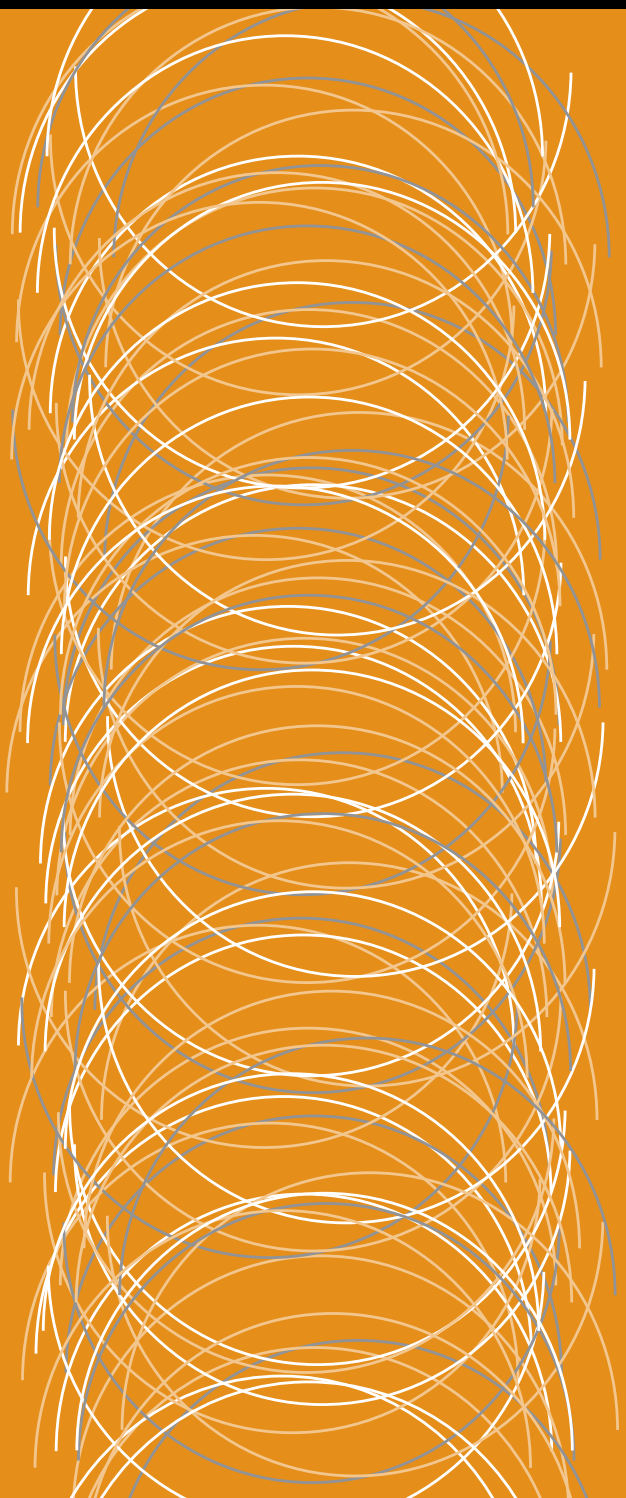
Australian Medical Council Limited

Accreditation of the Charles Sturt University and Western Sydney University Joint Program in Medicine

AMC



Medical School Accreditation Committee
August 2020

November 2020
Digital edition

ABN 97 131 796 980
ISBN 978-1-925829-36-5

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Executive summary 2020

Accreditation process

According to the Australian Medical Council's *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2019,* providers may seek an assessment of proposals for material change in accredited programs of study.

The Australian Medical Council (AMC) defines a material change in an accredited program or education provider as a change in the length or format of the program including the introduction of new distinct streams; a significant change in educational outcomes; a substantial change in educational philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes resulting from a major reduction in resources leading to an inability to achieve the purpose and/or outcomes of the program are also material changes. While the gradual evolution of a medical program in response to initiatives and review would not be considered a material change, the AMC may regard a number of minor changes in the areas listed as collectively constituting a material change.

In October 2018 Western Sydney University, School of Medicine notified the AMC of intended changes to its Bachelor of Clinical Science (Medicine)/Doctor of Medicine (BClinSci(Med)MD) program. The AMC last visited the University to assess this program in 2017, and has accredited the program until 2024.

The notice of intent outlined plans to encompass program delivery in association with Charles Sturt University as a Joint Program in Medicine within the Murray Darling Medical Schools Network for commencement in 2021.

The AMC Medical School Accreditation Committee reviewed the notice of intent at its 9 November 2018 meeting and agreed that the changes proposed by the School of Medicine would be classified as a material change.

The Joint Program in Medicine was invited to submit a Stage 1 submission for accreditation of a new program. This was accepted by the Committee. As a result, at their 31 October 2019 meeting, AMC Directors agreed to invite the Program to submit its proposals for assessment by visit for an AMC assessment team in May 2020.

The AMC team reviewed the Program's submission and planned to visit the Charles Sturt University Orange campus and associated clinical teaching sites in the week of 4 May 2020. This accreditation assessment has occurred under very unusual circumstances, during a pandemic disease. Consequently, the assessment was conducted remotely, via a series of video conference meetings. A tour of the facilities, including those under construction, was likewise undertaken remotely via a handheld video device, conveyed by CSU staff.

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 the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards and the imposition of conditions will ensure the program meets the standards 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.

Accreditation of material changes to established programs of study

In accordance with the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2019*, section 5.3, the accreditation options are:

(i) Accreditation for a period up to one year after the full new program has been implemented depending on satisfactory annual progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

Accreditation may be subject to the education provider addressing certain conditions within a specified period. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

(ii) Accreditation of the new program will be refused where the education provider has not satisfied the AMC that it can implement and deliver the complete medical program at a level consistent with the accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC (See 3.3.11).

Where the AMC refuses accreditation of a material change, the education provider may re-apply for accreditation of the change. It must first satisfy the AMC that it has the capacity to address the AMC's concerns about the proposed change by completing a Stage 1 accreditation submission.

The AMC is satisfied that the medical program of the Charles Sturt University and Western Sydney University, Joint Program in Medicine meets the approved accreditation standards.

The 17 September 2020 meeting of AMC Directors agreed:

(i) that that the five-year Bachelor of Clinical Science/Doctor of Medicine (BClinSci(Med)/MD) medical program of Charles Sturt University and Western Sydney University, Joint Program in Medicine be granted accreditation to 31 March 2027, subject to the meeting the below conditions and AMC monitoring requirements, including satisfactory progress reports and follow-up on the implementation of the medical program.

By 2021

Condition number	Accreditation condition
1	Demonstrate that the Program's revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders. (Standard 1.1)
2	Provide the final, agreed version of the Joint Program in Medicine procedures manual. (Standard 1.1, 1.6)
3	Demonstrate effective engagement with the local medical community associated with the CSU iteration of the Program. (Standard 1.2)

Condition number	Accreditation condition
4	Confirm that key appointments, including that of the Deputy Dean/Director Academic Programs for CSU, are progressing as planned to facilitate adequate planning, and delivery of the Program. (Standards 1.2, 1.8, 4.1)
5	Demonstrate that there is adequate ongoing financial resources and capacity to sustain the Program. (Standard 1.5)
6	Provide formal agreements that demonstrate effective partnerships, with the key clinical partners of the CSU iteration of the Program. (Standard 1.6)
11	Implement structures and processes to ensure that the vertical integration of themes are appropriately captured for CSU students. (Standard 3.3)
12	In consultation with Orange Hospital, other placement settings, discipline leads and clinicians, determine the nature and anticipated numbers of students for clinical placements to allow planning for sufficient clinical supervision. (Standards 4.4, 8.3)
13	Provide evidence of greater incorporation of formative assessment, with richer feedback, that is designed to support student learning and help students build skills prior to summative assessment. (Standard 5.1)
14	Set deadlines for performance feedback to be given prior to summative judgements and remediation to support the development of self-regulated learning in students. This should involve the increased prominence of narrative feedback, allowing students to identify areas for development. (Standard 5.3)
15	Confirm the completion of the capital works being undertaken at the Orange campus and associated sites, or advise of contingency plans as soon as they are required. (Standard 8.1)
16	Develop a mechanism to maintain a common ePortfolio framework despite WSU and CSU hosting it on different platforms. (Standard 8.2)
17	Provide evidence of formal and high level communication with all proposed placement sites and relevant medical schools to support the access of students to the required clinical experience and clinical teaching. (Standard 8.3)

By 2022

Condition number	Accreditation condition
7	Confirm the engagement of an adequate number of academics at CSU to support the MD research projects. (Standard 1.7)

Condition number	Accreditation condition
8	Implement strategies to increase the level of dedicated staffing to accommodate for the delivery of the Aboriginal health curriculum to meet current and future program needs. (Standard 1.8)
9	Confirm that the Program's service and research activities meet the health needs of the community. (Standard 2.1)
10	Demonstrate that the Program achieves comparable outcomes through comparable education experience and equivalent methods of assessment as delivered by each University. (Standard 2.2)
18	For the Charles Sturt University student cohort, provide evidence of sufficient patient contact to achieve the program outcomes and of sufficient clinical teaching facilities to provide broad and deep clinical experiences. (Standards 8.3.1, 8.3.2)

Key findings

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

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

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

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

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

Standards 1.1 and 1.8 are substantially met.

Conditions

2021

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

2 Provide the final, agreed version of the Joint Program in Medicine procedures manual. (Standards 1.1, 1.6)

3 Demonstrate effective engagement with the local medical community associated with the CSU iteration of the Program. (Standard 1.2)

4 Confirm that key appointments, including that of the Deputy Dean/Director Academic Programs for CSU, are progressing as planned to facilitate adequate planning, and delivery of the Program. (Standards 1.2, 1.8, 4.1)

5 Demonstrate that there is adequate ongoing financial resources and capacity to sustain the Program. (Standard 1.5)

6 Provide formal agreements that demonstrate effective partnerships, with the key clinical partners of the CSU iteration of the Program. (Standard 1.6)

2022

7 Confirm the engagement of an adequate number of academics at CSU to support the MD research projects. (Standard 1.7)

8 Implement strategies to increase the level of dedicated staffing to accommodate for the delivery of the Aboriginal health curriculum to meet current and future program needs. (Standard 1.8)

Recommendations

A Consider how best to articulate the roles of the Deputy Dean/Director Academic Programs and the existing Course Director at CSU to enhance role clarity and avoid duplication of responsibilities. (Standard 1.2)

B Develop effective approaches to support the engagement, recruitment and training of standardised patients and community members to support the delivery of the curriculum. (Standard 1.8)

Commendations

AA The high degree of commitment, engagement, and knowledge of the specific needs and objectives of the Program that was demonstrated by the leadership of both Universities is commendable. (Standard 1.2)

2. The outcomes of the medical program	**Met**

Standard 2.1 is substantially met.

Conditions

2022

9 Confirm that the Program's service and research activities meet the health needs of the community. (Standard 2.1)

10 Demonstrate that the Program achieves comparable outcomes through comparable education experience and equivalent methods of assessment as delivered by each University. (Standard 2.2)

Recommendations

C Make the Program's aim to address the needs of Aboriginal and Torres Strait Islander peoples more explicit in the purpose statement of the Program. (Standard 2.1)

Commendations

BB The Program is to be commended on it efforts to meet the needs of the communities it serves. (Standard 2.1)

CC The WSU Medical School is to be commended on its proven track record of graduating doctors who feel prepared to practise safely and effectively, who want to work in rural settings, and who rural communities want to employ. (Standard 2.2)

3. The medical curriculum	**Met**

Conditions

2021

11 Implement structures and processes to ensure that the vertical integration of themes are appropriately captured for CSU students. (Standard 3.3)

Commendations

DD WSU is commended on the implementation of curriculum roadmap software, and the commitment to sharing it with CSU so that it is of benefit to all students and staff of the Program. (Standards 3.4, 8.2)

EE The clear commitment that both WSU and CSU have to Indigenous health education, and the already strong collaboration that underpins this important area of the curriculum is commendable. (Standard 3.5)

4. Teaching and learning	**Met**

Standard 4.4 is substantially met.

Conditions

2021

12 In consultation with Orange Hospital, other placement settings, discipline leads and clinicians, determine the nature and anticipated numbers of students for clinical placements to allow planning for sufficient clinical supervision. (Standards 4.4, 8.3)

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

Standards 5.1 and 5.3 are substantially met.

Conditions

2021

13 Provide evidence of greater incorporation of formative assessment, with richer feedback, that is designed to support student learning and help students build skills prior to summative assessment. (Standard 5.1)

14 Set deadlines for performance feedback to be given prior to summative judgements and remediation to support the development of self-regulated learning in students. This should involve the increased prominence of narrative feedback, allowing students to identify areas for development. (Standard 5.3)

Recommendations

D Evaluate and implement the findings of the pilot of Entrustable Professional Activities and how they support student learning. (Standard 5.1)

E Support CSU staff in developing skills and understanding in standard setting methods commonly employed in medical education programs. (Standard 5.2)

F Increase the prominence of narrative feedback, allowing students to identify areas for development. (Standard 5.3)

G Support CSU staff in developing skills and understanding of sampling, and test and station level metrics for OSCEs. (Standard 5.4)

H Consider approaches to utilising the role of the Advisor as ePortfolio learning coach, that mitigates the tension between the provision of advice on learning, and the exercise of summative judgements on performance. (Standards 5.4, 7.3)

I Consider utilising assessment management software to support end-to-end assessment and associated processes across the Program. (Standard 5.4)

Commendations

FF The commitment to developing capacity and capability around specific areas of assessment is evident across the two schools, and is commendable. (Standard 5.1)

6. The curriculum – monitoring	**Met**

Recommendations

J Continue to work with the central evaluation committees of both Universities in making evaluations relevant to the Program. (Standard 6.1)

K Consider approaches to increase the response rate of the central university evaluation activities. (Standard 6.1)

7. Implementing the curriculum – students	**Met**

Recommendations

L Consider approaches to scaffold student learning for those students who enter the Program under the Aboriginal and Torres Strait Islander entry stream, who may not hold the same assumed knowledge as other students. (Standard 7.3)

Commendations

GG The pastoral and academic support that is available for Aboriginal and Torres Strait Islander students at CSU is of a high standard. (Standard 7.3)

HH The provision of psychiatrist and psychologist services to support the mental health of students at the Bathurst Rural Clinical School is a commendable initiative. (Standard 7.3)

8. Implementing the curriculum- learning environment	**Substantially Met**

Standards 8.1 and 8.3 are substantially met.

Conditions

2021

15 Confirm the completion of the capital works being undertaken at the Orange campus and associated sites, or advise of contingency plans as soon as they are required. (Standard 8.1)

16 Develop a mechanism to maintain a common ePortfolio framework despite WSU and CSU hosting it on different platforms. (Standard 8.2)

17 Provide evidence of formal and high level communication with all proposed placement sites and relevant medical schools to support the access of students to the required clinical experience and clinical teaching. (Standard 8.3)

2022

18 For the Charles Sturt University student cohort, provide evidence of sufficient patient contact to achieve the program outcomes and of sufficient clinical teaching facilities to provide broad and deep clinical experiences. (Standards 8.3.1, 8.3.2)

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 2019*. 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 Program in Medicine

The Joint Program in Medicine (JPM) is a collaboration between Charles Sturt University (CSU) and Western Sydney University (WSU) to deliver the BClinSci(Med)/MD program. The collaboration is part of the Murray-Darling Medical Schools Network (MDMSN), which involves the University of Sydney and the University of New South Wales, in NSW, and the University of Melbourne, Monash University and La Trobe University in Victoria.

The Universities

Charles Sturt University (CSU) is a comprehensive regional University located in Western NSW with major campuses in Dubbo, Orange, Bathurst, Wagga Wagga, Port Macquarie and Albury-Wodonga. It is a member of the Regional Universities Network.

CSU enrols over 43,000 students, supported by 860 academic and 1,280 professional staff.

CSU's organisational structure consists of three faculties, each containing a number of schools. The Faculties of the University are:

- Faculty of Arts and Education
- Faculty of Business, Justice and Behavioural Sciences
- Faculty of Science.

The Faculty of Science has eight schools, including the School of Rural Medicine, from which the BClinSci(Med)/MD program will be delivered. The Faculty also has major health offerings in Nursing, Physiotherapy, Pharmacy, Paramedics, Exercise Physiology, Psychology, Dentistry, Occupational Therapy, Veterinary Science, Nutrition, Speech Pathology, Radiography and Podiatry.

Western Sydney University (WSU) is also a comprehensive University, and is located in the Western suburbs of Sydney with major campuses in Hawkesbury (North West Sydney), Parramatta City, Rydalmere, North and South Kingswood (Western Sydney), Milperra (Bankstown), Liverpool City, Sydney City, and Campbelltown (South West Sydney).

WSU enrols nearly 50,000 students, and employs 1,695 academic staff and 1,854 professional staff.

The School of Medicine is one of thirteen schools at Western Sydney University. The Schools of the University include:

- Medicine
- Business
- Computing
- Engineering
- Mathematics
- Education
- Humanities and Communication Arts
- Law
- Nursing and Midwifery
- Science
- Health Sciences

- Social Sciences
- Psychology.

The Program

The Program articulates a three-year Bachelor's level AQF Level 7 qualification with a two-year Masters (Extended) AQF Level 9E qualification in Years 4 and 5 of the course. Both Western Sydney University and Charles Sturt University have approved the BClinSci(Med)/MD as a 9E qualification.

The Joint Program in Medicine sits within the Faculty of Science, School of Rural Medicine at Charles Sturt University, and the School of Medicine at Western Sydney University. The Program is an adaptation of the existing Western Sydney University five-year BClinSci(Med)/MD program to be delivered in the Central West of New South Wales, centered around Orange and Bathurst to create end-to-end medical training in a rural location. The CSU iteration of the Program is expecting an initial cohort of 37, comprising of 32 re-distributed Commonwealth Supported Places, and five further places from a federal government guarantee.

Years 1 and 2 of the Program integrates foundational sciences with clinical skills. Students undertake formal learning at the School's main campus which is complemented by one day a week in clinical tutorials at a clinical school. Years 3 to 5 are undertaken full time in clinical and community settings, which include clinical rotations, an MD Project, other specific content which is delivered via clinical tutorials and centralised block learning experiences.

The main teaching campus for Years 1 and 2 of the WSU iteration of the Program is Campbelltown. The clinical placements for students are administered from two major clinical schools operated by the University – the Macarthur Clinical School in Campbelltown and the Blacktown/Mt Druitt Clinical School. The Program also has two rural clinical schools based at Lismore and Bathurst, and a further metropolitan clinical school based at Liverpool Hospital.

The CSU iteration of the Program will operate from the main CSU campus in Orange for Years 1 and 2, and centre around Orange and Bathurst Clinical Schools for Years 3 to 5. Clinical sites include Orange Base Hospital, Bathurst Hospital, the Bloomfield mental health facility, smaller community hospitals in the region, General Practices, community partners and access to the 19 WSU-aligned Aboriginal Medical Services, and local schools.

While it is thought to be unnecessary, JPM students are able to access WSU metropolitan sites when required.

Accreditation Background

The Western Sydney University, School of Medicine was first assessed by the AMC in 2006 as a five-year undergraduate Bachelor of Medicine/Bachelor of Surgery (MBBS) program licensed, and adapted, from the University of Melbourne. In 2016, the School advised the AMC of plans to transition from the MBBS to a BClinSci(Med)/MD program in 2019, and an AMC accreditation team conducted an accreditation assessment in 2017.

2017 Reaccreditation assessment

The AMC last conducted a reaccreditation of the School in May and June 2017. The BClinSci(Med)/MD program was granted accreditation to 31 March 2024.

At their meeting of 24 November, 2017 the AMC Directors agreed that the five-year Bachelor of Clinical Science/Doctor of Medicine (BClinSci(Med)/MD) medical program of the Western Sydney University be granted accreditation to 31 March 2024. The accreditation of the program was

subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; and to meeting the following conditions:

- Provide details of the School's response to the outcomes of the WSU Shared Services Review, including outcomes that may impact on the staffing and infrastructure of the School of Medicine. (Standards 1.5, 1.8)
- Improve communication and linkage across committees, especially in the oversight and quality assurance of student assessment. (Standards 1.3, 1.4)
- Provide updates on the development of the BClinSci(Med)/MD curriculum including plans for transition from the MBBS and support for students who may require extended period of enrolment. (Standard 3.2)
- Develop structured interprofessional activities and assessment across the program. (Standard 4.7)
- Demonstrate the processes in place to increase the quality and timeliness of feedback on assessments. (Standards 5.1, 5.3)
- Develop and implement formative assessments across the clinical years. (Standard 5.1)

2018 Notification of proposed Joint Program in Medicine

In October 2018, the AMC received a notice of intent regarding the formation of a Joint Program in Medicine between Western Sydney University and Charles Sturt University for commencement in 2021. The Program has been developed as a part of the Murray-Darling Medical Schools Network (MDMSN). The MDMSN is an Australian Government initiative administered by the Department of Health that realises some of the ambitions of the Stronger Rural Health – Teaching – train in the regions, stay in the regions measure announcement in the 2018 Budget.

The MDMSN aims to establish a series of rurally based medical school programs in the Murray-Darling region. The end-to-end approach to rural training will improve the future distribution of the medical workforce and build the Government's existing investment in rural training through the Rural Health Multidisciplinary Training program.

The AMC decided that a development of this nature would be regarded as a material change to the current WSU program.

A material change involves a two-stage assessment, requiring a primary Stage 1 submission giving evidence of resources and ability to develop the program, followed by a comprehensive Stage 2 submission detailing the course presentation, including staffing, physical resources, clinical training etc.. Following a Stage 2 submission, an AMC assessment team conducts a visit to the education provider.

2019 Stage 1 submission

In October 2019, AMC Directors invited the Universities to proceed to a Stage 2 submission and an assessment of the JPM by an AMC assessment team in 2020.

This report

This report details the findings of the 2020 material change assessment.

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

The members of the 2020 AMC team are listed at **Appendix One**.

The groups met by the AMC team in 2020 via videoconference are at **Appendix Two**.

Appreciation

This accreditation has occurred under very unusual circumstances, during the COVID-19 pandemic. The AMC Team appreciates how adaptable everyone involved in the assessment has been. We also acknowledge the tremendous amount of work that has gone into preparing for this assessment. The openness and responsiveness of the people we spoke to remotely has been impressive.

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 WSU program features established, functional structures to support the governance of the medical program. Establishing the JPM for delivery across two universities has required extensive collaboration between WSU and CSU. The WSU system of committees has been extended to involve both parties, and to provide a loci for central oversight, to ensure appropriate governance of the program. These committees feed into institution-specific committees and processes to enable each institution to be confident of the academic and logistic management of its responsibilities for the Program.

A central structure for oversight of the Program is the CSU/WSU JPM Steering Committee. This committee is led by the Deputy Vice Chancellors (Academic) of both institutions, and membership comprises senior leadership from both universities. The committee is able to report directly to Vice Chancellors regarding program matters, though academic matters are reported to the Academic Senates via Faculty and other regulatory structures. To date, the JPM Steering Committee has led much of the development of the program, and has been involved more operationally in its activities than is intended in the future. Once the full range of joint committees to support the functioning of the Program are established, communication between the JPM Steering Committee and the Program is likely to become more robust. **Figures 1 and 2** below describe the relationships between the JPM Joint Steering Committee and various committees within both institutions.

Figure 1. University Level Governance

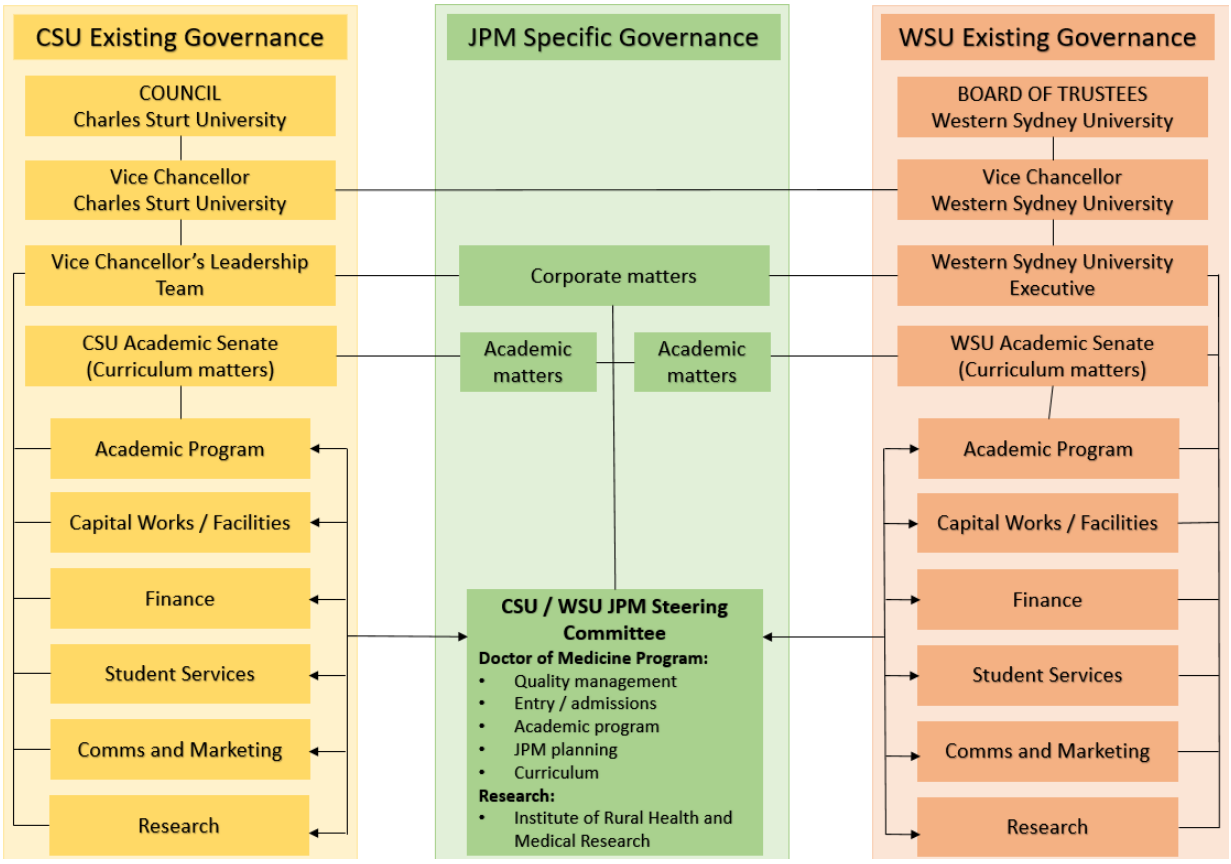
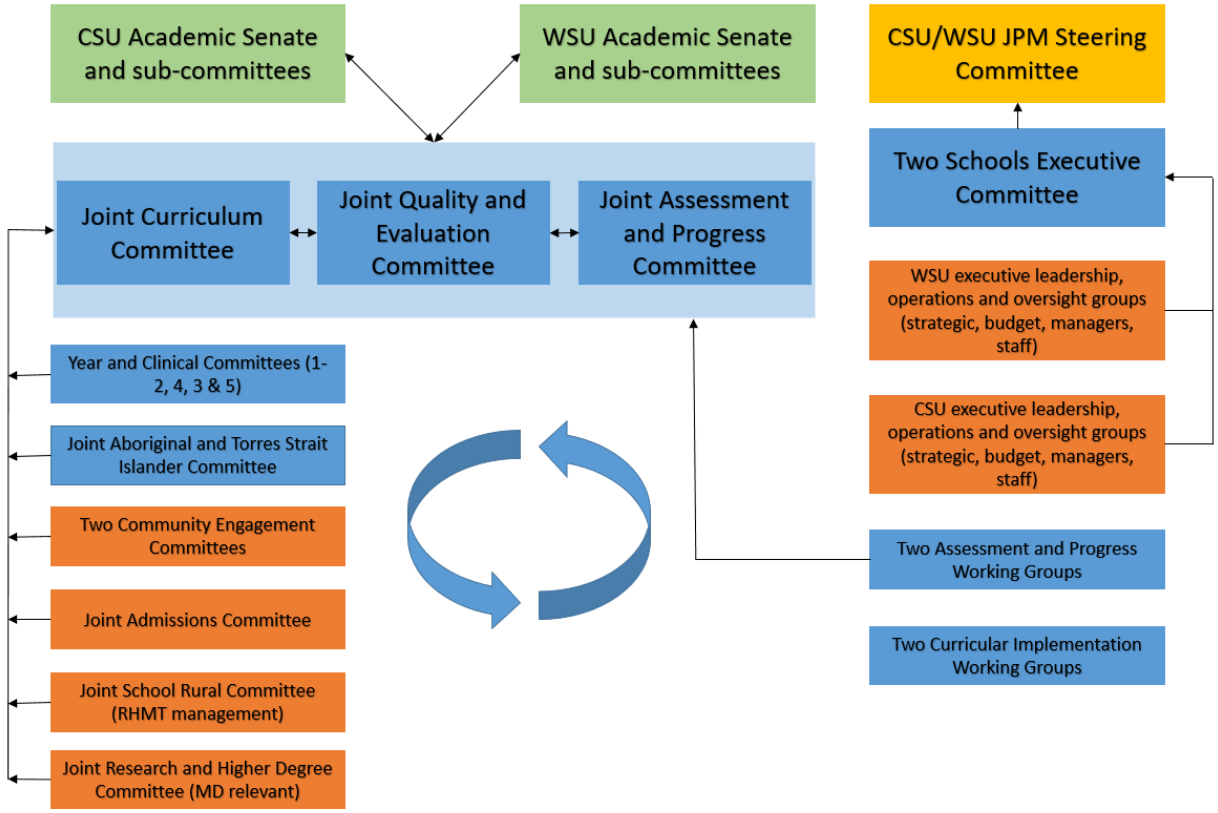


Figure 2. Program Level Governance



An appropriate governance structure underpins the management of the JPM, and is outlined above. The structure allows for each School to report, and be responsible to, its corresponding institutional governance structures, while concurrently achieving appropriate alignment of the activities in each School, and, hence, operate as a joint program.

Three joint committees provide overall governance. These are the Joint Curriculum Committee, Joint Quality and Evaluation Committee and the Joint Assessment and Progress Committee. The latter two committees are separate from the Joint Curriculum Committee, though there is appropriate cross-representation, formally and informally, between the committees, along with tabling of minutes and other communications, to ensure decisions taken by the Joint Curriculum Committee are informed by the deliberations of other committees. Another feature of the "ecology" of the Program is the significant informal communication between committees which aids consultation and decision making. The deliberations of these joint committees (Curriculum, Quality and Evaluation, and Assessment and Progress) are communicated to the relevant School and Faculty Executive and Governance committees, and the JPM Joint Steering Committee.

The committee and governance structures are evolving. In some cases, the Joint Committees have had less than a handful of meetings, and the terms of reference, while developed at the time of the AMC assessment, were not finalised and fully operationalised. There is a need for these important matters to be finalised.

A critical document to support the Program is the JPM procedures manual. A draft version of this document was shared with the team, and this appeared to cover the important operational elements surrounding the joint program. At the AMC Visit, an important milestone in the governance of the joint program was realised when the two Universities finalised the procedures manual which interdigitates with the Program Agreement.

Taken together, all of the necessary elements are present to ensure good governance of the program. Some elements still require finalisation, as is clear communication on the evolving governance to the broad range of stakeholders, both internal and external, involved with the program.

The Program engages effectively with the majority of its stakeholders regarding its purpose, the curriculum, graduate outcomes and governance. Indeed, a core ethos of both institutions is their engagement and connection with their communities, be it Western Sydney or Western NSW. However, work is still required to effectively engage with the local medical community with regards to the CSU iteration of the Program.

1.2 Leadership and autonomy

1.2.1 The medical education provider has autonomy to design and develop the medical program.

1.2.2 The responsibilities of the academic head of the medical school for the medical program are clearly stated.

The JPM is based on the WSU BClinSci(Med)/MD program. It has been developed by that institution with appropriate autonomy. CSU intends to adapt the accredited WSU program to meet local needs and opportunities, while maintaining the integrity of the program. Initially, it is not anticipated there will be significant differences within the program, though both universities are committed to the concept of adaptation in light of local needs, opportunities and resources.

The responsibilities of the academic heads of the medical school are clearly delineated. The Dean of WSU has been designated Executive Dean for Joint Program in light of her considerable

experience, energy, engagement and leadership capabilities. Others within the program have been empowered to adopt leadership roles, which has occurred with significant success. At CSU, the program is necessarily nascent, though significant leadership is both apparent and emerging. The Team was pleased to hear of the imminent appointment of a Deputy Dean/Director Academic Programs for CSU, who should provide a much-needed addition to the work capacity. There may be a need for clarity between this new role and that of the existing Course Director at CSU.

The senior leadership, from Deans of faculties through to Vice-Chancellors, demonstrated strong support for the program. In addition, they appeared to be both engaged with, and knowledgeable of, the specific needs and objectives of the program.

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 Program committees, working together, will have the responsibility, authority and capacity to plan, implement and review the curriculum. The existing model of separate committees for curriculum, evaluation and assessment is proving effective at WSU, it is likely to enjoy similar success for the JPM. Careful ongoing monitoring of the committee structure will be important.

Both institutions have assessed and approved the level of qualification through appropriate mechanisms, including the Academic Boards. Students will graduate with a qualification from the institution with which they are enrolled.

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.

WSU has significant expertise in medical education, as evidenced by the quality of the existing BClinSci(Med)/MD program, the academic output of the Medical Education Unit, and both the national and international leadership demonstrated by members of the unit. Less specific medical education expertise is apparent at CSU, though members of those involved with the School of Rural Medicine, and more broadly across the Faculty of Science, demonstrate substantial pedagogical experience. CSU has a well-deserved reputation for education, including within the health professions, and this augurs well for the future of the Program. Another feature of the collaboration between the two institutions is the generosity with which WSU is sharing its medical education expertise. The AMC looks forward to CSU developing this expertise, both through new appointments and among existing staff.

A feature of both WSU and CSU is their engagement with local Aboriginal communities, and the recruitment and retention of Aboriginal staff. While specific expertise in Aboriginal health is not yet as prominent at CSU, this is a strength of WSU. Plans are in place to grow this aspect of education. It is expected that, in time, the JPM will establish a significant presence and contribution to Aboriginal health in both iterations of the program.

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 clear commitment of both institutions to the financial viability of the Program was readily apparent. This was especially pleasing in the case of CSU, where the institution seemed well aware of the financial commitment required to ensure success of a medical program. A five-year projected budget was presented, and this clearly reflects a significant investment by CSU to the JPM.

Working within standard financial delegations and lines of authority, it was apparent that the providers have the appropriate autonomy and resources to sustain the medical program. An appropriate collaborative agreement between the two organisations, as reflected in the Joint Program Agreement, recognises the relative contributions of each institution to the program, and this further reassures the Team of the financial sustainability of the proposal.

The Australian university sector is experiencing uniquely difficult times with the onset of the COVID-19 pandemic. In some ways, WSU and CSU may be slightly less exposed than other institutions, as they have relatively fewer international students, but this does not make them immune from the effects on the sector. Further, the assessment was completed at the relatively early stages of the pandemic, both from a health and economic perspective, and predictions of the future are fraught with uncertainty. Ongoing monitoring of the emerging financial situation on the viability, sustainability and planning of the Program will be necessary.

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 JPM forms an important element of the MDMSN. The origins of this network lie in a desire to address the health inequities faced by rural and remote communities in Australia, and have involved sustained lobbying of governments and other bodies. CSU has been a prominent leader in this effort, and has effectively mobilised its communities to support the initiative. Accordingly, there are strong relationships with various levels of government and the community to support the program.

Communication with some of the local medical community and the Local Health District has not been as timely or as extensive as desired. This desire for communication extends to the University of Sydney, which currently have medical students placed at the Orange Base Hospital. Many factors, no doubt, contribute to this situation. These include the establishment of the MDMSN itself, as the emergence of this entity will require negotiation of medical student places across much of NSW and Victoria, the relatively recent appointment of senior staff within and MDMSN, and the fact that

intensive clinical placements are still several years away. Irrespective of the reasons, there is an increasingly urgent need for communication with the various parties central to the delivery for the JPM to be enhanced and accelerated. Tangible outcomes of this communication should include formalised agreements with the parties, and the engagement of key staff to ensure the success of the JPM. Nonetheless, both WSU and CSU demonstrate clear and effective engagement with the local Aboriginal health providers, resulting in a strong curriculum and associated activities, including service delivery and research. There will be a need to increase capacity to accommodate the additional students associated with CSU, but this appears to be within the capabilities of the system.

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.

Both institutions are active in research, in both medical and associated medical sciences. This capacity is required, not only to ensure appropriate delivery of the curriculum, but also to accommodate the research activities associated with the MD component of the program. It is pleasing to see there appears to be a more than adequate subscription of research projects, including from CSU staff, to account for the MD projects. As the projects remain several years away at CSU, it will be interesting to see how the engagement of the various academics is sustained. That being said, the success of undergraduate research projects with current projects is noted.

The announcement, and impending construction, of the Rural Institute of Rural Medical and Health Research should provide a critical impetus to establishing the ongoing research credentials of the JPM. The interest, from both practitioners and community members, in research involving the Orange Base Hospital was noted, and this could be harnessed to provide a point of engagement with the local community.

1.8 Staff resources

1.8.1 The medical education provider has the staff necessary to deliver the medical program.

1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and to manage and deploy its resources.

1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.

1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.

1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.

The School of Rural Medicine has developed a recruitment plan to support the delivery of the Program from CSU. While staffing described in the plan certainly appears adequate in number, there is concern that at the current point in time, there is only a small staff, and the success of delivery appears dependent on bringing on board a considerable number of staff in a relatively short period of time. Given the complexities of recruiting staff to rural areas, it is essential that rapid progress is made in advancing the recruitment plan.

There appears to be sufficient staff allocated to support the administrative and technical aspects of the program. It seems that, in the case of CSU, a number of staff will be drawn from a “central pool”.

It was clear that the School of Rural Medicine appreciated the complexities of delivering a medical program, and an adequate allocation of staff would be made to the School. Further, it is noted that the Joint Program Agreement allows for ongoing administrative and technical support from WSU for the School of Rural Medicine, and this should enable the delivery of the program.

As stated previously, both programs are committed to Aboriginal health, and staffing allocations have been made to accommodate for the delivery of the curriculum. The CSU allocation is modest, at this stage, and consideration should be made to enhancing and supporting staffing in this area. Approaches to the engagement, recruitment and training of patients and community members to support the delivery of the curriculum will likewise be advantageous.

Both institutions have appropriate indemnification process in place.

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.

Both institutions have mechanisms in place to support the development and promotion of the academic staff who will be necessary to deliver the program. Educational expertise and scholarship are valued by both institutions, and both WSU and CSU have experience in managing and supporting the important service functions that support the delivery of the health professions, including programs in medicine. There were no significant differences between the two institutions in the expectations, processes or standards leading to appointment and promotion.

The support and development for professional staff associated with the program also appeared appropriate for both institutions. Mechanisms are also in place for the support of clinical title holders and other adjunct staff, though these are necessarily less well developed at CSU. Communication with staff and health services could inform the nature and character of specific agreements.

2 The outcomes of the medical program

The AMC provides a thematic framework that organises the graduate outcomes for medical programs 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.

The AMC acknowledges that each provider will have graduate attribute statements that are relevant to the vision and purpose of the medical program.

2.1 Purpose

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

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

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

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

The purpose of the Program combines the mission of both Universities with common and shared objectives that include learning, teaching, societal, community, the medical and health professions, and patient responsibilities. The strong commitment to the regions and communities in which the respective Universities reside, has a clear presence in all the ambitions and activities of the Program. While not explicit in the purpose statement, the Program does aim to address the needs of Aboriginal and Torres Strait Islander peoples through an articulated commitment to serving local communities, and this is supported through the admission processes and curriculum design.

A key purpose, which certainly aligns with their stakeholders, is to contribute to the rural, and Aboriginal and Torres Strait Islander medical workforce growth in NSW, and the retention of doctors in rural areas through end-to-end training in those regions. The Program is to be commended on its efforts to meet the health care needs of the communities it serves.

While it is clear that the established WSU iteration of the Program connects its service and research activities with the community, it is too early to confirm that these efforts will meet the health care needs of the community in the CSU iteration of the program. However, it is apparent that there is goodwill from stakeholders towards supporting and engaging in these activities.

2.2 Medical program outcomes

The AMC provides a thematic framework that defines and organises the graduate outcomes for medical programs 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.

The AMC acknowledges that each provider will have graduate attribute statements that are relevant to the vision and purpose of the medical program.

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 Program has defined graduate outcomes that support the Program and delivery, and are aligned with the AMC Graduate Outcome Statements. Course graduate outcomes are also mapped to the multiple assessment and progression tasks for each of the units.

The WSU Medical School is to be commended on its proven track record of graduating doctors who feel prepared to practise safely and effectively, who want to work in rural settings, and who rural communities want to employ. It is anticipated that this success will be continued in the JPM, but this will need to be monitored and evaluated across the duration of the new joint program.

Equivalence and comparability in terms of education, assessment, research and student support should be a focus of the review of the performance of the Program. This will generate evidence that the foundations of safe and effective practice in internship for future graduates of the various education sites is proceeding smoothly.

3 The medical curriculum

3.1 Duration of the medical program

The medical program is of sufficient duration to ensure that the defined graduate outcomes can be achieved.

The approved WSU Medical Program will form the basis of the five-year JPM. The program articulates a three year Bachelor's level AQF Level 7 qualification with a two year Masters Extended AQF Level 9E qualification in Years 4 and 5 of the course. The BClinSci(Med)/MD is approved as a 9E qualification. The AMC has found that the WSU BClinSci(Med)/MD Program is of sufficient duration to achieve the required graduate outcomes.

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.

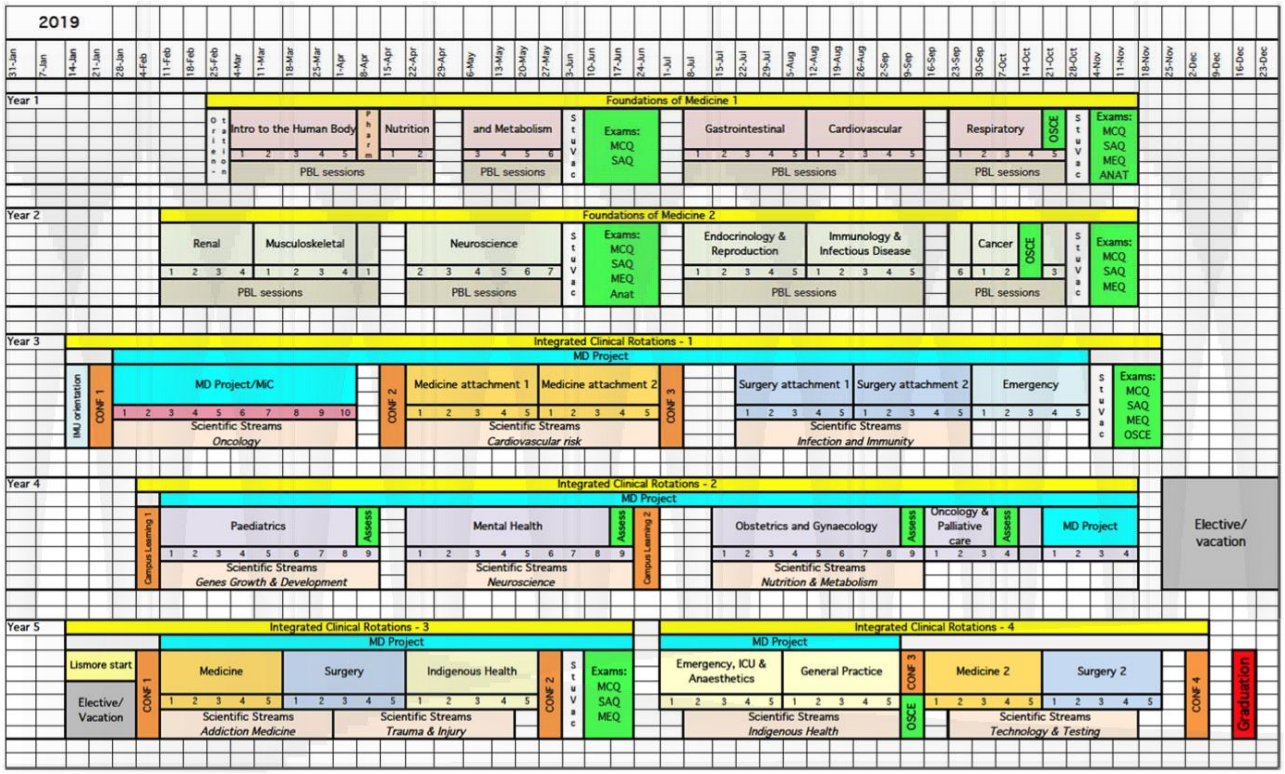
The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations.

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 content is based on the configuration of the existing and already accredited WSU program. Over time, opportunities to include rural context will be explored and adapted to accommodate the JPM rural focus.

Figure 3. Sample BClinSi (Med)/MD Curriculum Timeline



Students undertake four year-long units over years 1-4 with Year 5 comprising two half-year units. In the final half-year unit, students focus on consolidating the skills and knowledge necessary for supervised intern practice. The program emphasises early integration of clinical skills in Years 1 and 2 and the curriculum features a focus on research, scholarship, and professional development.

CSU has well established teaching and research programs in science, which will be an asset to the Program.

3.3 Curriculum design

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

There is strong evidence of purposeful curriculum design. The four themes which comprise the thematic organisation of the curriculum align with the AMC graduate outcome statements are:

- Patient Care (PtC)
- Health in the Community (HiC)
- Personal and Professional Development (PPD); and
- Scientific Basis of Medicine (SBM).

The units of study are completed in sequence, and each must be successfully completed before progressing to the next. Course graduate outcomes are mapped to the multiple assessment and progression tasks for each of the units. The student portfolio includes activities and assessments across the breadth of the curriculum and provide a good example of horizontal and vertical integration of the curriculum across the Program.

The first two years of the Program integrates foundational sciences with clinical skills. Students cover basic medical science through learning that is centred on body systems, as well as gaining an

understanding of the patient experience, developing clinical skills and other learning in other areas that underpin medical practice.

The preclinical years provide students with early clinical experience in a large number of clinical and community teaching environments, in a variety of settings. From week 1, students participate in weekly clinical tutorials as a part of the Introduction to Clinical Medicine (ICM) component of the curriculum. Clinical Procedure Sessions (CPS) are introduced in Year 2. These sessions are conducted by skilled clinicians in the clinical schools. Established opportunities for WSU include Aboriginal Medical Services (AMS), general practices, hospitals, community agencies, and Schools. It is expected that CSU will add to these environments, enhancing student opportunities available across the Program.

From Year 3, students enter the clinical phase of the Program. From this point, students are situated in clinical sites, and rotate through a range of specialties. Core content is reinforced in student conference weeks, small group tutorials, and some common on-line modules.

As the Program evolves, care must be taken to ensure equivalence of experience between the WSU and CSU students. It is important that structures are in place to ensure vertical integration is appropriately captured for CSU students. It is likely that this will be resolved when a full complement of CSU staff are in place, allowing attention to be given to the integration of themes across the years of the program.

3.4 Curriculum description

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

The JPM curriculum is well developed and effectively communicates specific learning outcomes and objectives describing what is expected of students at each stage of the medical program. For current students at WSU, the Western Sydney Medical Society (WSMS) is involved in continuous program improvement, and the same arrangements are expected to be in place for CSU students.

The use of Blackboard (Learning Management System), which is used across both WSU and CSU, allows the Program to effectively communicate with students through announcements, unit outlines, and learning guides, for example. In addition, well-informed Year Academic Coordinators conduct orientation sessions at the commencement of each semester and clinical year.

The Curriculum roadmap provides students with an innovative way to search graduate and program components and discipline outcomes that are linked to their learning and teaching activities. The roadmap contains the learning objectives for all years of the course, mapped to the graduate outcomes, and to the specific learning activity where that objective is covered. It has been developed to describe the learning objectives as they occur throughout the Program, allowing students and academics to be sure that all graduate outcomes are met in the Program. The curriculum roadmap is an exemplar of a very useful student facing tool, allowing access to the learning objectives for each component of the Program. The implementation of this innovative software and the commitment to sharing it with CSU so that all students of the program have access to it is commendable.

3.5 Indigenous health

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

The Program provides extensive curriculum coverage of Indigenous health (studies of the history, culture and health of the Indigenous peoples of Australia). This is ably led by the inaugural Professor of Aboriginal Torres Strait Islander Health, School of Medicine (WSU).

The clear commitment that both WSU and CSU have to Indigenous health education, and the already strong collaboration that underpins this important area of the curriculum is commendable.

The curriculum clearly describes a multi-faceted, vertically and horizontally-designed experience. A distinct and innovative feature is the 360-degree multi-source feedback, attached as a summative assessment in Year 5. Students reported to the AMC team that, 'they found the Indigenous health curriculum highly advantageous to their own personal and professional development'. The AMC team looks forward to the same localised experience being replicated for CSU students.

The Aboriginal and Torres Strait Islander curriculum, culminating in a five-week immersive Placement in Aboriginal Community Controlled Health Organisations (ACCHOs) such as Aboriginal Medical Services in urban and rural NSW, is a strong element of the MD program. There is clear vertical and horizontal integration of this content, and WSU students report the experience as foundational in their professional development and fitness to practice.

Indigenous students reported their own efficacy in contributing to the curriculum space by forming the first of its kind, 'Indigenous Medical Council'. WSU students have offered to support CSU students in forming their own committee.

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.

There are multiple opportunities for students to pursue studies of choice that promote breadth and diversity of experience. This is well demonstrated in the research opportunities available for students. Students at the Orange campus will be offered a range of potential MD Projects including community-based professional opportunities, laboratory and education projects, gender diversity and global health projects.

It will be useful for the School of Rural Medicine to continue discussions with stakeholders to ensure that opportunities are, and will continue to be, available for the CSU students. The Trans-Tasman Radiation and Oncology Group (TROG), based in Orange, and a global leader in radiotherapy research, is a great example of an already agreed-upon research opportunity for JPM students.

4 Learning and teaching

4.1 Learning and teaching methods

The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program.

The Program employs a range of teaching methods. There is evidence of purposeful selection of methods that is supported by a sound pedagogy. The principal pedagogy is experiential learning and the teaching and learning methods support and develop students to achieve the program outcomes. The Program will replicate the WSU curriculum in Orange using the same teaching and learning methods.

The learning methods used in Years 1 and 2 include PBL sessions, with biomedical science (BMS) learning as a major focus. PBL is supported by lectures and practical sessions in BMS. Clinical medicine is introduced in Year 1 with weekly Introduction to Clinical Medicine tutorials. It is anticipated that from 2021, a single lecture on a topic will be delivered with contributions from BMS teaching staff from each University. Clinical skills are taught in small group sessions facilitated by clinicians with progression from peer role play to patient interaction. Procedural skills teaching commences in Year 2. There is evidence of evaluation and recent innovation including the move of Infectious Diseases sessions to a flipped classroom model and a current project reviewing the vertical delivery of pharmacology to safe prescribing.

In Years 3 to 5, learning occurs with the students participating in a range of Integrated Clinical Rotations (ICR). These attachments allow students to be immersed in their learning environment and become members of the health care team. The ICR exemplify the experiential learning pedagogy of the program. The attachments occur within hospitals, general practices, Aboriginal Medical Services and other community-based health organisations. Students are supported in this learning with lectures, tutorials, reflective activities, online modules for BMS, and the Conference Weeks. Students undertake a 5-week immersion in Indigenous Health. During this rotation, students receive formal 360-degree feedback which provides valuable information for reflection and development as a health professional.

The staff involved with the program at CSU have demonstrated enthusiasm for delivering the curriculum using the same teaching and learning methods as those used at WSU. Plans are in place for the implementation of teaching for Years 1 and 2 that will allow for the curriculum to be implemented at CSU. Advancing the recruitment of key staff will support the development and delivery of the curriculum. Planning for general practice, AMS and involvement of other community health services has commenced. The development and delivery of high-quality hospital based ICR may be aided by early recruitment of discipline leads to help facilitate engagement with clinicians.

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.

The curriculum design to be used by the JPM encourages students to develop responsibility for their learning. In Years 1 and 2, PBL cases, flipped classroom lectures alongside early clinical experiences occur within a structured learning environment that supports the transition from school to tertiary study. Discussion with the Year 1 and 2 Coordinators in Orange confirm that these experiences will be replicated at that site. The clinical immersion in Years 3 to 5 offered in the WSU program has a range of hospital, general practice, community and allied health experiences that allow students to self-assess and be responsible for their individual learning. It is anticipated that

the equivalent clinical experiences and opportunities will be available at CSU. The activities and reflections recorded in the ePortfolio are a pleasing addition which will further help to develop self-regulated learning skills.

4.3 Clinical skill development

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

The development of clinical skills commences in Year 1 and is well scaffolded, allowing students to develop these skills prior to their transition to the clinical environment in Year 3.

The introduction of communication skills begins early in Year 1 with small group sessions and opportunity for peer-to-peer practice before undertaking practice with patients, while being supported by their tutor. As part of the transition to the clinical environment, communication skills sessions are conducted addressing complex communication issues such as breaking bad news, sexual and reproductive issues, and dealing with anger and frustration. Physical examination skills are taught in Years 1 and 2 are aligned with the system learning blocks. Procedural skills are taught in Year 2 with the use of simulation and part task trainers. In Years 3 to 5, clinical skills applicable to the disciplines are undertaken. The Year 1 and 2 Coordinators for CSU have described plans to replicate this area of the curriculum in both Orange and Bathurst.

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 curriculum to be used in the JPM has a vertically integrated design that allows students to develop and practise their clinical skills with increasing levels of independence appropriate for their level of training. During ICM and clinical skills sessions, Year 1 students have experiences with patients who have been selected by their tutors with opportunities to reinforce this learning outside of tutorial times. This format is expanded in Year 2 and the introduction of procedural skills prepares the students for the Integrated Clinical Rotations (ICR) in Years 3 to 5.

In Year 3, students participate as part of the health care team in medicine and surgery rotations and participate in patient care including writing admissions and documenting patient care in the patient record. In Year 4, ICRs occur in mental health, paediatrics, obstetrics and gynaecology, and oncology. There is a need for students in Year 4 to actively identify and seek learning opportunities within these ICRs to participate in patient care and complete essays, case reports and logbooks. Year 5 is considered to be a pre internship year with ICRs in medicine, surgery and critical care. The Program expects students to demonstrate proficiency at history taking, clinical examination, and interpretation of common investigations, and to use these skills to inform clinical reasoning and the development of diagnoses. Students are also expected to develop management plans. In 2020, Entrustable Professional Activities (EPAs) based on intern level tasks have been piloted to provide students with an understanding of the expected level of performance and feedback on their performance. Although the implementation has been affected by the pandemic, an early evaluation demonstrated the successful realisation of EPAs.

It is anticipated that the CSU delivery of the curriculum will provide the same learning opportunities.

It is important that the Program soon seeks engagement with the Orange Hospital, discipline leads and clinicians planning for the delivery of the Years 3 to 5 learning experiences, to allow planning for sufficient clinical supervision.

4.5 Role modelling

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

The experiential design of the curriculum will provide students with the opportunity to be exposed to clinical role models across a range of disciplines as well as active researchers in the Biomedical Sciences and clinical medicine. Students will interact with rural clinicians from Year 1. At CSU, this includes a number of senior clinicians who were based in the region during their medical school training and have returned to the region to practise. There are a number of clinicians directly involved with the student teaching who have long-term established practices in the region. Many of the general practice student placements occur in practices that are accredited for ACRRM and RACGP training so that the rural generalist and General Practice registrars will be able to provide students with additional role modelling.

The MD project will expose students to research role models in the BMS, clinical and community health areas. There is an active General Practice research unit based in Bathurst. The establishment of the Institute for Regional, Rural and Remote Health and Medical Research will create additional research role model opportunities.

In the PPD program, students reflect on professionalism and role modelling. The review of the ePortfolio with the students' advisor will also provide opportunity to reflect on these aspects of professional development.

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 program has a focus on patient centred care and has learning opportunities for students to develop an understanding of the patient perspective and voice in their personal and community health care. This has been a foundation of the WSU program, and the establishment of the CSU program creates an opportunity to expand the utilisation of these learning and teaching methods in rural communities.

In Years 1 and 2, patient centred care is included in PBL, PPD and ICM sessions with teaching structured around authentic cases and interacting with patients in clinical and community settings. The medicine in context and general practice placements provide an immersion experience in providing collaborative care to patients in the community.

A number of opportunities for CSU students to undertake rotations in general practice and community health organisations in Orange, Bathurst and the surrounding district were discussed during the meetings.

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.

In the WSU iteration of the Program, students are involved in interprofessional learning (IPL) opportunities in Years 3 to 5 when they are learning, in hospital and community rotations, as part of the health care team. These experiences provide students with authentic experiences of working and learning with other health professionals. In Years 1 and 2, students have learning sessions led by health professionals from a variety of disciplines, including PBL, PPD and procedural skills teaching. Both PBL and PPD sessions include multidisciplinary care in cases.

The review of IPL conducted at WSU from 2018 to 2019 has provided an assessment of the current IPL activity in the program, referenced relevant literature, mapped IPL competencies to graduate outcomes, and consequently provided a plan for IPL learning outcomes, assessments and evaluation that are scaffolded throughout the program. Opportunities to create new IPL in the program are identified, such as the Diabetes Complications Screening clinic involving health or nursing students in Year 2, and clinical procedural skills sessions with nursing students.

With the program establishment at CSU, there are opportunities to develop new IPL activities with students from other health professions courses at that campus. Examples of existing IPL include a mass casualty day involving paramedicine and nursing students and IPL activities coordinated from Bathurst that are run four or five times per year, often in Tamworth to include WSU students from Lismore.

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 JPM will use the assessment approaches of the current WSU medical program. There is an *Assessment of Student Learning* policy which outlines philosophy and principles underpinning assessment design, development and delivery. There are *Guidelines for Assessment.* A joint procedures manual will be developed for use in the Program. Assessment approaches have continued to evolve since the last AMC accreditation assessment in 2016, and a number of projects are currently underway, including longitudinal assessment in the ePortfolio, refinement of Research and MD Project assessments and review of attendance policy. Across the two schools, there is a significant commitment to developing capacity and capability around specific areas of assessment.

The assessment and progression procedures, rules and requirements are well-developed and documented. The assessment and progression requirements, including student-facing documentation are documented and available. The Gap Analysis prior to harmonisation of assessment policies of partner Universities is on track. This work is expected to be expected to be completed in June 2020.

The JPM Assessment and Progression Committee is responsible for overseeing the design and conduct of assessment. The Terms of Reference will follow those of the WSU School Assessment Committee. This Committee plays a critical role in overseeing quality, evaluation and staff development. There is a broad range of members, and the membership from CSU is anticipated to expand as the program develops.

The planned summative assessment schedule is clearly outlined. While WSU has recently increased the amount of formative assessment in the program, more attention to the inclusion of formative assessment is still needed. Including assessments that are solely formative will improve the balance between formative and summative assessments. Improved balance will help students learn and take more responsibility for their own learning over time. In other words, formative assessment will guide students towards being self-regulated learners.

There are some formative tasks/activities already planned (e.g. PBL self-assessment, quizzes, formative written examinations etc.). However, greater clarity about how these are designed to support learning, and help students build skills prior to summative assessment is desirable. There appears to be a heavy orientation towards formative assessment that is conceptualised as practice tests and judgments on whether performance is adequate. Types of formative assessment that move beyond providing marks, that includes narrative styles of feedback are encouraged.

Formative assessment tasks that focus on developing metacognitive skills, professional identity alongside other skills and behaviours will also be essential to supporting ongoing learning. There could be consideration given to changing some of the planned summative assessments into formative assessments. This can be a useful approach in parts of the course where there might be

more than sufficient summative assessment to provide information about individual student performance, but insufficient formative assessment to help students know how to improve.

It is necessary to develop a detailed plan for assessments that are solely formative across Years 1 and 2, and an outline for the clinical years. The plan should separate summative assessments from formative, but may include a formative element, from those that are solely formative. This is to recognise that not all assessments need to be summative, and summative assessments may have a formative element. An assessment designed for one purpose may have characteristics that makes it less suited for another purpose.

In the clinical years, some planned shifts to formative use of Workplace Based Assessment and the pilot of EPAs are noted, and this is suggestive of movement towards an appropriate balance of formative and summative assessments. The outcomes of the pilot of EPAs, and how this supports student learning will be important.

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 assessment methods in the Program include MCQs/MEQs/SAQs, OSCEs, clinical assessments in the workplace, research and scholarly projects, reflective tasks, and others. These different methods align with the learning outcomes. Some methods have been introduced recently (i.e. long case) and care needs to be taken in planning these, to ensure that sampling aligns with stakes and that there is recognition of the limitations of conclusions about competencies which are drawn from individual student performance involving a single instance.

It is pleasing to note that blueprinting is a focus of improvement. Ongoing refinement of different types of blueprints, from course level, to task level, that illustrate how sampling and alignment occurs is encouraged.

Standard setting is clearly documented and the commitment to sharing and development of expertise in standard setting methods in the joint program is acknowledged.

The transfer and building of expertise in standard setting methods currently used is important, particularly for types of assessments that are different to those that require rubric marking. It is evident that some CSU staff are unlikely to be familiar with validated methods for standard setting that are commonly used in medicine (e.g. borderline groups/borderline regression). It is important that CSU staff involved in this area gain a broad understanding of the theory and practice of a range of standard setting methods beyond those currently in use, including relative, absolute and compromise methods. This will aid the development of expertise in the CSU site and will be important as the course evolves.

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.

In the current assessment design, there are strong mechanisms for remediation following summative assessments.

There is timely identification of underperforming students and a structure for meetings to ensure students have a plan of study. Early identification of these students occurs in Semester 1, and an approach using summative assessments in the first two years has been outlined. In the clinical years, students are identified at the end of a clinical attachment.

The current design of the assessment system focusses on mechanisms for remediation following summative judgements. This has an impact on the stage of learning at which feedback is provided to students.

The design of feedback to students across the program would benefit from further work in order to better align feedback cycles prior to summative judgements and remediation with the development of self-regulation in students. The limitations of marks/grades or score reporting, as feedback needs to be accounted for in the feedback design. It may be beneficial to shift the emphasis to narrative feedback that informs the learner on how to improve across the program. This will also support the summative-formative balance. When formative assessment is designed to provide a narrative style of feedback to students, their attention is focussed on how to improve. When only marks are provided as feedback, students do not always know what actions are required, and can only infer how to improve.

Feedback on student performance is provided to various committees for both the previous and current cohort for that year. It will be useful to plan for a similar approach on the CSU site, with granularity at assessment task level, relevant to the site where appropriate, to inform any assessment and curriculum refinements.

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 Joint Assessment and Progress Committee will oversee the evaluation and review of assessments. WSU has recently improved the existing assessment, and this includes activities to improve quality assurance processes and enhance quality of particular aspects of some assessment tasks. Examples of this include question writing workshops and preparation for OSCE examiners.

It is pleasing to note the commitment to ongoing professional development for assessment. The processes for quality review of examination papers is outlined well. Examiner training and calibration for OSCEs is well in hand. There could be benefits in OSCE-related professional development around sampling as well as test level and station level metrics.

The ePortfolio has a well-articulated purpose, and plans are well underway for rolling this out across the program. The ePortfolio design is oriented to support learning and it is pleasing to see

the inclusion of Advisors as learning coaches, which is in keeping with evidence-based practice. The role of the Advisor needs to be managed carefully. This is in view of the tension that exists as a result of the Advisor having a role in feedback/advice on learning (aligned with a formative purpose) and an additional role in judging the ePortfolio work as either satisfactory/unsatisfactory (aligned with a summative purpose). A summative judgement as an 'ungraded threshold assessment' might encourage students to disguise their learning needs and be less open in their learning conversations with the Advisor. Clarity around the role of the Advisor will be helpful for the Program.

The value to medical schools of an Assessment Management System (as a software application) is recognised. This type of software application will support assessment end-to-end processes including item bank, blueprinting, standard setting, test and item metrics, and online delivery of assessment. The value of a shared application could be explored and this will promote the building of expertise in the Program's assessment team.

The plan is to adopt the same assessment methods to be used across all sites. Blueprinting and standard setting will be jointly determined, through the Joint Assessment and Progress Committee. These assessment practices and processes have been well established in the WSU program. The Joint Assessment and Progress Committee, which makes decisions for the JPM, will combine with site-specific institutional mechanisms. This governance approach, together with maintenance of the same assessment (including blueprinting and standard setting) across all sites will support consistency of assessment practices, processes and standards.

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 Program has established a Joint Quality and Evaluation Committee (JQEC), as one of the three program management committees. This committee has co-chairs, one from each University and operates under defined terms of reference. The committee membership is appropriately representative of both Universities and includes student and community stakeholder members. The JQEC reports to the WSU School Academic Committee and the CSU University Courses Committee and Faculty Board, with minutes made available to the Executive Committee and Joint Steering Committee.

The establishment of JQEC was identified by academic staff as a strong opportunity to share and develop evaluation expertise. This opportunity includes the use of evaluation data for research, and is a focus area for the committee. This activity would build on the established strength at WSU in medical education research and will contribute to the further development of this expertise at CSU. There is an intention for CSU to obtain site-specific reciprocal expedited ethics approval for educational evaluation and research. This would include the WSU "opt-out" data collection approval which allows students to give their one-off consent for their information to be used for research, with an option to "opt out" at the end of each evaluation.

Each University has centrally administered evaluation instruments to monitor course subject/unit and teaching quality. WSU School of Medicine academic staff report that the current surveys have items that are difficult to apply to the medical program and that response rates can be low. The Program should continue to work with the central evaluations committees of both Universities in making these evaluations relevant to the medical program and on strategies to improve response rates.

In 2016, the WSU School of Medicine conducted a review of evaluation in their program. The outcomes included the establishment of the annual reporting cycle, ensuring all areas of the curriculum are evaluated at all sites, and provision of additional support for clinical sites to undertake evaluation. CSU will be provided with the WSU program component evaluations. With time, these evaluations are expected to be modified to become site specific while retaining the core elements to allow evaluation of the multisite delivery of the program. The JQEC has oversight of the total evaluation load on students and ensures that it does not become onerous. CSU has established peer review of teaching programs and this experience will be used to support the introduction of evaluation and staff development across the Program.

WSU collaborates as a member of Australian Medical Schools Assessment Collaboration (AMSAC), Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) Medical Deans Australia and New Zealand (MDANZ) Collaboration, and University Clinical Aptitude Test for Australia and New Zealand (UCAT ANZ). It is anticipated that these will continue unchanged in the JPM.

WSU has participated in a curriculum mapping project with five other Australian medical schools. This has informed the curriculum roadmap that will be shared in the JPM.

The Program has identified collaborative opportunities for research with other programs in the MDMSN, and three projects have commenced.

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.

It is anticipated that the Program will continue the established practices at WSU in monitoring the performance and progress of student cohorts. These cohorts include rural, international, Aboriginal and Torres Strait Islander students. The JQEC will report these outcomes to the Joint Curriculum Committee to inform curriculum, selection and student support requirements.

Intern preparedness by WSU has been assessed through a school-based survey as well as AMC Intern Preparedness and NSW Health JMO Training Survey. These surveys demonstrate that the WSU course prepares students well for internship. The school-based survey was ceased in 2019 to limit survey fatigue. Final year students in Bathurst stated that they felt the program prepared them well for internship. It is anticipated that the Program will continue to employ the use of surveys as a trusted source of feedback and information in relation to the outcomes.

WSU is continuing to develop processes to understand graduate destination by accessing multiple data sources including the Medical Students Outcomes Database, publicly available Australian Health Practitioner Regulation Agency data, formal and informal Alumni databases, and it is intended that this will extend to the CSU iteration of the Program. The Executive Dean of Program, as a member of the NSW Medical School Deans Group, is working with the NSW Health Education and Training Institute to share information on graduate allocations to NSW intern networks. In time, the Program may consider other methods based on CSU's experience with distributed campuses.

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 governance structure described for the Program allows for reporting of evaluation outcomes to relevant Faculty and University committees at both WSU and CSU. At the program level, outcomes are reported to the curriculum and assessment committees, and minutes provided to the Executive Committee and the Joint Steering Committee.

At WSU, an annual reporting cycle is established with defined processes, lines of responsibility and timelines. The Program plans to replicate this with consideration of the existing CSU processes. The

course director at CSU, who also has a central role in CSU quality assurance, has been nominated to facilitate this process.

Stakeholder feedback is included as a part of the annual reporting cycle. Feedback is provided to students, program staff, clinical sites, general practices, and the community through a number of methods including reports, digital communication, and presentations.

WSU has a strong reputation in scholarship in medical education and widely disseminate their outcomes in publications and conference presentations. This will continue in the JPM.

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 WSU School of Medicine has 100 approved Commonwealth Supported Places (CSPs) per year. In total, it is anticipated that there will be 37 students enrolled in the CSU JPM, in addition to the 100 students in the WSU part of the Program, commencing 2021. The CSU-enrolled students will predominantly undertake their training in Orange and the surrounding region, however, other rural locations such as Bathurst and metropolitan locations for the clinical placements may also be available.

The number of bonded medical places will be negotiated on the basis of 28% of current places, and any medical bonded rural places in the existing teach-out of the WSU School of Medicine MBBS (2019-2023) will be honoured. New bonded positions with the CSU CSP allocation are yet to be determined, which is more than reasonable at this stage.

The Program has impressive enrolment aspirations for Aboriginal and Torres Strait Islander peoples, and rural and remote students. WSU runs a separate entry stream for Aboriginal and Torres Strait Islander students, which meets the aspirations of the Program. Aboriginal and Torres Strait Islander applicants are not required to sit the UCAT, and student selection is based on interview and academic merit. There is expertise and resources based at CSU to assist with the recruitment and selection of students for the Program at Orange.

In addition to the Aboriginal and Torres Strait Islander entry stream, WSU has developed and commenced a rural entry admission scheme, which will be applied across both iterations of the Program.

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.

Both WSU and CSU pride themselves on their inclusivity, with a stated aim of widening participation in higher education. This is a strong feature of the collaboration of the two

Universities and is well described in the Program. Inclusivity is demonstrated in the entry pathways and strategies to support admission to the Program.

The AMC notes that current WSU entry pathways and strategies will be maintained in the JPM and will be monitored by the Joint School Admissions Committee. Changes to the selection strategies will be developed as required, maintaining, and potentially increasing, current student presence from under-represented groups.

The Admissions Committee needs to balance offers to Aboriginal and Torres Strait Islander students, and other students, from Western Sydney, rural and non-Western Sydney locations under the umbrella of the existing CSP allocation.

There was some concern that Aboriginal and Torres Strait Islander students may not enter the program with the same assumed knowledge as other students, and it may be beneficial to think about ways of scaffolding these students' learning in the early stages of the program.

Rural pathways were clearly described and an ATAR score required.

Outcomes of enrolments will be monitored by the Joint School Admissions Committee. Any changes to the selection strategies will be developed as required, to maintain, and potentially increase, current student presence from under-represented groups.

Policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses are well described. The respective policies from each University correspond well with one another, but sometimes utilise different terminology according to the University's chosen nomenclature.

Information about the selection process, including the mechanism for appeals, is publicly available. Both WSU and CSU students confirmed that they knew how and where to access policy and supports if required.

7.3 Student support

7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs.

7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including:

- *students with disabilities and students with infectious diseases, including blood-borne viruses*
- *students with mental health needs*
- *students at risk of not completing the medical program.*

7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.

7.3.4 The medical education provider separates student support and academic progression decision making.

There are a number of student support services offered across the footprint of the Program, including counselling, health, and academic advisory services. Both WSU and CSU have made

available to students, a flowchart describing the support systems and individuals who are accessible to provide assistance.

Dedicated study spaces for medical students offering a safe and welcoming environment exist, or are in development. An exemplar is the Indigenous Student Centre in Orange, set up for Indigenous students to access work stations, printers, pastoral care needs, Indigenous Tutorial Assistance Scheme (ITAS), and other supports where required.

The pastoral and academic support that is available for Aboriginal and Torres Strait Islander students at CSU is of a high standard. Students at the Bathurst Rural Clinical School valued access to the services of a psychiatrist and psychologist service to support mental health. Both WSU and CSU students noted that student support was done particularly well and they had clear knowledge of access to service points if and when required.

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.

There are robust university policies and procedures at WSU with regard to students' fitness to practice. These will be harmonised with CSU with regard to offering a common standard for students. The rules at WSU and CSU concerning academic integrity and professionalism are very similar, and share a common author.

The Program incorporates an Unprofessional Behaviour Pathway which allows the school to place sanctions on students where required, and make clear any specific expectations about a student's performance.

Professionalism is taught explicitly into the program in Years 3 to 5.

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.

WSU and CSU policies will be harmonised, offering a common standard for all students, and student representation from both Universities across the JPM. This will include the Joint Year, Clinical, Curriculum, Assessment and Progress, and Quality and Evaluation Committees.

Western Sydney Medical Society (WSMS) currently offers an array of activities including academic, community and socially based initiatives. The roles of the Student society leadership group include external and internal advocacy, as well as affiliations and special interest groups such as global health, a surgical society and a physician society. There are plans to establish a separate medical student society at CSU, with strong links to WSMS.

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.

Both WSU and CSU have comprehensive insurance in place for medical students. The policies cover campus activities, clinical school activities and student electives, including travel.

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.

In 2017, the AMC accreditation assessment of the WSU medical program commended the facilities available at the Campbelltown WSU campus and facilities available at the WSU clinical schools. This includes Bathurst clinical school, which continues to receive positive approvals from WSU students, and will also be used by CSU students from Year 1 onwards.

For delivery in Orange and the surrounding region, the JPM has identified a number of clinical teaching sites to support the expansion of the medical program. It is planned that the early clinical learning will largely occur at Orange base hospital and local general practices. For the clinical years of the Program Teaching sites across the region include Orange Base Hospital, Bathurst Hospital, Bloomfield Mental Health facility, community hospitals in the region, general practices, and Aboriginal Medical Services.

The construction of the facilities at CSU Orange is on track to be completed by the beginning of the 2021 academic year. The capital works program has been undertaken with a $22M grant as part of the Murray Darling Medical Schools Network. Capital works include the expansion of existing CSU learning facilities such as the extension of the Anatomy Laboratories, and the development of Clinical Skills Tutorial Rooms at both the Orange campus and Bloomfield hospital. Satisfactory contingency plans have been made if completion of the building works is delayed beyond the start of 2021. The funding for the building works has been allocated but is yet to be fully expended.

Once all the works are completed, it is intended that the new and existing buildings will be able to accommodate the Program's full complement of students in a quality educational facility in both the teaching and learning spaces for students in Years 1 and 2 (including the study areas in the library), and teaching spaces at Bloomfield. The inclusion of an ultrasound learning area will be very beneficial for students.

The AMC looks forward to confirmation of the completion of the building works.

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.

Both WSU and CSU, with their long experience of dispersed programs, have the necessary capacity to support students in information technology, and this was confirmed by students. Many programs at both institutions involve significant online learning, and have robust information technology systems and structures to support them.

The major joint information communication technology resource application. Roadmap, is an excellent searchable online curriculum system which was created bespoke for WSU. CSU students will have access to this as part of the licence agreement. At the end of the 10 year inter-institutional agreement, CSU's access to such a curriculum database will be critical, whether it is recreated or purchased.

Issues may arise in relation to shared applications and systems across the two Universities. It is noted that the ePortfolio is run on different platforms between WSU and CSU, and this could potentially cause difficulties, and any impact of this will need to be monitored.

The 2017 assessment of the WSU library resources indicated that these were adequate for students and were accessible at both the main campus and clinical sites. The library resources at CSU Orange are focussed on contemporary medical student needs including 24 hour, seven day per week, access to anatomy models and availability of different types of study spaces (quiet study areas, group rooms, computer labs) which will be increasing in size.

There are adequate numbers of content specialist librarians available for curricular and research needs.

Clinical reference subscriptions are not yet in place for CSU, but are on track to be purchased. Conversations with Orange Base Hospital are required regarding student access to resources in the hospital library.

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 WSU iteration of the program offers clinical learning through several well-established clinical schools. There are adequate opportunities for student placements across a range of clinical disciplines in both the hospital and community setting.

Orange Base Hospital currently successfully provides longitudinal student placements for the University of Sydney medical program, and expects to add JPM students to this in the future. It is expected that the University of Sydney will begin to reduce student placements at Orange following the commencement of their own MDMSN initiative in Dubbo, thereby mitigating the impact of JPM student placements. Clear communication and discussion with the staff of the Hospital and the USYD about the plans for student clinical placements, the Program requirements and planning in relation to the expected number of medical students, is critically important and is currently insufficient.

The clinicians at Orange Base Hospital demonstrate impressive enthusiasm for teaching, and have extensive experience in teaching and learning and assessment in the clinical environment. In light of this experience, clinicians have expressed their concerns about their ability to provide enough placements for JPM students at Orange Base Hospital, and consequently, the provision a quality clinical learning experience for both JPM and USYD students in the future.

The clinical learning environment for general practice is well established and successful, and appears well able to manage the demands of competing educational providers.

Clinical placements, allowing students to participate in the culturally safe care of Aboriginal and Torres Strait Islander people are a strength and feature of this program. There is certainly a strong relationship of the Aboriginal Medical Services with WSU and, although these placements are yet to be established with CSU, there is an expectation that the relationships will be as strong, given the excellent track record in Aboriginal and Torres Strait Islander engagement.

Importantly, in relation to the provision of placements, WSU has made the commitment to provide metropolitan placements for JPM students if rural placements are not available. These options will be utilised as a last resort, given that the students have enrolled at CSU for rural opportunities. As Orange is considered to be a large rural centre, rather than a metropolitan centre, how students gain exposure to metropolitan clinical contexts needs to be considered.

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.

The AMC commended WSU in the 2017 accreditation for the quality, expertise and enthusiasm of its clinical supervisors, and noted that senior hospital executives at all sites were also supportive of their staff being involved in student teaching.

There is confidence that JPM students will also be provided with safe, scaffolded and positive supervisory experiences in clinical practice. However, the discussions and negotiations with Orange Base Hospital staff, local health districts, general practices, Aboriginal Medical Services and other community health placements, in relation to responsibilities, time allocations, orientation, training and monitoring of clinical supervisors are yet to progress beyond early meetings. The detailed preparation for student clinical placements is yet to occur. These discussions and negotiations will need to take place in conjunction with discussions about clinical placements.

Appendix One Membership of the 2020 AMC Assessment Team

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Program Administrator, Australian Medical Council

Appendix Two Groups met by the 2020 Assessment Team

Meeting	Attendees
Monday, 4 May 2020	
Vice-Chancellors	Vice-Chancellor, Charles Sturt University (CSU) Vice-Chancellor, Western Sydney University (WSU)
Overview of the week	Dean, School of Rural Medicine, CSU Executive Dean, Joint Program in Medicine (JPM) & Dean, WSU
Western NSW Local Health District	Executive District Director, Medical Services
Senior Executive Group	Provost & Deputy Vice-Chancellor (Academic), CSU Executive Dean, Faculty of Science, CSU Dean, School of Rural Medicine, CSU Senior Deputy Vice-Chancellor, WSU Executive Dean, JPM & Dean, WSU
Joint Steering Committee	Provost & Deputy Vice-Chancellor (Academic), CSU Executive Dean, Faculty of Science, CSU Dean, School of Rural Medicine, CSU Project Manager, JPM & CSU Secretariat Executive Dean, JPM & Dean, WSU Associate Dean, Learning and Innovation, WSU School Manager, WSU JPM Coordinator
University of Notre Dame, School of Medicine, Sydney	Acting Dean Associate Dean, Rural
Community Advisory Board	Mayor, Orange Council Community Pharmacist Physiotherapist Project Manager, JPM & CSU Secretariat NSW Central West Division of General Practice Ltd
Aboriginal and/or Torres Strait Islander Groups	CEO, Orange Aboriginal Medical Service Operations Manager, Orange Aboriginal Medical Service Professor of Aboriginal and Torres Strait Islander Health, School of Medicine, WSU

Meeting	Attendees
Tuesday, 5 May 2020	
University of Sydney, School of Medicine	Head of School and Dean Director, Sydney Medical Program Head of Clinical School, Rural Clinical School (Dubbo / Orange)
Joint Curriculum Committee	Dean, School of Rural Medicine, CSU Course Director, CSU Chair, Joint Curriculum Committee & Foundation Peter Brennan Chair of General Practice, WSU Deputy Chair, Joint Curriculum Committee & Professor of Physiology, WSU
Financial autonomy and sustainability	Chief Financial Officer, CSU Executive Dean, Faculty of Science, CSU Faculty Executive Officer, CSU Project Manager, JPM & CSU Secretariat Executive Dean, JPM & Dean, WSU Vice-President, Finance and Resources, WSU School Manager, WSU
Local oversight and delivery	Dean, School of Rural Medicine, CSU Course Director, CSU Head of School, School of Biomedical Sciences, CSU Head of School, School of Community Health, CSU Associate Dean, Learning and Innovation, WSU Professor of Physiology, WSU Director Of Medical Education & Director of Academic Program (Undergraduate), WSU Senior Lecturer & Medical Educator, WSU
Indigenous Health	Course Director, CSU Head of School, School of Indigenous Australian Studies, CSU Indigenous Curriculum and Pedagogy Coordinator, CSU Lecturer, Graduate Learning Outcome Courses & Resources Lead, Indigenous Cultural Competency, CSU Professor of Aboriginal and Torres Strait Islander Health, School of Medicine, WSU Placement Support Officer, WSU Rural Program Coordinator, WSU

Meeting	Attendees
Clinical Skills teaching	Dean, School of Rural Medicine, CSU Year 1 Coordinator, CSU Director Of Medical Education & Director of Academic Program (Undergraduate), WSU Senior Research Fellow & MD Year 1 Unit Coordinator, WSU Lecturer, Medical Education & MD Year 2 Coordinator, WSU Clinical Dean, WSU Clinical Skills Educator, WSU
Portfolio	Course Director, CSU Year 2 Coordinator, CSU Senior Lecturers, Medical Education, WSU
Wednesday, 6 May 2020	
University of Sydney Rural Clinical School	Deputy Head of School (Dubbo / Orange)
Joint Curriculum Committee	Dean, School of Rural Medicine, CSU Course Director, CSU Associate Dean, Learning and Innovation, WSU Director Of Medical Education & Director of Academic Program (Undergraduate), WSU
Local oversight and delivery	Associate Dean, Academic, CSU Sub Dean, Learning and Teaching, CSU Course Director, CSU Senior Lecturer in Rural Health, Three Rivers University Department of Rural Health, CSU Director Of Medical Education & Director of Academic Program (Undergraduate), WSU Senior Lecturer, Medical Education, WSU Associate Dean, Engagement & Senior Lecturer, Community Engaged Learning, WSU Foundation Peter Brennan Chair of General Practice, WSU Senior Lecturer, Population Health, WSU Senior Lecturer, Medical Education, Research and Evaluation, WSU
CSU Professionalism Committee	Deputy Dean, Faculty of Science, CSU Manager, Student Conduct, CSU Dean, School of Rural Medicine, CSU Deputy Dean, Professor of Anatomy and Cell Biology, WSU Associate Dean, Clinical Education, WSU

Meeting	Attendees
	Senior Lecturer & Medical Educator, WSU
University of Wollongong, Graduate School of Medicine	Head of School and Dean of Medicine
Current students in Faculty of Science, CSU	Paramedicine Students Clinical Science Student Dentistry Students
Student support	Director, Library Services, CSU Director of Student Safety and Wellbeing, CSU Associate Director, Student Skills, CSU Senior Lecturer in Rural Health, Three Rivers University Department of Rural Health, CSU Project Manager, JPM & CSU Secretariat Manager, Student Support and Representation, CSU Learning Advisor for Indigenous Students, CSU Professor Of Aboriginal And Torres Strait Islander Health, School of Medicine, WSU Research Fellow, School of Medicine, WSU Indigenous Placement Support Officer, School of Medicine, WSU
Joint Admissions Committee	Executive Director (Acting), Division of Student Administration, CSU Director, Access and Compliance, Division of Student Administration, CSU Course Director, CSU Associate Dean, Learning and Innovation, WSU Professor for Behavioural Neuroscience, WSU School Manager, WSU
Thursday, 7 May 2020	
Bathurst Clinical School, WSU	Clinical Dean, WSU Rural Program Coordinator, WSU Director of Rural Health, WSU Rural Schools Community Engagement Officer, WSU Student Coordinator, WSU
Joint Assessment and Progress Committee	Dean, School of Rural Medicine, CSU Course Director, CSU Year 2 Coordinator, CSU Year 1 Coordinator, CSU Lecturer in Anatomy and Cell Biology, WSU

Meeting	Attendees
	Associate Dean, Learning and Innovation, WSU Associate Dean, Clinical Education, WSU Director Of Medical Education & Director of Academic Program (Undergraduate), WSU Senior Lecturer, Medical Education, Research and Evaluation, WSU
Clinical Leadership – Orange and Bathurst	Chair, Orange Clinical Council Head of Intensive Care, Orange Health Service Executive Director Medical Services, Bathurst Hospital Orange General Practitioner Orange Health Service Medical Director Clinical Dean, WSU Director of Rural Health, WSU Senior Lecturer, WSU
Clinical supervision	Year 1 Coordinator, CSU Year 2 Coordinator, CSU Ear, Nose and Throat Surgeon Head of Surgery, Orange Base Hospital Intensive Care Unit Staff Specialist, Orange Health Service & Clinical Health Teaching, CSU Clinical Dean, WSU
Faculty development and performance management	Dean, School of Rural Medicine, CSU Project Manager, JPM & CSU Secretariat Head of School, School of Biomedical Sciences, CSU Head of School, School of Community Health, CSU Executive Dean, Faculty of Science, CSU School Manager, WSU
Tour of Orange Facilities	Dean, School of Rural Medicine, CSU Project Manager, JPM & CSU Secretariat Administrative Officer, School of Rural Medicine, CSU Technical Officer, Faculty of Science, CSU Executive Dean, JPM & Dean, WSU
WSU Bathurst Students	Students
Friday, 8 May 2020	
Indigenous Students	Students

Meeting	**Attendees**
Tuesday, 12 May 2020	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	AMC Team CSU Representatives WSU Representatives