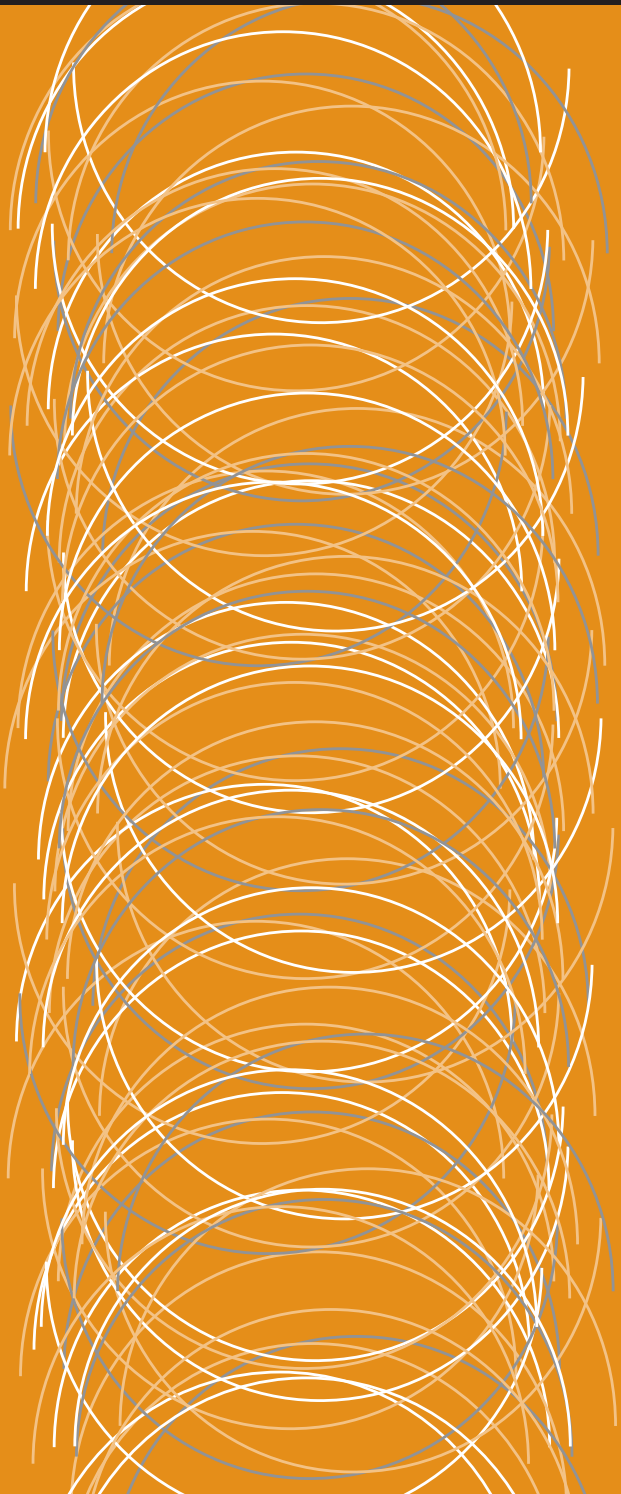


Australian Medical Council Limited

Accreditation of
University of New South Wales
Faculty of Medicine medical program

AMC



Medical School Accreditation Committee
March 2021

July 2021

ABN 97 131 796 980

ISBN 978-1-925829-42-6

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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

Executive summary 2020

Accreditation process

The University of New South Wales (UNSW) Faculty of Medicine offers a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) and a three-year, graduate entry Doctor of Medicine program, which is available to students who have completed a UNSW graduate entry pathway program. The programs were last assessed via a Comprehensive Report in 2019, and were found to meet the accreditation standards, with no conditions.

The Faculty also offers a Bachelor of Medicine/Bachelor of Surgery (MBBS), accredited to 2022, which is currently in teach out. The BMedMD to be offered from Wagga Wagga is accredited to 31 March 2024.

In 2018, the Federal Government announced the introduction of the Murray-Darling Medical Schools Network (MDMSN) as a component of the broader *Stronger Rural Health Strategy*. The MDMSN will establish a number of rurally-based university medical school programs in the Murray-Darling region of New South Wales and Victoria. These initiatives are intended to enable medical students to stay in their communities while they study and train to become a doctor, increasing their likelihood of staying and working in rural areas. The network intends to provide an end-to-end approach to rural training to improve the future distribution of the medical workforce.

The Network includes the following initiatives:

- University of New South Wales (Wagga Wagga)
- University of Sydney (Dubbo)
- Charles Sturt University in partnership with Western Sydney University (Orange)
- Monash University (Bendigo, Mildura)
- University of Melbourne (Shepparton, with La Trobe University).

No new Commonwealth Supported Medical School Places (CSPs) will be created, but a redistribution of current CSPs from Australian medical schools will occur to support new end-to-end cohorts at rural sites.

The AMC Medical School Accreditation Committee at their 3 August 2020 meeting reviewed the Faculty's proposal to extend the delivery of the full medical Program to Wagga Wagga for commencement in 2021. The Program has no conditions, is experienced with end-to-end delivery in a rural site at Port Macquarie, and has been established in the region, through the main clinical Years 3, 5 and 6, for greater than 15 years.

The Committee resolved that the proposal represented a material change to the Program and required assessment of preparations for the proposed new site within the Program's current accreditation cycle.

As the medical Program is currently accredited and the planned change to the Program relates specifically to the delivery at a new location, the scope of the assessment focused on how the facilities, resources and preparation for delivery will ensure that the education provider will

continue to meet the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* in delivering its program.

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.

Material changes to a program may affect accreditation status.

Definition of a material change:

Any of the following might constitute 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.

Note: In deciding to grant accreditation, the AMC makes a judgment about the adequacy and appropriateness of the total resources available to support the program. For this reason, whilst it does not accredit programs for a specific student intake, the AMC would regard a substantial change in student numbers relative to resources as a major course change. The AMC expects accredited education providers will report on any planned or proposed increase in student intake in progress reports.

Note: Offshore provision of an AMC accredited medical program is a material change as is the disestablishment of an AMC accredited medical program provided offshore.

When it considers the initial advice from an accredited education provider about planned changes, either through a specific notice of intent or through progress reports, the Medical School Accreditation Committee will decide if it is a material change. If it is, the Committee will also decide whether the material change can be assessed for approval within the current accreditation of the program or is of comprehensive impact that would require reaccreditation of the whole program.

The AMC will advise the education provider of the decision.

If the AMC decides to assess the change within the program's current period of accreditation, normally it will conduct a paper-based assessment. The education provider will be required to provide a submission outlining the new program, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the program and evidence of engagement of stakeholders. The Medical School Accreditation Committee will consider the submission and make a recommendation to the AMC Directors on accreditation of the program including any specific monitoring requirements.

In the event that the AMC decides that the changed program of study must have a separate accreditation, the education provider must first demonstrate through a Stage 1 assessment, that the planned program of study is likely to comply with the approved accreditation standards and that the education provider is able to implement the program. The Medical School Accreditation Committee reviews the Stage 1 submission following the process described in section 3.2.4. Successful completion of Stage 1 results in an accreditation assessment by an AMC team.

An AMC team completed the material change assessment. It reviewed the Faculty's submission, and visited the facilities at Wagga Wagga on Wednesday 16 December 2020.

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

The Medical School Accreditation Committee considered the team's report and decided on the final report and recommendations for accreditation. The Committee presented its recommendations to AMC Directors who make the final decision on accreditation.

The AMC is satisfied that the medical program of the University of New South Wales, Faculty of Medicine, UNSW Medicine meets the approved accreditation standards.

The 22 April 2021 meeting of AMC Directors agreed:

- (i) that accreditation of the six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) of the University of New South Wales, Faculty of Medicine, UNSW Medicine be confirmed to **31 March 2024**; subject to satisfactory progress reports;
- (ii) that accreditation is subject to the following new conditions:

By 2021

1	Demonstrate that the model for providing oversight of the rural program is effective and that the revised governance structures and functions are operating in a timely and effective manner, and are understood by staff and stakeholders. (Standard 1.1)
2	Finalise appointments to the leadership positions for the Wagga Wagga campus. (Standard 1.2)
3	Develop approaches that engage the local communities and staff in the training of students that draw on, and emphasise, the local, rural context. (Standards 1.6 and 3.3)
4	Provide a recruitment plan that specifies roles and disciplines, and timelines for recruitment to meet the increased student presence over coming years. (Standard 1.8)
5	Develop relationships with the local Aboriginal community in order to ensure that the curriculum, teaching and research activities of the Program are relevant to the local context. (Standards 2.1 and 3.5)
6	Develop an infrastructure for local support for Aboriginal and Torres Strait Islander students at Wagga Wagga. (Standard 7.1)
7	Confirm the completion of the capital works being undertaken at Wagga Wagga, or advise of contingency plans should completion be delayed. (Standard 8.1)

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 of programs.

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

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

1. The context of the medical program	Met
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Conditions

- 1 Demonstrate that the model for providing oversight of the rural program is effective and that the revised governance structures and functions are operating in a timely and effective manner, and are understood by staff and stakeholders. (Standard 1.1)
- 2 Finalise appointments to the leadership positions for the Wagga Wagga campus. (Standard 1.2)
- 3 Develop approaches that engage the local communities and staff in the training of students that draw on, and emphasise, the local, rural context. (Standards 1.6 and 3.3)
- 4 Provide a recruitment plan that specifies roles and disciplines, and timelines for recruitment to meet the increased student presence over coming years. (Standard 1.8)

Recommendations

- A Develop a plan for the appointment of Aboriginal staff members to the Program. (Standard 1.8)
- B Demonstrate the sufficiency of basic science teaching arrangements, including appointment and training of tutors. (Standard 1.8)

Commendations

The strong collaborative approach, and helpful attitudes across the sites of the Program is commendable. (Standard 1.8)

2. The outcomes of the medical program	Met
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Nil to report

3. The medical curriculum	Met
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Conditions

- 5 Develop relationships with the local Aboriginal community in order to ensure that the curriculum, teaching, and research activities of the Program are relevant to the local context. (Standards 2.1 and 3.5)

Recommendations

- C Progress the planned approach for more integrated Indigenous health teaching across all sites. (Standard 3.5)

4. Teaching and learning	Met
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Recommendations

- D Evaluate the student experience and perception of online lectures. (Standard 4.1)

Commendations

The Phase 1 Convenor and Senior Lecturer of Port Macquarie campus is commended for the support and close communication with the Wagga Wagga staff. (Standard 4.1)

The development of the strong culture of student cooperative learning and self-directed learning is commendable. (Standard 4.2)

5. The curriculum – assessment of student learning	Met
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Nil to report

6. The curriculum – monitoring	Met
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Recommendations

- E Develop a strategic plan for evaluation at Wagga Wagga to enable timely and effective responses to issues as they emerge. (Standard 6.3)

7. Implementing the curriculum – students	Met
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Conditions

- 6 Develop an infrastructure for local support for Aboriginal and Torres Strait Islander students at Wagga Wagga. (Standard 7.1)

Recommendations

- F Develop and communicate a transparent process whereby local, rural applicants will be preferentially-allocated to Wagga Wagga. (Standard 7.2)
- G Make the opportunities for, and outcomes of, student representation more explicit for students. (Standard 7.5)

Commendations

The Education Support Administrator (Phase 2) at Wagga Wagga campus and the team at Wagga Wagga are commended for proactively organising local student support. (Standard 7.3)

8. Implementing the curriculum – learning environment	Met
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Conditions

- 7 Confirm the completion of the capital works being undertaken at Wagga Wagga, or advise of contingency plans should completion be delayed. (Standard 8.1)

Recommendations

- H Undertake detailed planning for regular student contact with local general practices. (Standard 8.3)

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 University, the Faculty and the School

The University of New South Wales (UNSW) Sydney, is a comprehensive university with its main campus in Kensington, Sydney. The University is organised into eight faculties:

- UNSW Art & Design
- UNSW Arts & Social Sciences
- UNSW Built Environment
- UNSW Business School
- UNSW Engineering
- UNSW Law
- UNSW Medicine and Health
- UNSW Science.

And a university college:

- UNSW Canberra at Australian Defence Force Academy (ADFA).

In 2019, the UNSW switched to a three-term academic calendar to provide greater flexibility for students and staff, and better use of the campus following a two-year implementation process, and had in total, 6,737 full-time equivalent (FTE) staff and 64,053 students from 137 countries. Local students comprised of 61.2% and there were 24,852 international students.

The Faculty employed approximately 550 FTE academic staff and over 3,000 conjoint staff, and taught a total of 1,721 students in 2019.

The Faculty is led by a Dean, and is composed of nine Schools, of which five feature clinical exposure:

- School of Medical Sciences
- School of Psychiatry
- School of Population Health
- School of Women's & Children's Health
- Prince of Wales Clinical School
- Rural Clinical School
- St George & Sutherland Clinical School
- St Vincent's Clinical School
- South Western Sydney Clinical School.

Students also have clinical exposure through the Rural Clinical School with major teaching campuses across New South Wales including Albury-Wodonga, Coffs Harbour, Griffith, Port Macquarie and Wagga Wagga, and sub campuses located in Grafton and Kempsey. In 2019, the Rural Clinical School taught over 240 students across its rural campuses.

The student intake of both direct entry and graduate entry students for the years 2014 to 2019 ranged between 266 and 307 students. For 2019, the student intake was 266 students, which comprised of 142 Commonwealth supported places, an additional 60 bonded places and 64 international fee-paying students. In 2019, the Rural Student Entry Scheme for students with significant rural background was achieved at 28%, which equates to approximately 53 rural students. In 2020, 61 students entered through the Rural Student Entry Scheme which equated to 31% of local entrants.

The Medical Program

The Faculty offers a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) and three-year graduate entry stream leading to the Doctor of Medicine qualification.

The BMedMD is delivered in three phases of equal duration.

Phase 1 consists of eight, eight-week modules that are organised in accordance with a lifecycle approach. Teaching is organised around scenario-based learning. The modules in Phase 1, Years 1 and 2 are:

- Foundations course
- Beginnings, growth and development (A and B)
- Health maintenance (A and B)
- Ageing and endings (A and B)
- Society and health.

Phase 2 of the Program conducted in Years 3 and 4 centres on practise-based learning. In this phase, students attend three days per week in a clinical environment and two days a week at the university campus. Students complete integrated clinical courses that cover a range of contexts and draw upon learnings from Phase 1. Students also complete a 30-week, in-depth research experience as an Independent Learning Project. UNSW requires students to also undertake courses from across the University as a part of UNSW's requirement for general education. Some students complete an Honours instead of the Independent Learning Project in Year 4.

Graduate students, who have completed the UNSW BMed or the BMedSc (Hons) are able to enter the Program in Phase 2 after completing bridging courses to support them in entering the integrated clinical courses.

Phase 3 sees students immersed in clinical learning environments in hospital-based, ambulatory and general practice settings. The philosophy during this phase of the Program is one of 'learning by doing'.

Phase 3 consists of six, eight-week courses in Medicine, Surgery, Psychiatry, Primary Care, Paediatrics and Obstetrics & Gynaecology. Students also complete four weeks in an Emergency Department. A final placement is a preparation for internship rotation of six-week duration.

The Program is well established with no conditions, and has an existing relationship in the Wagga Wagga region through the clinical phase of the Program. The Faculty has offered an end-to-end rural Program from Port Macquarie since 2016.

Accreditation Background

Year	Assessment Type	Outcome/Notes
1990	Initial Accreditation	Granted accreditation of the six-year MBBS for five years to 30 June 1995.
1993	Follow-up Assessment	Extension of accreditation of the six-year MBBS to ten years to 30 June 2000.
2000	Reaccreditation Assessment	Granted accreditation of the six-year MBBS for six years to 31 July 2006.
2003	Material Change – Introduction of four-year MBBS	Granted accreditation of the four-year MBBS to 31 December 2011 (two full years after the full course implementation).
2004	Follow-up Assessment	Confirmed the 2003 accreditation decision of the four-year MBBS.
2006	Notice of Change – Introduction of four-year MBBS	
2006	Material Change – Introduction of BMedSc	Granted accreditation for five years to 31 December 2011.
2010	Comprehensive Report	Extension of the six-year and four-year MBBS programs to 31 December 2013.
2012	Progress Report	Accepted.
2012	Notice of Change – Introduction of BMedMD and MD	Not considered a material change.
2013	Reaccreditation Assessment	Granted accreditation of all programs for six years to 31 March 2020.
2015	Progress Report	Accepted.
2016	Progress Report	Accepted.
2016	Notice of Change – Delivery of Years 1 to 6 of the program at Port Macquarie	Not considered to be a material change.
2017	Progress Report	Accepted.
2018	Progress Report	Accepted.
2019	Comprehensive Report for extension of accreditation	Extension of the six-year BMedMD and three-year MD to 31 March 2024. Moved to biennial reporting.
2020	Material Change – MDMSN at Wagga Wagga	Accreditation confirm to 31 March 2024.

This report

This report details the findings of the 2020 material change assessment of the decision to teach the full medical Program at the Wagga Wagga campus of the Faculty, expected to commence from 2021. Full details of the medical programs accreditation can be found in the [University of New South Wales 2013 Accreditation Report](#).

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 at UNSW Rural Clinical School Wagga Wagga campus and also via videoconference are at **Appendix Two**.

Appreciation

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

1 The context of the medical program

1.1 Governance

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

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

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

The University of New South Wales is expanding and diversifying its medical education offerings by implementing an end-to-end version of its BMedMD course from Wagga Wagga. This is part of the implementation of the Murray-Darling Medical School Network and complements the successful offering from Port Macquarie.

The governance of the new offering will align with general governance of the Faculty and the overall Program, though significant changes to governance of rural sites are in the process of being implemented. The Faculty is changing the governance model from an overarching School of Rural Health model to a 'precinct' model. This transition builds on the experience of the last year or so of operation following the departure of the previous Head of the School of Rural Health. In the interim, an acting Associate Dean (Rural Health) has overseen operations for the various sites (Port Macquarie, Coffs Harbour, Griffith, Wagga Wagga and Albury), and has reported directly to the Dean of the Faculty. Effects of the transition operational model include increased local responsibility of the Directors of Medical Education (DoMEs) who oversee individual sites, increased communication among the DoMEs, and a clearer, coordinated voice of the rural sites on central committees.

While precise details of the precinct model have not been finalised, it is generally welcomed by the sites of delivery (Wagga Wagga and Port Macquarie), and members of the Program executive. It is important that the finalised model is effective in providing oversight of the rural program. The development of appropriate terms of reference and the like for the committees which will underpin the operations of the model are important.

The Oversight Council for the Wagga Wagga delivery of the Program has diverse membership that includes local political, community, Indigenous and health representatives, and conjoint and academic staff. The Council is establishing its modus operandi and some of the scope of responsibilities outlined in the current terms of reference will probably fall outside the purview of the Council once the Program is established. The relationship between the committees and the Program should be formalised, and terms of reference modified once the Council establishes itself.

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 Program is in the process of appointing to the positions of Associate Dean (Rural Health) and DoME for the Wagga Wagga campus. While the Program is currently managed by capable and motivated people, the timely attention to these appointments and clarity on their precise responsibilities will develop with the implementation of the new precinct model for the governance of rural medical education, is important.

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 recently-appointed Phase 1 Coordinator at the Wagga Wagga campus is also a member of the Phase 1 Committee. A Wagga Wagga Campus Teaching Committee chaired by the Director of Medical Education has been planned and will consist of academics, professional staff and teachers from all teaching phases at the Wagga Wagga campus. The Committee will have operational responsibility for the Phase 1 cohort and delivery of teaching. It is important that UNSW monitors the role and implementation of this committee in Wagga Wagga closely to ensure its effectiveness.

1.4 Educational expertise

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

The appointment of a Director of Indigenous Health Education is positive, and indicates commitment to the ongoing development of a curriculum that engages the local communities and staff in the training of its students. Work in this area that draws on the local context will enhance delivery of the program at Wagga Wagga.

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 allocation of the budget and resources appears appropriate to the needs of the Program. The plans of the Wagga Wagga campus to increase staff support is elaborated under Standard 1.8.

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.

UNSW has established, longstanding relationships in Wagga Wagga. There is strong support from the Murrumbidgee Local Health District who are looking forward to working with the Faculty to develop and enhance a local workforce. The presence of the local health district on the Oversight Council and other representation on Program committees are positive elements of the engagement.

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.

There are no changes to the Program with regards to the Faculty's research and scholarship to inform learning and teaching for delivery in Wagga Wagga.

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.

Some appointments have been made, and others are planned, to support the initial implementation of the Program in Wagga Wagga. These will require supplementation to cover certain areas of expertise (e.g. Phase 1 Microbiology). A plan for staff recruitment that specifies areas of discipline and timelines for recruitment to meet the increased student presence will be important to adhere to as the Program grows.

There was some concern about the potential lack of diversity of tutorial support given that the new Phase 1 Coordinator would be taking almost all the tutorial sessions. Additional staffing appointments are planned and this should be rapidly instituted to support the sustainability of the Program. Quickly moving to a similar staffing profile to that at Port Macquarie is encouraged. The initial submission suggests that suitably-qualified scientists will be appointed to the Wagga Wagga campus to deliver select basic science practical classes to be developed and overseen by the School of Medical Sciences. These tutors have not been appointed and it is not clear if they will have attended practical classes at the Kensington campus to ensure consistency of approach.

There is no apparent plan for the appointment of Aboriginal staff members to the Program. Attention to policy and approaches to increase the recruitment of Aboriginal and Torres Strait Islander people will be of benefit to both the Faculty and the University.

A strength of the Program is the strong collaborative and supportive attitudes that are expressed by many staff across a range of sites, towards the establishment of the early years delivery in Wagga Wagga. Phase 1 is particularly supported by strong relationships between Port Macquarie, where the Phase 1 coordinator demonstrates exceptional leadership, and Wagga Wagga. The deep engagement of UNSW Kensington is also noted.

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.

Staff based in Wagga Wagga will be covered by the same policies and procedures as staff based elsewhere.

2 The outcomes of the medical program

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

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

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

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

2.1 Purpose

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

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

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

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

The Faculty demonstrated a strong commitment of to the development of the Program in Wagga Wagga. Under the precinct model, the duplication of some Program functions is reduced, and each site now has new opportunities to enhance the Program in ways that are complementary. It is apparent that there is considerable local enthusiasm for the development of a specific Wagga Wagga 'flavour' for the Program.

The expanded iteration at Wagga Wagga aligns with the Program's overall purpose of a program that is "...unconstrained by (their) geographic breadth...".

2.2 Medical program outcomes

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

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

2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.

2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

There are no changes to the outcomes of the medical programs nor in students' ability to achieve them, regardless of their location.

In addition to the important role of developing a local workforce with an associated recruitment program, the topics of the Independent Learning Project, interprofessional learning, Indigenous and refugee health were mentioned. These or other foci, may allow the Program to enhance its presence and impact in the region.

3 The medical curriculum

3.1 Duration of the medical program

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

There are no changes to the duration of the curriculum.

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.

There are no changes to the content of the curriculum.

3.3 Curriculum design

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

The curriculum design follows that of Kensington and delivery modifications made at Port Macquarie. The Port Macquarie model is now well established, and Port Macquarie staff have been providing significant support towards the establishment and planning of the Wagga Wagga Program.

There is currently little evidence of contextualisation of rural and Indigenous health. While there is significant work being developed in the area of Indigenous health, and some plans to utilise local general practices and possibly surrounding small hospitals for clinical skills teaching, reflecting the curriculum in context of the region will support the goals for the development and recruitment of a local medical workforce.

Faculty staff based in Wagga Wagga have maintained autonomy in terms of local organisation, some timetabling and the introduction of additional sessions.

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 students based at the Wagga Wagga campus will have access to the same learning platforms and learning outcomes as the Kensington students.

3.5 Indigenous health

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

There are significant plans for more integrated Indigenous health teaching across all sites. The Director of Indigenous Health Education spoke of the planned scaffolding approach, building on prior learning and on the current Year 1 'on country' experience and reflective activities that all students undertake. Progressing this work is important.

The appointment of the District Manager, Aboriginal Strategy, Policy and Performance at the Murrumbidgee Local Health District to the Oversight Council is positive and beneficial for both the Program and health service.

Although the Wagga Wagga clinical program had been established for 20 years, there is little evidence of close engagement with the local Aboriginal medical service or Aboriginal community. It was noted that the health service hosts students from a number of different universities and disciplines, and staff spoke about the need for clear communications and relationship building.

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 no specific changes in terms of formal opportunities for students to pursue studies of choice that promote breadth and diversity of experience although the experience of the Wagga Wagga cohort will be diverse. However, there are plans to investigate possibilities for further independent study programs.

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.

There are no overall changes to the learning and teaching methods in the accredited medical Program. However, like the students at Port Macquarie, students at Wagga Wagga will receive all their lectures online. Recent graduates indicated that they would like the flexibility to curate their own learning with the option of webcast and recorded lectures rather than being expected to attend lectures as a group from the Rural Clinical School Wagga Wagga (Harvey House), however, the Faculty noted that this approach has been successful at Port Macquarie. Students also noted that content designed by Kensington was not always easily delivered locally.

There will be local tutor facilitation for scenario-based learning and also for biomedicine practical sessions. Anatomy dry laboratory sessions will be taught at Harvey House and the students will travel to Kensington up to seven times per year for wet laboratory sessions as has been established successfully at Port Macquarie. Staff are aware of the challenges that COVID-19 travel restrictions may make. A memorandum of understanding between the Wagga Wagga campus and Charles Sturt University in Wagga Wagga has been established for students to have access to laboratories for teaching of biomedicine, microbiology and physiology modules.

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.

There are no changes to self-directed and lifelong learning. Student feedback was that the Wagga Wagga campus had developed a strong culture of student cooperative learning and self-directed learning that was very much appreciated.

4.3 Clinical skill development

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

The Faculty has recently appointed clinical staff to support the development of clinical skills and there was much enthusiasm about the Program and local development. The Phase 1 students have access to a number of well-equipped clinical skills rooms as well as simulation laboratories, and timetabling can ensure that these facilities will be adequate for teaching across all years of the course. The limited hospital bedside teaching in Phase 1 was not considered an impost on the current clinical activities and student capacity. There are plans for identifying new sites for opportunities for students to develop clinical and communication skills practice with local general practices.

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.

There are no changes to the Program enabling students to achieve an increasing degree of independence.

4.5 Role modelling

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

The small size of the cohort and longitudinal nature of the Program will strengthen the relationships between staff, clinicians and students. This will help promote role modelling as a learning method.

4.6 Patient centred care and collaborative engagement

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

Patient centred care and collaborative engagement will continue to be promoted as per the accredited Program. Further development particularly in terms of longitudinal patient centred care may be developed through the use of general practice sites for clinical skill development.

4.7 Interprofessional learning

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

Opportunities for interprofessional learning occur primarily in the clinical phases of the Program. There are, however, potential opportunities for early integration and introduction of interprofessional learning as well as learning from multiple universities, disciplines and programs.

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.

Assessments are centrally-managed by the Curriculum Development Committee (CDC) and the nature of all course and Phase assessments are determined by the CDC. The Faculty maintains control over the assessment load by ensuring that no assessments (excluding formative assessments) can be included in a course without the approval of the CDC.

Phase committees are responsible for course-based assessments in the phase, and for the written examinations at the end of the phase, and progressive practice examinations. The Clinical Learning and Assessment Committee (CLAC) is responsible for the clinical skills examination in Phase 1 and Phase 2.

The Design and Implementation Groups determine the content of formative and summative assessments for the course in Phase 1, including assignment topics and group projects, items for online formative assessment and end-of-course written examinations.

The Examination Subcommittee develops and reviews the written examinations before they are approved by the Phase 1 Subcommittee. There are separate phase and year committees responsible for assessments in subsequent years of the Program.

The Wagga Wagga campus is represented on each phase committee and the Clinical Learning and Assessment Committee. The Associate Dean of Rural Health is a member of the CDC.

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 Faculty will implement the same assessment methods across all sites. Common blueprinting and standard setting methods will be used across all iterations of the Program.

5.3 Assessment feedback

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

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

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

The Faculty will implement the same processes for the identification of underperforming students and for the provision of regular feedback across all iterations of the Program.

5.4 Assessment quality

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

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

There are no changes to how the Faculty will review assessment policies and practices. Representation on key committees will ensure that the perspective of the Wagga Wagga iteration of the Program will be incorporated in the review of the assessment program.

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 current monitoring processes will be extended to include the Wagga Wagga iteration of the Program.

There are no changes to how the Faculty collaborates with other education providers in the monitoring of medical program outcomes, teaching and learning methods, and assessment methods.

6.2 Outcome evaluation

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

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

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

The Faculty will implement the current practices and procedures for analysis of cohort and graduate performance.

There are no changes to how the Faculty evaluates outcomes of the medical program or manages student selection.

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 Program seeks and receives feedback from stakeholders via a range of methods, including surveys and the students' associations. As Wagga Wagga is a new site, thought should be given to seeking feedback specific to the site to enable more rapid and precise responses to issues as they emerge.

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 Faculty has no additional places and there will be no international students at Wagga Wagga. The cohort of 25 at Wagga Wagga with a smaller initial cohort in 2021 can be accommodated in terms of teaching at the facilities and clinical capacities.

The Faculty as a whole has a target for Aboriginal and Torres Strait Islander peoples, and for students of rural origin.

There are no specific targets within the initial Wagga Wagga cohort, and in particular, no priority given to students from the Murray-Darling region. Given the Murray-Darling Network goals for regional students accessing comprehensive end-to-end training, there may be benefits in developing approaches to actively identify and recruit local students for the rural iterations of the Program.

There is appropriate infrastructure and support for targeted access groups, centrally.

At this stage, there is no particular infrastructure nor local support for any Aboriginal or Torres Strait Islander students at Wagga Wagga campus. There is a need for the Faculty to ensure the Aboriginal and Torres Strait Islander students have adequate and appropriate support that is locally accessible.

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.

There are no planned changes to admission policy and election.

Allocation of students to the Wagga Wagga Program remains somewhat unclear. While all students indicate their campus preference (Kensington, Wagga Wagga or Port Macquarie, or an offer at any of these), it is unclear that rural origin students would be sent preferentially to the rural campuses of Wagga Wagga and Port Macquarie. It was stated that Riverina students will be preferentially-allocated to Wagga Wagga if they indicated they would accept an offer there, but it is unclear how their preferences relate to their allocation under the current selection criteria and ranking process.

7.3 Student support

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

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

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

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

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

The Faculty provides a range of support for students both local at Wagga Wagga and from Kensington. There is recognition that the Year 1 students will have different support needs to those of the later year students who are part of the established Program.

Regarding local support, there is considerable support given to students by the education support administrators at Wagga Wagga, with regular meetings with the students. The work of the Education Support Administrator (Phase 2) has been instrumental in setting up services for the students including a mentoring program by senior students.

Other local support includes an initial meeting between the DoME and each student.

There is ready availability of both general practitioners and, if needed, psychological support services in Wagga Wagga. Staff are aware of the issues of confidentiality within such a small cohort. The staff are aware of potential mental health issues. All local education support and academic staff receive mental health first aid training and this will also be offered to the Phase 1 students.

In terms of accommodation, there have been eight rooms at the Charles Sturt University (CSU) accommodation put aside for students commencing in 2021.

All Wagga Wagga campus students have access to all services at UNSW Kensington. It is noted that counselling is available online from the central campus. There is a faculty well-being officer based at Kensington who can communicate with staff and students as needed via Zoom. Alumni feedback is that there was very little travel needed to access these services.

There are clear processes of escalation of concern. All staff will implement the same processes for identifying students who need support.

Any student who has failed a course assessment is provided with an academic tutor who provides two hours of tutoring per week for two terms following a failed exam. Given the small numbers, students and local staff for such support of biomedicine learning in Phase 1, it will be important to ensure the separation of academic course and more general support issues.

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 no changes to professionalism and fitness to practice policies and procedures. Local staff describe clear pathways of escalation of concerns.

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.*

There is an active Medical Student Society at the Wagga Wagga campus.

There is student representation on the Kensington-based committees but alumni feedback indicated that students in Wagga Wagga, have felt somewhat disconnected from Kensington and are not sure that the rural student perspective was presented at all relevant committees. Given this perception, it may be beneficial for the Faculty to make the opportunities for, and outcomes of, student representation more explicit.

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.*

There are no changes to student indemnification, and insurance policies and procedures.

8 Implementing the curriculum – learning environment

8.1 Physical facilities

8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to achieve the outcomes of the medical program.

The Harvey House is located adjacent to the Wagga Wagga Base Hospital and is currently the teaching site for the later years' cohort already in Wagga Wagga.

There are adequate clinical skills and small group teaching spaces in this facility as well as administrative and teaching staff. There is a well-equipped anatomy room for dry laboratory sessions, small library and study areas, student recreation and lounge area, and a lecture theatre. Projected numbers and timetabling means these facilities will be adequate for 2021 teaching for all students.

The planned Biomedical Science Centre building is envisaged for completion in mid-2022. Detailed plans of this are impressive, and it is understood that these facilities have been based on those at Port Macquarie. They include lecture theatre and seminar rooms, academic laboratories (one of which can double as a computer laboratory), small tutorial and team learning spaces, as well as office accommodation.

In the interim, practical laboratory sessions will be conducted at the CSU campus. These facilities are comprehensive and can easily accommodate two years of the Faculty's students (2021 and 2022) and the CSU students. The memorandum of understanding has been agreed, and signing with CSU for a period of two years is imminent. It is noted that CSU technical staff will be utilised in terms of setting up the laboratories, and there is further ongoing discussion about the use of some CSU academic expertise in teaching, particularly, microbiology.

8.2 Information resources and library services

8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.

8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.

8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.

The information and communications technology infrastructure and resources are comprehensive, and have been tested through the current senior cohort at Wagga Wagga. Digital links have been established between the Wagga Wagga campus, Wagga Wagga Base Hospital and UNSW Kensington.

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 Wagga Wagga campus clinical learning environment is well-established. The support and enthusiasm for the expanded Program from the Murrumbidgee Local Health District was apparent, and there was a belief that there was adequate capacity for the planned numbers. As noted previously, the early clinical skills/bedside teaching of the Phase 1 students is not anticipated to have a significant effect on clinical capacity for senior students.

The submission mentions regular contact with local general practices as part of the Murray-Darling Medical School Network program, but there is no detail of planning yet for this in later years, nor of capacity.

Approaches to student selection and allocation to clinical sites could, perhaps be broadened. There may be benefit in exploring the consequences and desirability of various approaches, including allowing students the (limited) ability to transfer between sites during the course. This may add to breadth of clinical exposure and experience available for students.

8.4 Clinical supervision

- 8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.*
- 8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.*
- 8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.*
- 8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.*

There is no anticipated change to the current arrangements for clinical supervision in Wagga Wagga.

Appendix One Membership of the 2020 AMC Assessment Team

Professor Ben Canny (Chair) BMedSc (Hons), MBBS, PhD

Medical Education Consultant

Adjunct Professor, Monash University

Professor Amanda Barnard BA (Hons), BMed (Hons), FRACGP

Professor and Head of Rural Clinical School, Associate Dean Rural and Indigenous Health,
Australian National University

Honorary Professor, Charles Sturt University

Mr Alan Merritt

Manager, Medical School Assessments, Australian Medical Council

Ms Juliana Simon

Manager, Specialist Medical Program Assessment, Australian Medical Council

Ms Chloe Chuah

Accreditation Programs Assistant, Australian Medical Council

Appendix Two Groups met by the 2020 Assessment Team

Meeting	Attendees
<i>Monday, 14 December 2020</i>	
<i>UNSW Medicine and Health</i>	
Governance of Program	Dean of Medicine
	Associate Dean, Rural Health
	Program Authority
	Director of Medical Education, Rural Clinical School (RCS), Wagga Wagga campus
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development
<i>Murrumbidgee Local Health District</i>	
Local Health District executive	Sector Director of Medical Services, Murrumbidgee Local Health District, NSW Health
<i>Tuesday, 15 December 2020</i>	
<i>UNSW Medicine and Health RCS</i>	
Port Macquarie campus	School Manager, RCS
	Director of Medical Education, RCS, Port Macquarie campus
	Director of Medical Education, RCS, Wagga Wagga campus
	Senior Lecturer and Phase 1 Convenor, RCS, Port Macquarie campus
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development
	Education Support Administrator (Phase 1), RCS, Port Macquarie campus
<i>Wednesday, 16 December 2020</i>	
<i>Charles Sturt University, Building 30</i>	
Partnership with Charles Sturt University (CSU), Wagga Wagga campus	Executive Dean, Faculty of Science, CSU
	Faculty Executive Officer, Faculty of Science, CSU
	Technical Manager (Life Sciences and Health Team), CSU
	Phase 1 Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
	Campus Services Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
<i>UNSW Medicine and Health RCS, Wagga Wagga campus</i>	
Governance, delivery of program and selection, relationship with CSU, equivalence and local contextualisation	Senior Vice Dean (Education)
	Associate Dean, Rural Health
	Program Authority
	Professor, Medical Education Research
	Head of Anatomy
	Convenor of Clinical Skills

Meeting	Attendees
	Senior Lecturer and Phase 1 Convenor
	School Manager, RCS
	Director of Medical Education, RCS, Wagga Wagga campus
	Senior Lecturer and Phase 1 Convenor, RCS, Port Macquarie campus
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development
Student experience and support, and admissions	Associate Dean, Rural Health
	School Manager, RCS
	Faculty Business Partner, Student Support Services (Medicine)
	Director of Medical Education, RCS, Wagga Wagga campus
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development
	Education Support Administrator (Phase 2), RCS, Wagga Wagga campus
	Education Support Administrator (Phase 1), RCS, Wagga Wagga campus
	Campus Services Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
Teaching and learning	Director of Medical Education, RCS, Wagga Wagga campus
	Senior Lecturer and Phase 1 Convenor, RCS, Port Macquarie campus
	Phase 1 Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
	Clinical Skills Lecturer, RCS, Wagga Wagga campus
	Clinical Skills Nurse
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development
	Communication and Clinical Skills Coordinator
	Education Support Administrator (Phase 1), RCS, Wagga Wagga campus
Students and Junior Medical Officers	Two Phase 3 students
	Five RCS alumni
Learning environment	Director of Medical Education, RCS, Wagga Wagga campus
	Phase 1 Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
	Campus Services Coordinator, UNSW Medicine and Health RCS, Wagga Wagga campus
	Senior Vice Dean (Education)

Meeting	Attendees
Outcomes, curriculum and relationships with Aboriginal health services and the local Aboriginal community	Director of Medical Education, RCS, Wagga Wagga campus
	Director of Indigenous Health Education
	District Manager, Aboriginal Strategy, Policy and Performance, Murrumbidgee Local Health District
	GP Lead in Wagga Wagga campus
	Faculty EA and Acting Project Officer, Wagga Wagga Campus Development

