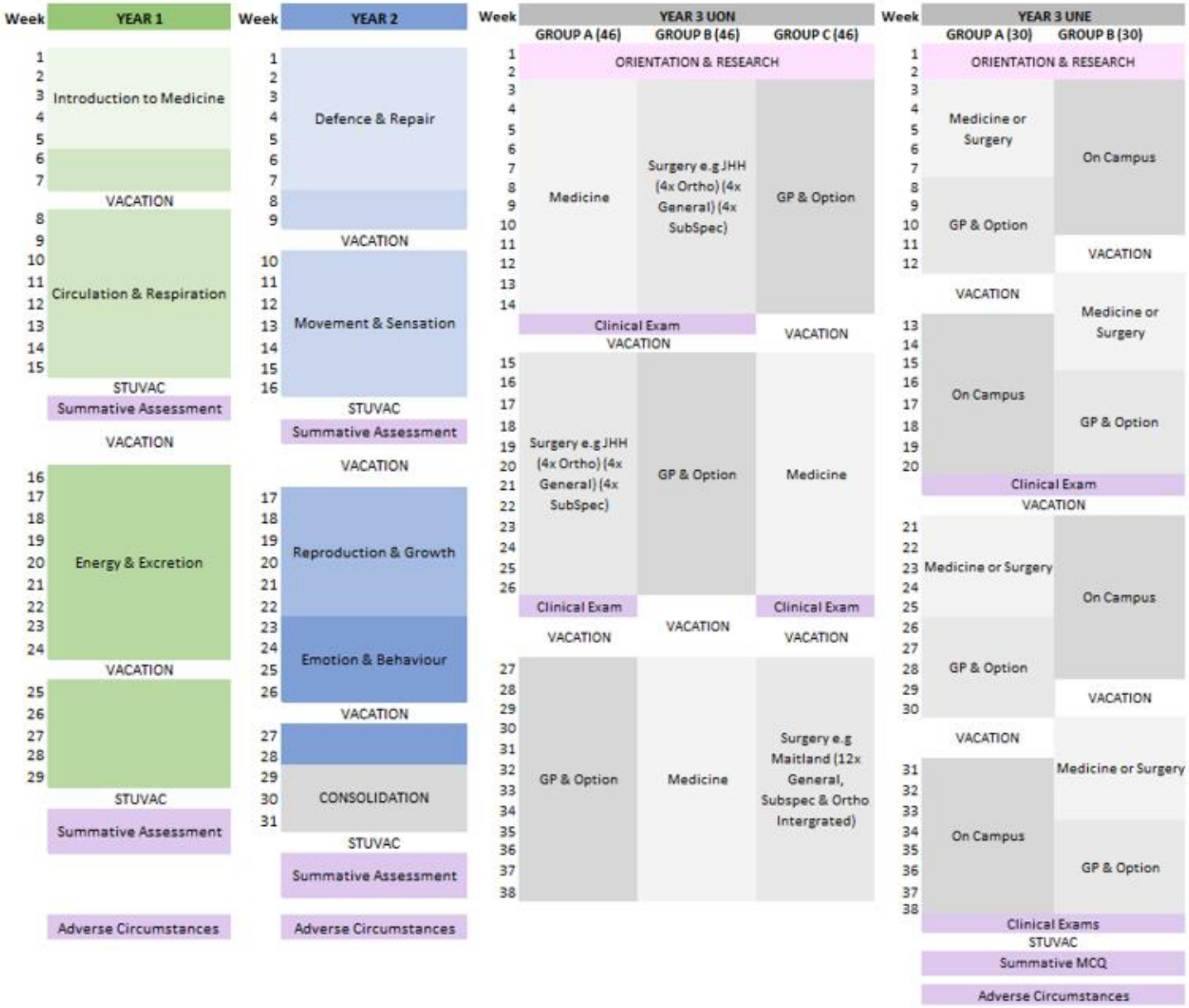
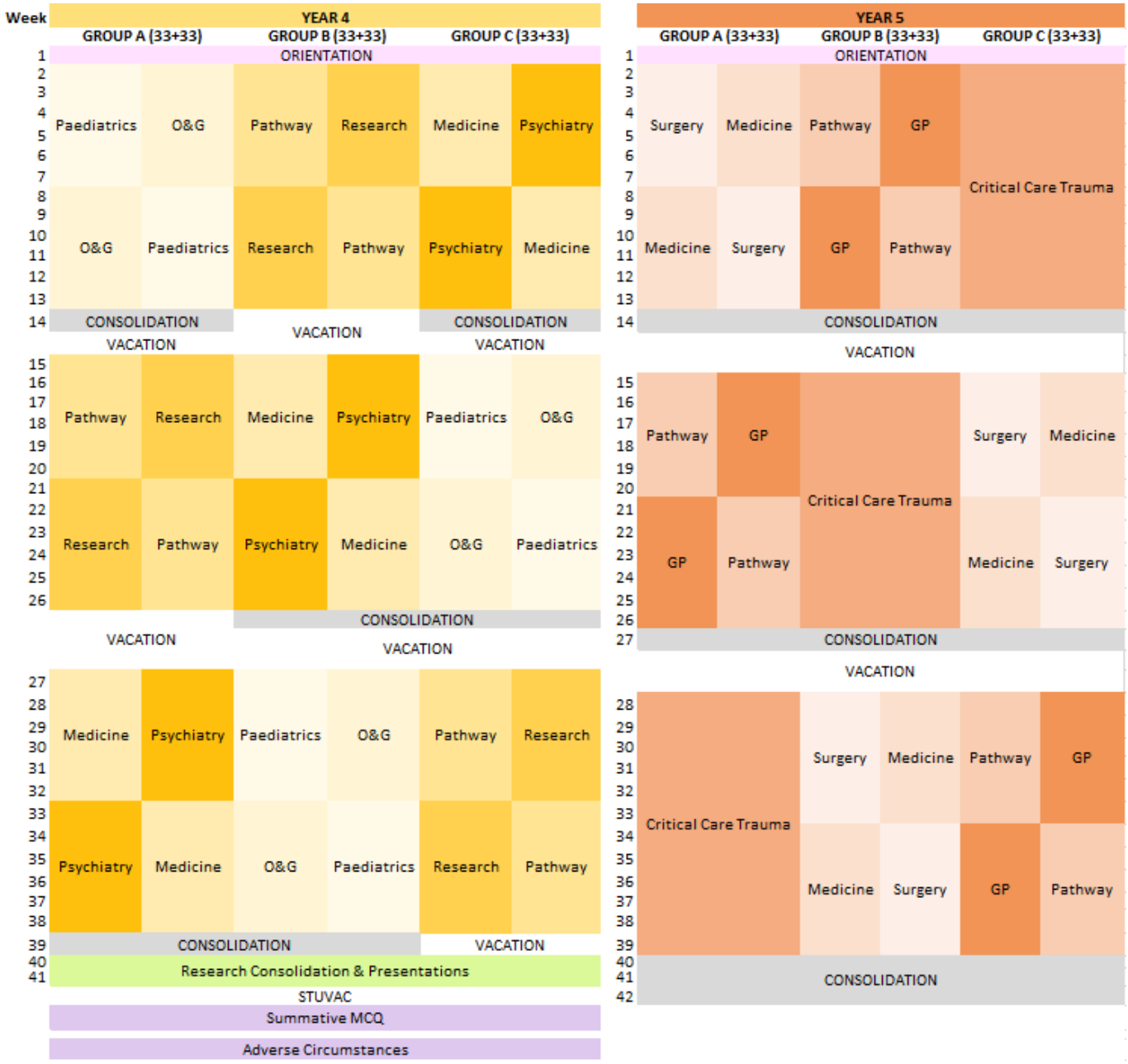


Figure 4 BMedSc MD block calendar Year 4-5



The Phase 2 and Phase 3 committees have determined that the multi-term sequencing mechanism currently utilised in the BMed program is not compatible with the necessary clinical placement structures. A proposal to remove multi-term sequencing in favour of a year-long structure is currently before the University for approval.

Students appreciate the horizontal integration of relevant medical science information into clinical and community experiences. Students are then able to use their own background knowledge to form a deeper understanding of concepts. Students also recognise the opportunities provided by the vertical integration as knowledge and clinical skills develop.

3.4 Curriculum description

The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.

The program learning outcomes that are designed to a be achieved at the end of the five years, are available on the UON website and provided as a link in the course outlines on the JMP's learning management system, Blackboard.

Course learning outcomes for a year-long period of learning are made available to students within the course outlines.

The most granular level of outcomes is available to students on Blackboard as learning point frameworks. Students appreciate the clear and concise information provided in the learning point frameworks. In order to better guide student learning, it may be beneficial to make these documents available to students earlier in the semester than has occurred to date.

The JMP keeps students informed about timelines associated with the learning point frameworks and expectations of learning more generally. The JMP is encouraged to continue their efforts to optimise effective communication with students regarding the required learning outcomes for the BMedSc MD program.

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).

Aboriginal and Torres Strait Islander health is a major feature of the JMP purpose. The Discipline of Indigenous Health provides the expertise required to design and implement content in this area. Issues relating to Aboriginal and Torres Strait Islander health are specifically identified in course outlines and in more detailed learning points within a year, and are then aligned to a range of learning activities and assessments in each of the program phases. The Discipline of Indigenous Health staff work in partnership with Phase design teams and staff from other disciplines to ensure there is a purposeful vertical plan within each Phase, and across the whole program.

In addition, elective options for students to engage with the Aboriginal and Torres Strait Islander health curriculum sit within the Phase 2 Community Option and the Phase 3 Student Selected Pathways.

The incorporation of Aboriginal and Torres Strait Islander Health curriculum within the medical program is strong.

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 elective choices are the Phase 2 (Year 3) Community Placement Option and the Phase 3 (Year 4 and 5) Student Selected Pathway. The Structured Reflective option in Year 4 has been removed in favour of expanding the time available for the research intensive block.

Figure 5 Year 4 Clinical and Research Blocks and Groups

Module	Weeks	Cohort Group A (35 + 35 Students)		Cohort Group B (35 + 35 Students)		Cohort Group C (35 + 35 Students)	
	1	Orientation to Clinical Blocks					
Module 1	6	Obstetrics & Gynaecology	Paediatrics	SSP Coursework **Lab Medicine**	Research Project (Intensive)	Medicine	Psychiatry
	6	Paediatrics	Obstetrics & Gynaecology	Research Project (Intensive)	SSP Coursework **Indigenous Health**	Psychiatry	Medicine
Module 2	6	SSP Coursework **Global Health**	Research Project (Intensive)	Medicine	Psychiatry	Obstetrics & Gynaecology	Paediatrics
	6	Research Project (Intensive)	SSP Coursework **Global Health**	Psychiatry	Medicine	Paediatrics	Obstetrics & Gynaecology
Module 3	6	Medicine	Psychiatry	Obstetrics & Gynaecology	Paediatrics	SSP Coursework **Health Education**	Research Project (Intensive)
	6	Psychiatry	Medicine	Paediatrics	Obstetrics & Gynaecology	Research Project (Intensive)	SSP Coursework **Rural Health**

The research project also represents an additional opportunity for student choice. The research projects are to be categorised by streams; Basic Science, Policy and Advocacy, Health Systems, Behavioural & Social Science, and Cohort Studies.

Students anxiety regarding clinical placement location options; integration of clinical placement with structured learning; opportunities available for research topics; and the nature of the Community Placement Option and Student Selected Pathway is balanced by an acknowledgment that issues surrounding communication continue to progress via consultation between the JMP and student representatives.

The team commends the JMP on the range of elective options for students and in particular the further development of the Student Selected Pathway as an innovative and sustainable curriculum component.

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 the BMedSc MD program incorporates a wide range of exciting, evidence-informed approaches to support students in achieving the learning outcomes.

The JMP has a comprehensive framework to evaluate the effectiveness of the different teaching and learning methods employed. This is driven by the Monitoring and Evaluation Committee, which reports to the Teaching and Learning Committee. In Phase 1, the methods employed include surveys and focus groups and draw upon feedback from students, teachers, and simulated patients.

There is already evidence that changes have been implemented in response to the early experiences of delivery in Phase 1 of the BMedSc MD program. The team concluded that there are appropriate systems and processes in place to monitor the effectiveness of different teaching and learning methods and continuously improve the quality of delivery.

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.

Preparation for life-long learning is a focus of all three phases of the BMedSc MD. This starts in Phase 1 with PBL. Thorough preparation and support is given to PBL tutors, who described how they adapt and respond to different group dynamics. PBL tutors reported that their Year 2 groups are taking more responsibility for their learning.

The detailed plans for the research project and student selected pathway provided further evidence of how the JMP will encourage students to take responsibility for their own learning as well as supporting greater choice.

4.3 Clinical skill development

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

The BMedSc MD program has a structured clinical skills program to prepare students for clinical placements in Phase 2. The learning in the simulation laboratories is integrated with the PBL curriculum and is assessed through OSCEs. There are further planned opportunities for learning in simulations laboratories in Phases 2 and 3 and there will be a particular focus on work-readiness in the final year. Delivery so far and the plans for Phases 2 and 3 provide assurance that the JMP prepares students well for experience in the clinical setting.

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.

The overarching plans for graded supervised involvement with patients across the final three years continue to be sufficient. The team welcomes the intention to align some of the assessment in Phase 3 with methods of appraisal for Junior Medical Officers to strengthen preparation for practice.

4.5 Role modelling

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

The JMP has already implemented a number of strategies to promote the role modelling of good clinical practice and research. These include the engagement of junior doctors in the clinical skills program, orientation to medicine sessions with senior clinicians, and research seminars with leading academics.

Students will have further opportunities to work with researchers in Phases 2 and 3 during the research intense period. The student-selected pathways initiative also provides opportunities for students to work closely with experts in their areas of interest, which should enhance learning through positive role modelling.

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.

The JMP is committed to promoting patient centred care. Their submission provided further information about how students are introduced to the core principles of patient centred care and collaborative engagement in Phase 1. This includes PBL, clinical skills sessions, aged care placement experiences and orientation to medicine sessions. The JMP has appropriate plans to build on the first two years in the Phase 2 and Phase 3 supervised placements underpinned by the case-based learning curriculum.

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.

Opportunities to learn from and about other health professionals are now clearly woven into the entire medical program. The JMP has detailed plans for interprofessional learning and assessment in Phases 2 and 3. These build on the focus on heath professional literacy in Phase 1.

The team also noted that the Peel Clinical School has a strong track record of inter-professional education, which is informing developments throughout the entire program.

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 BMedSc MD has an appropriate suite of JMP-specific assessment policies, practices and rules.

The assessment and progression requirements for Phase 2 of the program have been fully delineated, but the requirements for Phase 3, are yet to be finalised. The team recommends that the existing condition in relation to this standard be closed in relation to Phase 2 but listed as progressing in relation to Phase 3.

The BMedSc MD as planned and implemented so far includes considerable formative assessment, which appears to be widely utilised and appreciated by students.

5.2 Assessment methods

5.2.1 The medical education provider assesses students throughout the medical program, using fit for purpose assessment methods and formats to assess the intended learning outcomes.

5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.

5.2.3 The medical education provider uses validated methods of standard setting.

The range of assessment methods employed across the BMedSc MD as planned and implemented to date are appropriate and well-aligned to the relevant learning outcomes. This has been facilitated through the effective utilisation of blueprinting. The methods employed for standard setting are based on sound scholarship and are also fit for purpose.

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 BMedSc MD includes a considerable amount of formative assessment, which appears to have been effective in identifying students in need of remediation at an early stage. Appropriate remediation programs that enable students in need to improve their performance are in place. In addition, technological and other solutions have been established to provide learners with useful feedback about their performance in particular content and skill-areas in summative assessments. These processes

have contributed to a substantial increase in the proportion of students progressing than in previous years, compared with the BMed in Year 1 in 2017.

The JMP has undertaken careful analysis of the performance of students in summative assessments so far in the program, according to their study site and status as non-Indigenous domestic, Indigenous or international students. The JMP has confirmed that they have utilised this information in the ongoing improvement of the program.

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 assessment methodologies utilised to date have been carefully reviewed and optimised on the basis of their performance in practice. The JMP has utilised common assessment processes and standards across teaching sites so far in its implementation and it is planned for this approach to be continued as the remaining phases roll out.

6 The curriculum – monitoring

6.1 Monitoring

6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.

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

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

The JMP has developed a monitoring and evaluation framework that has been endorsed by the Monitoring and Evaluation Committee. The framework provides a systematic approach to seeking and analysing feedback and evaluation data from students, staff and stakeholders on a range of areas including the student experience, student and graduate outcomes, staffing and teaching, curricular resources and committees and governance.

The introduction of mandatory student feedback surveys in Years 1 through 3 appears to be having an impact. Students reported that there appeared to be a substantial shift in the quality, organisation and level of student satisfaction in Year 1 of the BMedSc MD program in 2018 compared to 2017.

The Team noted that the JMP also considers a range of other, less structured feedback that supplements the opportunities to hear about the student experience. These included the Dean meeting with presidents of medical student societies and Staff – Student Consultative fora.

6.2 Outcome evaluation

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

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

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

The team acknowledges that successful evaluation of the outcomes and career journeys of particular cohorts of graduates can be a challenge. That said, the JMPs' ongoing project to obtain feedback from graduates working at the Hunter New England Local Health District through the Health Education and Training Institute will continue as the BMedSc MD cohort completes their studies and there are plans to commence this cohort's evaluation in 2020/2021.

The issue of support and progress for international students has been addressed as evidenced by the improved progress for this particular cohort of students.

The team noted the continued evidence of good recruitment and retention of Aboriginal and Torres

Strait Islander students as well as international students. Given the issues related to resourcing in the Indigenous Health Unit there would appear to be scope for some enhancement in this area with particular attention required to ensure equitable support for Aboriginal students across the program.

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.

The JMP continues to maintain considerable stakeholder input in the development and oversight of the program via formal partnerships and agreements and meaningful membership of key governance committees. This level of input and partnership remains a considerable strength of the JMP. Feedback to students on the ground appears to have improved since 2016 and the new feedback processes implemented with the BMedSc MD show great promise. The intention to more formally monitor graduates and their performance in the work place in collaboration with the Local Health Districts will be a significant step in quality assurance and assist in closing the loop in relation to effectiveness of the education program.

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 JMP has had a relatively stable intake of students with the number of students limited to a total of 170 Commonwealth supported places per year across both sites, plus a maximum of 24 international fee paying students entering in Year 1. It is apparent that the JMP has capacity to maintain the program across all years of the BMedSc MD.

The JMP has impressive targets for Aboriginal and Torres Strait Islander peoples, and rural and remote students. The JMP has a defined target of 30% of the students entering the program having a rural or remote background. The stated target for Aboriginal and Torres Strait Islander students in the program is 10% of the Year 1 cohort of 170 students. The Discipline of Aboriginal and Torres Strait Islander Health has maintained the enhanced recruitment, preparation and support program developed to assist with building its success in recruiting, retaining and graduating Aboriginal and Torres Strait Islander students.

In 2018, 63 Aboriginal and Torres Strait Islander students were enrolled across the five years of the JMP programs, with an additional seven students on leave. The team was pleased to note the increased enrolment of seven students enrolled at UNE across all years of the program supported largely by the Aboriginal health academic within the SRM.

The team noted, however that the Discipline of Aboriginal and Torres Strait Health is under great pressure and its considerable achievements are being placed at risk due to under resourcing. This will be exacerbated as the planned Indigenous Student Selected Pathway is implemented in Phase 3 of the BMedSc MD program.

The JMP continues to have two dedicated support staff providing assistance for international students across all areas, which based on recent analysis would seem to be improving the academic performance of this group of students which is now in line with the broader cohort.

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 JMP has a well-documented Admission and Selection policy and there are no plans to modify the joint admission process to the medical program, managed by the UON. The JMP will continue to use the Personal Qualities Assessment (PQA) as part of the admissions process. The PQA was designed by the UON to evaluate a range of personal qualities considered to be important for the study and practice of medicine. The PQA is taken online and consists of two components in a multiple choice question format.

Prospective students are provided with a statement about recommended levels of personal health and fitness to undertake the program when they attend for interview. All commencing students will be required to confirm that they have read and understood this statement. Students will also be asked to provide an infectious disease history and immunisation record. There are university policies, which address infectious diseases and initiatives to support students who contract an infectious disease, become disabled or encounter an increased disability, and mental health support.

The JMP has a separate admission pathway for Aboriginal and Torres Strait Islander students and a separate policy for selection through this pathway. UON has an impressive history of involvement and innovation in Indigenous health, with the first Aboriginal doctors graduating from the University in 1985. The Miroma Bunbilla Pre-entry to Medicine Program represents a successful innovation that continues to evolve. The delivery of this pre-medicine program involves staff from both the Wollotuka Institute and the Oorala Centre.

The pre-entry program has been a mandatory component of the Aboriginal and Torres Strait Islander pathway since 2014, and the program now includes an immersion experience that allows students to spend time, including a cultural orientation, in Armidale at the beginning of the pre-medicine program. This has assisted students in making an informed decision about enrolment through the Newcastle or Armidale campuses at the end of the Miroma Bunbilla week.

The improved recruitment and retention rates continue.

The UON manages the selection processes and appeals against admission are subject to the UON policy. The application process is fully documented on the university websites, along with the mechanism for appeal.

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.

A full range of support services are currently available for JMP students, the majority of which are provided by each university, including:

- Counselling
- Disability assistance
- Equity and access
- Complaints/service quality
- Medical/Mental health
- Financial assistance.

Aboriginal and Torres Strait Islander students have access to a range of supports via the Oorala Centre and Wollotuka Institute at UNE and UON respectively. The team noted that these supports were variably available and that serious consideration needs to be given as to how to meaningfully ensure that access to the full range of supports required for successful progression will be made available for the students enrolled at UNE. That said, the team recognises the significant support provided by the 0.5 FTE Aboriginal Academic position within the SRM for Aboriginal and Torres Strait Islander students on the UNE campus.

The Wollotuka Institute provides support and mentoring for all Aboriginal and Torres Strait Islander students at the UON which complements the support provided by the Discipline of Aboriginal and Torres Strait Health team.

There continues to be a relatively low number of dedicated scholarships available for Aboriginal and Torres Strait Islander medical students and the team would encourage the JMP to seek a solution to this issue with some urgency.

The Discipline of Aboriginal and Torres Strait Islander Health has implemented a scaffolded series of workshops aimed at building a culturally safe learning, teaching and working environment. These workshops have become a part of the JMP's planned professional development program. The team spoke to several staff who stated that the workshops have had a profound impact on them and substantially enhanced their knowledge and understanding of the issues that confront many Aboriginal students. The plan is to ensure that all JMP staff attend these workshops and then to provide a subsequent series of workshops to continue the learning journey. This is an important step towards developing and maintaining a culturally secure learning and working environment.

The team became increasingly aware of the potentially difficult journey of some BMed students, who are at risk of becoming part of a small isolated cohort for the rest of their studies due to a failure to progress. The team were informed by students currently in the teach out BMed program that they were fearful of this outcome and that it influenced them considering options such as taking time off or undertaking an honours program. The team encourages the JMP to continue to actively monitor and report on this cohort of BMed students and to ensure that continuing resources be available to support the well-being and academic achievement of this group of students.

Efforts to ensure that support roles are separated from positions that contribute to decisions about academic progress could benefit from closer consideration, especially in smaller sites in the distributed school structure.

The team was reassured to note that, while in the past international students had not achieved as well as domestic students, a recent analysis revealed that there was no difference in the academic achievement of international and domestic students.

7.4 Professionalism and fitness to practise

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

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

The JMP Student Welfare and Fitness to Practice policy has been revised and modified since the last AMC review and is now called the Student Support for Professional Practice Framework with the intent of better engaging and supporting students. While there was some variation in students' awareness of this policy, it had been used successfully to support a significant number of students in a confidential and ongoing manner. The Framework utilises a mix of internal, university and external services to best meet the needs of students.

7.5 Student representation

7.5.1 The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.

The students continue to have excellent representation on a range of JMP decision- making committees including the Governance Committee and there is no indication that this student input will change in the near future. This year regular monthly meetings between the Dean of the JMP and the Presidents of both medical student societies recommenced. These provide an excellent opportunity for ongoing communication about student related issues and concerns. Further, the Medical Student Consultative Committee, which meets four times a year, provides another useful opportunity for student representatives from across the course and key sites to give feedback regarding the student experience and student concerns.

7.6 Student indemnification and insurance

7.6.1 The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.

The JMP has adequate insurance and indemnity coverage for students engaged in the formal requirements of the program.

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.

High quality physical facilities are available to students and staff across all phases and sites in the Program. New placement sites are available at Calvary Mater and Wyong Hospitals. The new Central Coast facility is still in the planning stage and should be available in 2020.

Some students expressed concern regarding access to clinical learning environments during the overlap between the teach out of the BMed and the introduction of the BMedSc MD in 2019 and 2020. The JMP has addressed these concerns through a detailed multi-faceted plan for optimising placement capacity in 2019, and was working on a plan for 2020.

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.

Inadequate videoconferencing technology was identified in 2016 as a potential major limitation to the implementation of the JMP across multiple sites. Subsequently, the JMP Executive Committee has closely overseen the activity of the IT Committee. IT officers from both universities have attended JMP Executive Committee meetings to report on action on identified problems. Despite direct and regular reporting to the JMP Executive and follow up of identified problems, video-communication problems persisted. The main strategy reported was to eschew use of videoconferencing in favour of online recorded lectures and clinical skills recordings, and the use of Zoom. Students reported that this arrangement was working well for them.

Blackboard and SharePoint are used successfully across both universities. SONIA has also been introduced as a common student placement system and, after initial teething problems, is effectively available to students enrolled in either university and to staff.

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 JMP teaching facilities provide access to a range of models of care across metropolitan and rural health settings. There is detailed planning to manage the overlap of BMed and BMedSc MD students.

A committed cadre of Clinical Deans provides oversight of training in clinical schools and hospitals.

The team sought additional information about the planning for the crossover period between the BMed and the BMedSc MD. The provider has undertaken significant mapping of clinical opportunities by phase/year of study and increased training capacity in partnership with clinical providers. The plans have also taken into account the needs for student accommodation and extra tutorial classrooms. The JMP has made additional appointments of teaching fellows and has filled other vacancies to ensure there are sufficient clinical teachers. The crossover period will require close monitoring with early intervention if any student does not have sufficient involvement with patients to develop their clinical skills.

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.

There has been substantial progress in strengthening clinical supervision capacity. The Clinical Deans are a group of experienced clinicians with clear commitment to education. The Academy of Clinical Educators and Certificate in Clinical Teaching have been very successful strategies to upskill and support supervisors.

There are excellent professional development opportunities for clinical supervisors and staff, including the Certificate in Clinical Teaching and cultural awareness workshops, to ensure a good clinical environment in which students will be culturally competent in relation to Aboriginal and Torres Strait Islander peoples.

Appendix One Membership of the 2018 AMC Assessment Team

Professor Gary Rogers (Chair) MBBS, MGPPsych, PhD, FANZAHPE, FAMEE
Professor of Medical Education, Deputy Head of School, Griffith University.

Professor David Paul (Deputy Chair) MBBS, PhD, BPolStud (Hons)
Associate Dean Aboriginal Health; Professor, School of Medicine Fremantle, University of Notre Dame Australia.

Professor Stuart Carney MBChB, MPH, FRCPscyh, FAcadMEd
Medical Dean and Deputy Executive Dean, Faculty of Medicine, University of Queensland.

Professor John Wakerman MBBS, MTH, FAFPHM, FACRRM,
Associate Dean, Flinders University Northern Territory (includes NT Medical Program, Centre for Remote Health, Poche Centre Alice Springs).

Professor Maree O'Keefe PhD, MBBS (Hons), FRACP, DCCH, GAICD
Associate Dean Learning Quality and Innovation, Faculty of Health and Medical Sciences, University of Adelaide.

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

Appendix Two Groups met by the 2018 Assessment Team

Meeting	Attendees
Tuesday, 12 June 2018	
Joint Medical Program Leadership Team, School of Rural Medicine, UNE	Dean, Faculty of Medicine & Health Head of School, School of Rural Medicine Faculty Manager
Joint Medical Program Governance Committee	Provost & Deputy Vice Chancellor, UNE Deputy Vice Chancellor (Academic), University of Newcastle & Chair, Governance Committee Pro-Vice Chancellor, Faculty of Medicine & Health, UON Executive Director of Operations, Greater Metropolitan Health Services Dean, Faculty of Medicine & Health, UNE Head of School SMPH & Dean of Medicine
University of New England Vice Chancellor's Office	Vice Chancellor Dean, Faculty of Medicine & Health Provost & Deputy Vice Chancellor
University of New England Medical Student Representatives	President Vice President Internal and Vice President External Treasurer Secretary Academic Convener Year 1, 2 and 3 Representatives Website Officer Indigenous Liaison
Joint Medical Program Academic Staff, UNE	Phase 2 Chair & Associate Professor of General Practice, School of Rural Medicine, University of New England Year 1 and 2 Clinical Academic Coordinators, School of Rural Medicine Senior Lecturers PBL Tutors
Peel Clinical School, Tamworth	Director, Department of Rural Health & Pathways Coordinator, University of Newcastle Executive Director, HNEHealth Clinical Dean Year 4 Medical/Surgical Coordinator Year 5 Critical Care Coordinator Year 4 WACH/Year 5 Med Lecturer SIM Lab Coordinator Year 4 Student

Meeting	Attendees
Wednesday, 13 June 2018	
Joint Medical Program Executive Committee	Head of School (UON) & Dean of Medicine Head of School, School of Rural Medicine, UNE JMP Coordinator UON/UNE JMP Program Convenor Director, Department of Rural Health & Pathways Coordinator School Executive Officer, School of Medicine & Public Health UON Faculty Manager, Faculty of Medicine & Health, UNE
Curriculum Development Committee (including MD Phase Chairs)	Head of School (UON) & Dean of Medicine (Chair) Professor, Medical Education Unit/Chair, JMP Assessment Committee Program Convener, School of Medicine & Public Health Phase 1, 2 and 3 Chairs Head of School, School of Rural Medicine, UNE Director, Department of Rural Health & Pathways Coordinator, UON Curriculum Design & Implementation Manager
Teaching and Learning Committee	Head of School (UON) & Dean of Medicine Head of School, School of Rural Medicine, UNE Professor of Anatomical Pathology, School of Medicine & Public Health Professor, Medical Education Unit/Chair, JMP Assessment Committee Curriculum Design & Implementation Manager Phase 1 and 2 Chairs Year 4/5 Committee Chair BMed Clinical Dean, Manning Clinical School Program Convener, Joint Medical Program (Chair) Programs & Faculty Liaison Coordinator Year 1 Clinical Academic Coordinator, School of Rural Medicine Clinical Skills Unit Manager Aboriginal & Torres Strait Islander Health Member
Clinical Deans Committee	Clinical Dean, Hunter Clinical School Clinical Dean, Calvary Mater Clinical School Clinical Dean, Peel Clinical School Clinical Dean, Central Coast Clinical School Clinical Dean, Manning Clinical School Year 4/5 Committee Chair BMed, University of Newcastle
Assessment Committee	Chair Deputy Chair Year 1 and 2 Clinical Academic Coordinators, School of Rural Medicine

Meeting	Attendees
	Curriculum Design & Implementation Manager Deputy Head of School, School of Medicine & Public Health Year 3 and years 4/5 Committee Chairs BMed, University of New England Year 1 Course Coordinator MD, University of Newcastle
Discipline Aboriginal and Torres Strait Islander Health	Lead, Aboriginal and Torres Strait Islander Health Head of School (UON) & Dean of Medicine Curriculum Design & Implementation Manager Lecturers, Aboriginal and Torres Strait Islander Health
Pro-Vice Chancellor, Health and Medicine	Pro-Vice Chancellor
Student Selected Pathways Working Group	Director, Department of Rural Health & Pathways Coordinator Curriculum Design & Implementation Manager Professor, Medical Education Unit/JMP Assessment Committee/Health Professional Education Pathway Conjoint Senior Lecturer Professor of Anatomical Pathology, School of Medicine & Public Health, Laboratory Health Pathway Deputy Director, ALSWH & RCGHA Global Health Pathway Aboriginal & Torres Strait Islander Pathway Clinical Dean, Peel Clinical School
Conjoint Appointments Committee	Chair Head of School, Rural Medicine, UNE Deputy Head of School, School of Medicine & Public Health (Research) UON Committee Members Education & Research Support Officer
Placements Working Group	Curriculum Design & Implementation Manager JMP Placements Officer MD Administrative Officer JMP Coordinator Year 3 Manager Dean of Medicine Casual Academic
UON Medical Society Student Reps & Indigenous Student Reps	President Student reps from Years 1,2,3 & 5 Indigenous reps from Years 3 & 4.

Meeting	Attendees
Thursday, 14 June 2018	
Medical Education Unit	Professor, Medical Education Unit/JMP Assessment Committee Curriculum Design & Implementation Manager Assessment Officer Health Behaviour Sciences, School of Medicine & Public Health Year 1 Clinical Academic Coordinator, School of Rural Medicine Program Convener, Joint Medical Program Year 1 Course Coordinator MD Clinical Skills Unit Manager
MD Phases Committees	Curriculum Design & Implementation Manager Aboriginal & Torres Strait Islander Health Chair, MD Research Committee Phase 1, 2 and 3 Chairs General Practice Discipline Lead Year 4 Medical/Surgical Coordinator Phase 3 Paediatric Representative Chair, O&G Director, Department of Rural Health & Pathways Coordinator Professor of Surgery Program Convenor, Joint Medical Program Phase 2 Medicine Representative Year 1 Course Coordinator MD Year 1 Clinical Academic Coordinator, School of Rural Medicine
Themes Leadership Committee	Clinical Practice Health Societies and Environment Professional Development Chair, MD Research Committee Professor of Anatomical Pathology, School of Medicine & Public Health
Monitoring and Evaluation Committee	Health Behaviour Sciences, School of Medicine & Public Health Curriculum Design & Implementation Manager Strategy Planning & Performance CCLHD Representative Year 4/5 Committee Chair BMed
MD Research Projects Committee	Committee Members Chair Deputy Head of School, School of Medicine & Public Health (Research) Curriculum Design & Implementation Manager Year 2 Clinical Academic Coordinator, School of Rural Medicine Phase 1 Chair Education and Research Officer

Meeting	Attendees
Finance and Resources	Chief Financial Officer Business Analysis and Development Manager Head of School & Dean of Medicine Director of Faculty Services UON JMP Coordinator UON/UNE
University of Newcastle Vice Chancellor & President	Vice Chancellor
Friday, 15 June 2018	
AMC Team prepares preliminary statement findings	AMC Team
Team presents preliminary statement findings	Pro Vice Chancellor UON Dean - JMP Leadership Team Members Clinical Deans Curriculum Development Committee Members

Appendix Three Collated Accreditation Conditions and Quality Improvement Recommendations

Standard:	AMC condition #	Condition:	To be met by:	Status:
Standard 1	18	Provide progress reports on the Bachelor of Medicine (BMed) annually and as required until the program has concluded. (All relevant standards) *from the 2018 follow-up assessment*	Annually	To be determined
	19	Implement strategies to increase the level of dedicated staffing of the Discipline of Aboriginal and Torres Strait Islander Health to meet current and future program needs. (Standards 1.4 and 1.8) *from the 2018 follow-up assessment*	2019	To be determined
	1	Following the review of the clinical training budget across the program, confirm the resources available for clinical training. (Standard 1.5)	2017	Satisfied
	2	As plans for the proposed transfer of 30 University of Newcastle JMP students to the redeveloped Gosford Hospital site progress, submit details of the proposal to the AMC. (Standard 1.6)	2017	Progressing
	3	Monitor and report on the Bachelor of Medicine (BMed) students being taught out after the main cohort of BMed students have progressed through the program, including resources available, support and the well-being of students. (Standards 1.8 and 7.3)	2020	To be determined
Standard 2	4	Provide evidence of approval of the additional MD Program graduate outcomes that address the health and health care of Aboriginal and Torres Strait Islander peoples. (Standard 2.2.1)	2017	Satisfied
Standard 3	5	Review the anatomy and pathology curriculum content from the BMed program for delivery in the MD program. (Standard 3.2)	2017	Satisfied
	6	Complete the development of learning objectives for the clinical placements in Phase 2 of the MD program. (Standard 3.2)	2017	Satisfied
	7	Complete the early clinical skills program for delivery in the MD program. (Standards 3.2 and 4.3)	2017	Satisfied
	20	Provide evidence of the articulation and communication of specific learning points across the full range of subject areas in Phase 3. (Standard 3.2) *from the 2018 follow-up assessment*	2019	To be determined
	21	Confirm the outcome of the University proposal that multi-term sequencing is to be discontinued in favour of a year-long structure. (Standard 3.3) *from the 2018 follow-up assessment*	2019	To be determined
Standard 4	8	Evaluate the effectiveness of new teaching and learning methods implemented in the MD program. (Standard 4.1)	2017	Satisfied
	9	Monitor and report on the crossover period between the BMed and the MD, specifically	2019	To be determined

Standard:	AMC condition #	Condition:	To be met by:	Status:
		addressing the issue of student access to patient care. (Standards 4.4 and 8.3)		
	10	Develop interprofessional activities and assessment in the later years of the program. (Standard 4.7)	2017	Satisfied
Standard 5	11	Finalise and implement the MD assessment policy, in particular clarify whether students should demonstrate competence in all four themes in each year of the program in order to progress and graduate. (Standard 5.1)	2016	Satisfied
	12	Finalise progression requirements for Phase 2 and 3 of the program. (Standard 5.1)	2017	Progressing
	13	Provide evidence of the development of an adequate number of Multiple Choice Questions (MCQs) in time for the scheduled commencement of the MD program. (Standard 5.2)	2016	Satisfied
	14	Implement and provide evidence of assessment quality processes and outcomes. (Standard 5.4)	2017	Satisfied
	15	Provide evidence of alignment between common learning objectives and assessment, particularly in the clinical years of the program. (Standard 5.4.2 and Standard 2.2.3)	2020	To be determined
Standard 6	16	Provide evidence of a systematic program of monitoring and review of the MD program, specifically to seek student and teacher feedback, and evidence that analysis of this feedback informs program development. (Standard 6.1.2)	2017	Satisfied
Standard 7	22	Implement actions to improve access to support for Aboriginal medical students in Armidale. (Standards 1.8 and 7.3) *from the 2018 follow-up assessment*	2019	To be determined
Standard 8	17	Resolve the IT issues related to videoconferencing facilities, between the University of Newcastle and the University of New England campuses. (Standard 8.2)	2017	Satisfied

Standard:		Recommendations:	Status:
Standard 1	C	Consider strategies for ensuring the sustainability and continuity of Medical Education Unit activities. (Standard 1.4) *from the 2018 follow-up assessment*	To be determined
	A	The JMP may wish to consider formalising relationships with a range of Aboriginal health and community organisations through MOUs. (Standards 1.6 and 2.2)	To be determined
Standard 2		Nil	
Standard 3	D	Explore strategies that lead to the greater inclusion of the program themes in the process of curriculum development. (Standard 3.2) *from the 2018 follow-up assessment*	To be determined

Standard:		Recommendations:	Status:
	E	Consider strategies to mitigate the possibility that the aggregation of assessment items in Phase 3 may preclude the program from being able to demonstrate that graduates have demonstrated all of the graduate outcomes. (Standard 3.2) *from the 2018 follow-up assessment*	To be determined
	F	Consider making the learning point frameworks available to students earlier in the semester. (Standard 3.4) *from the 2018 follow-up assessment*	To be determined
	G	Continue efforts to optimise effective communication with students regarding the learning outcomes for the program. (Standard 3.4) *from the 2018 follow-up assessment*	To be determined
Standard 4	B	Following implementation of a more centralised approach to recruitment, training and support of simulated patients, report on the efforts to ensure uniformity of the simulated patient program across the JMP.	To be determined
Standard 5		Nil	
Standard 6		Nil	
Standard 7	H	Consider strategies that will increase the number of dedicated scholarships available for Aboriginal and Torres Strait Islander medical students. (Standard 7.3) *from the 2018 follow-up assessment*	To be determined
	I	Continue to provide the series of workshops aiming to provide a culturally safe learning, teaching and working environment and ensure that all JMP staff attend. (Standard 7.3) *from the 2018 follow-up assessment*	To be determined
	J	Consider ways to enhance the separation of support roles from those who are in positions that contribute to decisions about academic progress, particularly at smaller sites of the distributed program. (Standard 7.3) *from the 2018 follow-up assessment*	To be determined
Standard 8		Nil	