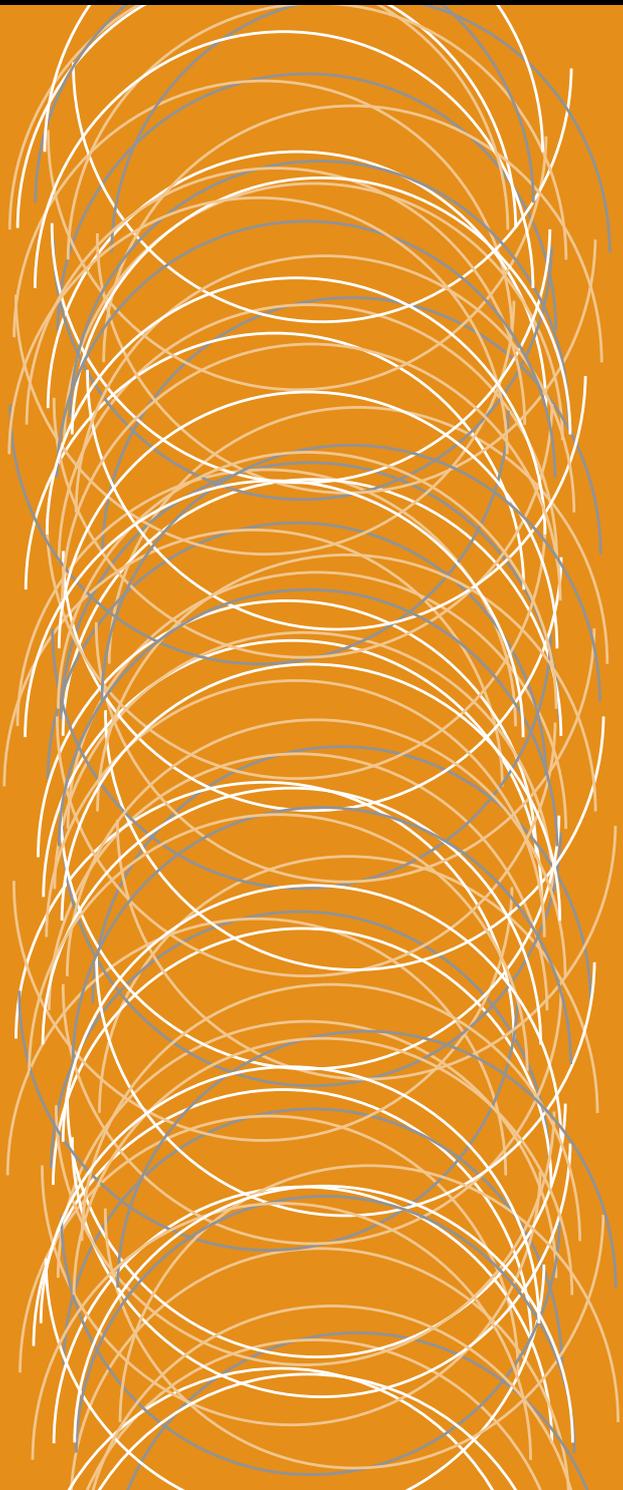


Australian Medical Council Limited

Accreditation of
University of Auckland
Faculty of Medical and
Health Sciences

AMC



Medical School Accreditation Committee
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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.

1 Introduction

1.1 The process for comprehensive report for extension of accreditation

The Australian Medical Council (AMC document, *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2019*, describes AMC requirements for accrediting primary medical programs and their education providers.

In the last year of an accreditation period based on an assessment visit, the AMC can consider a request for an extension of accreditation via a comprehensive report. In submitting a comprehensive report, the education provider is expected to provide evidence it continues to meet the accreditation standards, and has maintained its standard of education and of resources.

Comprehensive reports require self-reflection, analysis of performance against the accreditation standards, and an outline of the challenges facing the Faculty over the period of the possible extension of the accreditation. Without this assessment, the AMC does not have the evidence to determine if the Faculty will meet the standards for the next period.

The AMC considers the submissions from the medical students' societies along with education provider's comprehensive reports.

If, on the basis of the report, the Medical School Accreditation Committee decides the education provider and the program of study continue to satisfy the accreditation standards it may recommend to the AMC Directors to extend the accreditation of the education provider and its program.

The extension of accreditation is usually for a period of three or four years, taking education providers to the full period of accreditation of ten years granted by the AMC between reaccreditation assessments. Following this extension, the provider and its programs undergo a reaccreditation assessment.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers which provide primary medical programs in Australia and New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint progress and comprehensive reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

1.2 Decision on accreditation

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.

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.

Based on the comprehensive report provided, the AMC finds that the University of Auckland, Faculty of Medical and Health Sciences and its medical program meet the accreditation standards.

At their 21 October 2021 meeting, AMC Directors resolved:

- (i) to extend accreditation of the six-year Bachelor of Medicine/Bachelor of Surgery (MBChB) medical program of the University of Auckland, Faculty of Medical and Health Sciences by four years to **31 March 2026**.

2 University of Auckland, Faculty of Medical and Health Sciences

2.1 Accreditation history

The University of Auckland, Faculty of Medical and Health Sciences was first accredited by the AMC in 1995.

An overview of the Faculty's accreditation and monitoring history is provided below:

Accreditation history

Assessment Type	Findings against Standards	Outcome
1995: Accreditation	-	Granted accreditation for ten years to 1 January 2006
2005: Reaccreditation	-	Granted accreditation for five and a half years to 30 June 2011
2010: Comprehensive report for extension of accreditation	-	Extension of accreditation granted for four and a half years to 31 December 2015
2012: Progress report	MET	Accepted
2015: Reaccreditation	MET	Granted accreditation for six years to 31 March 2022
2016 – 2018: Progress report	MET	Accepted (All conditions satisfied)
2020: Progress report	MET	Accepted
2021: Comprehensive report for extension of accreditation	MET	Accreditation extended to 31 March 2026

A copy of the Faculty's 2015 accreditation report can be found [here](#).

2.2 Accreditation report for extension of accreditation: Comprehensive report

In its 2021 comprehensive report the Faculty was asked to provide a report against the standards and any of the remaining accreditation condition/s.

The following was to be addressed for each standard:

- 1 Analysis of strengths and challenges, and significant developments undertaken or planned. This includes any activity against accreditation recommendations for improvement.**
 - identification and assessment of factors that could influence the achievement of the Faculty's goals over the next five years
 - a short summary of major developments since the last accreditation assessment
 - description of the Faculty's development plans for the next five years, and significant milestones for their implementation
 - Any matters that may affect the accreditation status of the program, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.
- 2 Activity against AMC conditions (as required)**
- 3 Statistics and annual updates (Standards 1 and 7)**

2.3 Executive Summary

Brief overview

The MBChB was granted full 10-year reaccreditation (all Standards met) in 2015 subject to review in 2021. To meet this requirement, the Faculty of Medical and Health Sciences submitted a comprehensive report on its MBChB Programme to the AMC on 5 July 2021. As of December 2021, the AMC has found that all Standards have been met, without conditions (see section 3.1 table) and has agreed to extend accreditation of the MBChB to 31 March 2026.

The program reached steady state capacity in 2020. The AMC notes continued development of the program in line with local context and educational best practice. It is also acknowledged that COVID-19 has had an impact on both delivery and planning, but supports the actions and decisions taken to allow standards to be met under these circumstances.

The AMC suggests reflection on the students' report in relation to assessment satisfaction and format of feedback from assessments. These are commonly raised issues by medical students in relation to their programs, but they do require thought and attention. The program may wish to consider the impact of COVID-19 on these views.

Annual reporting will continue as per usual practice.

Standard 1: The Context of the Medical Program

The MBChB continues to meet requirements for the Standard. The program continues to provide stable governance with autonomous decision-making being ratified by its dedicated Board of Studies and actioned by its Medical Programme Directorate. The program has reached student capacity with no plans for expansion. COVID-19 has primarily impacted on financial resourcing of the faculty. The resultant 'Voluntary Leaving Scheme' was taken up by staff affiliated with the MBChB however the faculty does not anticipate critical loss of institutional knowledge will result.

Standard 2: The Outcomes of the Medical Program

The MBChB graduate learning outcomes have had no material changes since the last accreditation.

Standard 3: The Medical Curriculum

The MBChB Programme duration remains unchanged. Material changes have been in line with updating teaching & learning where additional opportunities have arisen in specialty areas, as well as to align with updated or newly introduced legislation pertaining to healthcare provision in NZ. The program has geographically expanded its regional-rural options. These serve to meet the increasing demand to offer students opportunities to experience rural medicine with the goal of eventually providing more practitioners to serve the needs of rural NZ communities. The impact of COVID-19 has necessitated the need for a rapid transition to alternate curriculum delivery models utilising technology and virtual settings but also facilitating a need to embed telehealth into the curriculum while highlighting and demonstrating this model to students as an option in healthcare delivery.

Standard 4: Teaching and learning methods

The MBChB continues to meet requirements for the Standard. The program has continued to review and expand its modes of curriculum delivery since the last accreditation. The program is responsive to student feedback and has focussed on creating a curriculum that is inclusive and contemporary in approach. There has been an increased focus on interprofessional teaching & learning opportunities. The impact of COVID-19 has required dynamic faculty responsiveness focused on upskilling staff to utilise online curriculum delivery options, and to be more comfortable with transitioning at short notice from onsite to online delivery without significant impact to student learning.

Standard 5: Assessment of Student Learning

The MBChB continues to meet requirements for the Standard. The medical program continues to use a wide range of assessment tools with a programmatic approach utilising formative and summative assessment components. Frequent review of assessment processes and tools are undertaken by the program; a particular focus since the COVID-19 pandemic began as assessment format and delivery options were restricted under social gathering legislation and university policy. The 2021 AUMSAi report highlighted a common criticism in medical programs: declining student satisfaction with program feedback in response to their performance in assessments (primarily supervisor reports and OSCE-style assessments). In response, the program has undertaken the following:

- reliability work on CSRs as they are weighted as part of a larger assessment decision
- communicated that OSCE feedback is targeted to 'tagged' and failing students.

The program is continuing to explore mechanisms for providing appropriate and targeted feedback for all students.

Standard 6: The Curriculum – Monitoring

The MBChB continues to meet requirements for the Standard. The program utilises an Evaluation Sub-Committee to oversee the implementation of an evaluation strategy, its planning and delivery. The program has set a 5- year evaluation plan and continues to regularly monitor the following on a rotational schedule:

- Course evaluations (Years 2 and 3)
- Student experience evaluations (Years 4 to 6)
- Attachment, site and domain evaluations

- New sites/cohorts.

Reporting lines have been refined to ensure that clear feedback opportunities are well defined and are utilised. Faculty approved a blanket one year 'lift and shift' approach to evaluation in 2020. In response, the medical program paused most cyclic evaluation, but continued with targeted and bespoke evaluations related to either the impact of COVID-19 on the program or an inaugural event occurrence.

Standard 7: Implementing the Curriculum – Students

The MBChB continues to meet requirements for the Standard. Students numbers have increased from 286 to 300 and the program is now at capacity. The program continues to utilise admissions schemes to offer equitable opportunity for students seeking admission to the MBChB. The MAPASii entry route has facilitated an increase of Māori and Pasifika students entering the program with this group making up 28% of the 2021 cohort. Due to the increasing need for rurally based medical practitioners, the RRASiii places are filled each year. The admissions process has changed from using UMATiv to UCATv and MMivi. Student support has been enhanced by the implementation of HOTSPOTS (an electronic system that allows students to anonymously report on both perceived bullying, harassment, discrimination and disrespect and areas of excellence during clinical placements), dedicated student support advisors and a Pastoral Care Committee. Additional support services have been made available to students since the start of the COVID-19 pandemic. The program is responsive to feedback and has worked to refine processes around the management of unprofessional student behaviours.

Standard 8: Implementing the Curriculum – Learning Environment

The MBChB continues to meet requirements for the Standard. The University has undertaken significant capital works (new facilities and upgrading of existing spaces) to accommodate the changing requirements of the medical program as well as other clinical programs that are taught within the Faculty of Medical and Health Sciences. The medical program has expanded clinical placement opportunities to now include additional sites across the upper North Island. General Practice placements have also increased in line with student numbers. Significantly, the medical internship year start for NZ MBChB graduates will move from November to a mid-January start date from 2022. COVID-19 continues to impact on health professional education. The medical program has worked tirelessly to ensure that MBChB students were impacted as minimally as possible by playing an active role in developing national guidelines around clinical placements during the COVID-19 pandemic thus ensuring continued teaching & learning opportunities with adequate supervision in safe clinical environments.

Summary of future plans and potential impediments to success

The MBChB continues to respond dynamically to the evolving nature of health professional education and the changing needs of New Zealand's populations. The program foresees planned changes to the curriculum will continue to align with the program's increasing focus on:

- Growing awareness of health determinants in New Zealand
- Concern about health inequities in New Zealand Communities
- Increased awareness of public health and health systems, including increased application of digital technologies.

Three significant events have been identified as having the potential to impact on achieving the Faculty's goals over the next five years:

- The continued impact of the COVID-19 pandemic on education providers and their affiliated healthcare facilities that are utilised for health professional education purposes.
- International students being denied access to cross the border into New Zealand to take up educational opportunities until mid-2022.
- A substantive healthcare reform that will be undertaken by the New Zealand government in 2021-2024 whereby a single national healthcare entity (Health New Zealand) will be established with its subsidiary affiliated partner Māori Health Authority.

3 AMC Findings

3.1 Summary of findings against the standards

The findings against the eight accreditation standards are summarised in the table below. Explicit feedback is available on each standard under 3.2.

Standard	Finding in 2015 (including any requirements substantially met or not met)	Finding in 2021
1 Context of the Medical Program	Met (Standard 1.1.3 substantially met)	Met
2 Outcomes of the Medical Program	Met (Standard 2.2.1 substantially met)	Met
3 The Medical Curriculum	Met	Met
4 Learning and Teaching	Met	Met
5 Assessment of Student Learning	Met (Standard 5.2 substantially met)	Met (Standard 5.3.2 substantially met)
6 Monitoring and Evaluation	Met	Met
7 Students	Met (Standard 7.2.4 substantially met)	Met
8 The Learning Environment	Met	Met

3.2 Detailed findings against the standards

Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:

Unsatisfactory	<i>The education provider may not meet the related accreditation standard and AMC should investigate further.</i>
Not Progressing	<i>No progress or overly slow progress.</i>
Progressing	<i>Indicates satisfactory progress against the recommendation, with further reporting necessary.</i>
Satisfied and Closed	<i>The education provider has satisfied all requirements and can cease reporting against the Condition. Condition is marked as closed.</i>

Standard 1 The Context of the Medical Program

Standards cover: governance, leadership and autonomy, medical program management, educational expertise, educational budget and resource allocation, interaction with health sector and society, research and scholarship, staff resources and staff appointment, promotion and development

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 1

Significant developments relevant to this standard

The University of Auckland, Faculty of Medical and Health Sciences governance arrangements for the medical program have remained stable since the accreditation assessment.

The Medical Programme¹ has a dedicated Board of Studies that has authority to make changes to the medical program. It reports its decisions to the Faculty Education Committee and Education Quality Office. The program's governance committees are made up of:

- Contributors to the Medical Programme from across Schools, Departments and Sites
- A lay member who is external to the Medical Programme but who understands the New Zealand healthcare system
- Student representatives.

The Faculty reported on a review of the School of Medical Sciences in 2017 and a 10 yearly university external review of the School of Medicine, which is responsible for the majority of teaching in Years 3-6 (not including the MBChB programme). The review of the School of Medicine noted strengths in research, teaching and relationships with the health sector.

The Faculty reported the establishment of a Research Committee that provides governance and support for the Faculty and School of Medicine research focus, with work underway to widen research supervision opportunities, research funding and continued championing of Vision Mātauranga being progressed.

The Medical Programme increased student numbers since the previous review. It reached full capacity in 2020 and there are no plans for further expansion.

Some structural and financial impact from COVID-19 impacts were reported and include the commencement of the University of Auckland Voluntary Leaving Scheme in 2021. The Faculty is planning for the prospect of needing to replace critical staff and mitigate against the loss of critical corporate knowledge.

A substantial program of health care reform is being undertaken by the New Zealand government over 2021-24 with the abolition of the District Health Boards and Public Health Organisations. A national health service will be established known as Health New Zealand together with an affiliated partner Māori Health Authority.

While the School reports an extensive and strong network of affiliations used for the delivery of the Medical Programme it acknowledges these relationships may be impacted by the program of health reform.

¹ N.B. 'Program' is used in the report when referring to medical programs in the context of the National Law, and AMC accreditation standards and procedures. The Faculty's MBChB is spelled 'programme', and this spelling is used in the report when referring to the Faculty's MBChB.

Statistics and annual updates

Annual information request

Staffing and student numbers remained stable during the reporting period, with a steady increase towards program capacity in 2020.

The School of Medicine reported that it will continue to evaluate staff and student program data to monitor the impact of the New Zealand government health service reform and the University of Auckland Voluntary Leaving Scheme.

Activity against Conditions from 2015 accreditation report

Condition:	Due:	Status:
1 Establish a mechanism to ensure that community and health service consumers are consulted on key issues relating to the curriculum, graduate outcomes and governance (Standard 1.1.3).	2016	Satisfied 2017

Standard 2: The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 2

Significant developments relevant to this standard
<p>There have been no material changes to the provider's purpose or the graduate learning outcomes of the medical program since the last accreditation.</p> <p>Continual renewal of the program's graduate learning outcomes has included increased focus on:</p> <ul style="list-style-type: none">• Growing awareness of health determinants in New Zealand• Concern about health inequities in New Zealand Communities• Increased awareness of public health and health systems, including increased application of digital technologies. <p>Detailed mapping of existing graduate learning outcomes to the AMC Graduate Outcomes Statements and plans for development were provided to the Committee.</p>

Activity against Conditions from 2015 accreditation report

Condition:	Due:	Status:
2 Demonstrate consistency of the program's Graduate Learning Outcomes with all AMC Graduate Outcome Statements (Standard 2.2).	2016	Satisfied 2016

Standard 3: The Medical Curriculum

Standards cover: duration of the medical program, the content of the curriculum, curriculum design, curriculum description, Indigenous health and opportunities for choice to promote breadth and diversity

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 3

Significant developments relevant to this standard
<p>The Hauora Māori Domain has now been fully integrated throughout the Medical Programme pathway.</p> <p>The Faculty has reported on the process to maintain and update its Clinical Scenarios and has also reported updated curriculum content related to:</p> <ul style="list-style-type: none">• Otorhinolaryngology• Obstetrics and Gynaecology• Palliative Care• Ultrasound. <p>The Regional-Rural programmes have been geographically expanded from one to four options since the last accreditation. The student experience incorporates 10 weeks in a rural community, incorporating sequential five week placements in the rural hospital and the local general practice.</p> <p>COVID-19 related border closures, requiring all clinical placements to be exclusively undertaken within New Zealand has affected the opportunities for choice in the curriculum, in particular student selectives that were generally taken overseas.</p> <p>The Faculty acknowledges the impact of COVID-19 on health care education, its impact on health care delivery and the need to adapt its curricula within its report and noted that online delivery, integration of tele-health in the curriculum and other strategies are supporting the COVID-19 management strategy.</p> <p>The Faculty also reports research projects underway, that are looking at teaching and learning skills in the virtual setting, and practitioner and patient telehealth experiences and future design.</p>

Activity against Conditions from 2015 accreditation report

Nil

Standard 4: Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 4

Significant developments relevant to this standard

The Faculty provided a comprehensive summary of continual renewal of teaching and learning approaches since the assessment, which included:

- New small group content and resources in the Personal and Professional Skills domain in response to student feedback. Topics included LGBTQI+, disability, reflective practice, health and personal well-being, leadership, and suicide prevention and wellness.
- Updates to teaching and learning methods in response to the development of national curricula in Obstetrics & Gynaecology and Palliative Care.
- Semi-flipped and fully-flipped classes to promote self-directed student learning. Students are required to undertake extensive and supported pre-reading activities prior to attending lectures which are then reserved for in-depth learning tasks and deeper topic discussion.

Developments related to interprofessional learning included a 'nursing experience' in Year 3 but this was not able to be delivered in 2020 due to the impact of COVID-19 and a interprofessional learning Quality and Safety module that has been moved online in the pandemic.

In 2020, the program transitioned to online delivery as a COVID-19 mitigation. This has included upskilling teaching staff and adjusting Teaching and Learning methodologies to online platforms.

Activity against Conditions from 2015 accreditation report

Nil

Standard 5: The Curriculum – Assessment of Student Learning

Standards cover: assessment approach, assessment methods, assessment feedback and assessment quality

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 5

Significant developments relevant to this standard
<p>The Faculty has reported on both the continuous improvement of its assessment and the changes made in response to the COVID-19 pandemic.</p> <p>The assessment design is based on a programmatic approach with formative and summative assessment components using mixed assessment methods including Progress Testing, written Multi Choice Question papers, clinical skills test such as Mini Clinical Evaluation Exercises, Clinical Skills Assessment, Portfolio Assessment and the Prescribing Skills Assessment (international standardised online assessment).</p> <p>Within the Hauora Māori domain it has introduced a range of assessment initiatives. Examples include:</p> <ul style="list-style-type: none">• Māori Health Intensive (MHI): ePoster (group assessment) (2017)• MHI engagement: Facilitator and peer assessment (2017)• Deconstruction exercise (2018)• Cancer continuum: Haouri Māori questions (2018)• Asynchronous modules and reflective commentary (2019)• Clinical Skills Assessment: Hauora Māori station (2019)• Asynchronous modules and associated tasks (2020)• Paediatrics case report and discussion (2020). <p>The student report highlighted a decline in satisfaction of students with assessments and in particularly feedback on their performance in assessments. In this latter area, there was a significant decline in satisfaction compared with the previous year.</p>

Activity against Conditions from 2015 accreditation report

Condition:	Due:	Status:
3 Demonstrate that the assessment methods and formats in use to assess the Personal and Professional Skills domain learning outcomes are fit for purpose (Standard 5.2.1).	2016	Satisfied 2017
4 Complete an overarching assessment blueprint structured by phase and year (Standard 5.2.2).	2016	Satisfied 2016

Standard 6: The Curriculum - Monitoring

Standards cover: monitoring, outcome evaluation and feedback and reporting

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 6

Significant developments relevant to this standard
<p>The Evaluation Sub-Committee (established 2016) now oversees the implementation of an evaluation strategy and its planning and delivery. The reporting lines have been refined over time to feed evaluation information to the Curriculum Committees for each Phase and the Board of Studies.</p> <p>The Faculty provided the five year evaluation plan and confirmed that the annual evaluation approach, which includes:</p> <ul style="list-style-type: none">• Course evaluations, scheduled on a three-year rotating cycle• Clinical (attachment and cohort) and Domain evaluations which are completed each year• Evaluations of new sites and cohorts (in the year established). <p>In addition, a 'special project' each year, as decided by the Evaluation Subcommittee and reflective of new initiatives or modifications of existing elements of the curriculum, is undertaken. Examples of evaluation were provided, including the review of the Waikato Lakes new Regional Rural Rotation.</p> <p>The evaluation and monitoring cycles have been disrupted due to COVID-19 and the Faculty provided information on the contingency plans implemented.</p>

Activity against Conditions from 2015 accreditation report

Nil

Standard 7: Implementing the Curriculum - Students

Standards cover: student intake, admission policy and selection, student support, professionalism and fitness to practise, student representation and student indemnification and insurance

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 7

Significant developments relevant to this standard

Review and updating is underway for critical program elements including Fitness To Practise, admissions policies and procedures, and student engagement mechanisms.

Statistics and annual updates

Annual information request

Student numbers increased from approximately 286 to approximately 300 during the reporting period, which is regarded as capacity.

The Faculty reported that it will continue to evaluate staff and student program data to assist in monitoring the impact of the New Zealand government health service reform and the introduction by the University of Auckland Voluntary Leaving Scheme.

Since the assessment the Faculty has increased student representation, adding both an international student representative and an LGBTQI+ rep. In addition to the Māori and Pasifika representative in the Auckland Medical Students Association, there are also a Māori student committee and a Pasifika committee.

The Faculty has a targeted Māori and Pasifika Admissions Scheme, the Whakapiki Ake Project, promoting health as a career in secondary schools by using a culturally safe, kaupapa² Māori framework across the recruitment pipeline and Hikitia Te Ora, the Certificate in Health Sciences as a foundation program for Māori and Pasifika students who are seeking entry into one of the health professional programmes but who would benefit from further academic literacy, numeracy or exposure to sciences. The Māori and Pasifika cohort was reported to have increased to 28% of the 2021 intake.

The Regional Rural Admission Student intake is reportedly filled for each cohort.

The Faculty reported changes to the admissions process including the move from Undergraduate Medical Admissions Test to the University Clinical Aptitude Test for Australia and New Zealand and the addition of Multi Mini Interviews in the selection process.

The Faculty also reported a number of enhancements to its student support arrangements, including:

- HOTSPOTS is a joint University of Auckland staff and student initiative. This is an anonymous group-reporting mechanism that would enable students to provide information about their perceptions of bullying, harassment, discrimination and levels of

² Kaupapa Māori = aspiration and purpose of Māori communities – kaupapa has many meanings – KM usually means something that follows Māori philosophies and aspirations

respect and inclusion, identifying both areas of concern and areas of excellence during clinical placements.

- A new welfare section of the program portal, advertising avenues of support.
- The establishment in 2016 of a Pastoral Care Committee to oversee work in response to a review of student support
- Student support advisers.

In response to COVID-19 the university reported that it augmented student support with:

- Financial support
- Extra accommodation support
- Safe space study areas
- Online study support
- Māori and Pasifika Admissions Scheme check in with students to ensure they had the equipment connectivity and space to continue studies online.
- Aroha, the COVID-19 chatbox
- Weekly staff student zooms in 2020.

The Faculty has also reported on changes to Fitness to Practise processes, including the way in which concerns can be reported through the program’s online portal and the separation of the processes for health issues from the processes for professionalism matters.

Activity against Conditions from 2015 accreditation report

Condition:	Due:	Status:
5 Demonstrate that the mechanism for appeals regarding selection is publicly available (Standard 7.2.4).	2016	Satisfied 2016

Standard 8: Implementing the Curriculum – Learning Environment

Standards cover: physical facilities, information resources and library services, clinical learning environment and clinical supervision

Summary of accreditation status	2015: Met	2021: Met
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Developments against Standard 8

Significant developments relevant to this standard
<p>Significant capital works (Building 507, Grafton) were completed and opened in 2020. The new facilities house the School of Medicine, the School of Population Health and will accommodate the Medical Programme Directorate, along with learning and clinical spaces.</p> <p>The Faculty has also reported on the updating of the Simulation Centre, the Advanced Clinical Skills Centre and the Human Anatomy Laboratory.</p> <p>There has been significant expansion of clinical placements in the Regional-Rural network (to include Taranaki Base Hospital and Hawera Hospital rural clinical facilities at Whakatane, Taupō and rural hospitals in the Waikato) and improvements and/or extensions to clinical sites in the Bay of Plenty, Waikato and Taranaki and Northland.</p> <p>Affiliated GP practices have increased in line with increasing student numbers.</p> <p>In line with the continued implementation of the Hauora Māori Domain and the Personal and Professional Skills Domain, there has been a strengthening of focus on cultural safety learning and cultural safety in the learning environment.</p> <p>The Faculty reported some upgrading of technology infrastructure and a significant increase in online resources in response to the challenges of the pandemic.</p> <p>Some changes in the engagement and support of clinical supervisors was reported, including investment in clinical leads for the program at each key site.</p> <p>The COVID-19 pandemic impacted on clinical supervision and safety requirements for students and staff. The program contributed to development of a national guideline for access and supervision of students during the COVID-19 pandemic. The Faculty also provided the operational guidance document it developed in 2020 for clinical staff overseeing students in teaching spaces at clinical sites when clinical settings are operating at national alert levels 1 to 2.5.</p> <p>From 2021, New Zealand medical internship will move from a November start to a mid-January start with transitional arrangements to allow graduating students to start this November. The Faculty has worked with stakeholders in support of this change and sees it as a practical and pragmatic solution to ensuring a better transition for PGY1 doctors entering the health service workforce.</p>

Activity against Conditions from 2015 accreditation report

Nil

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- ⁱ AUMSA = Auckland University Medical Student's Association
 - ⁱⁱ MAPAS = Māori and Pasifika Admissions Scheme
 - ⁱⁱⁱ RRAS = Regional Rural Admissions Scheme
 - ^{iv} UMAT = Undergraduate Medical Admissions Test
 - ^v UCAT = University Clinical Aptitude Test for Australia and New Zealand
 - ^{vi} MMI = Multiple Mini Interviews

