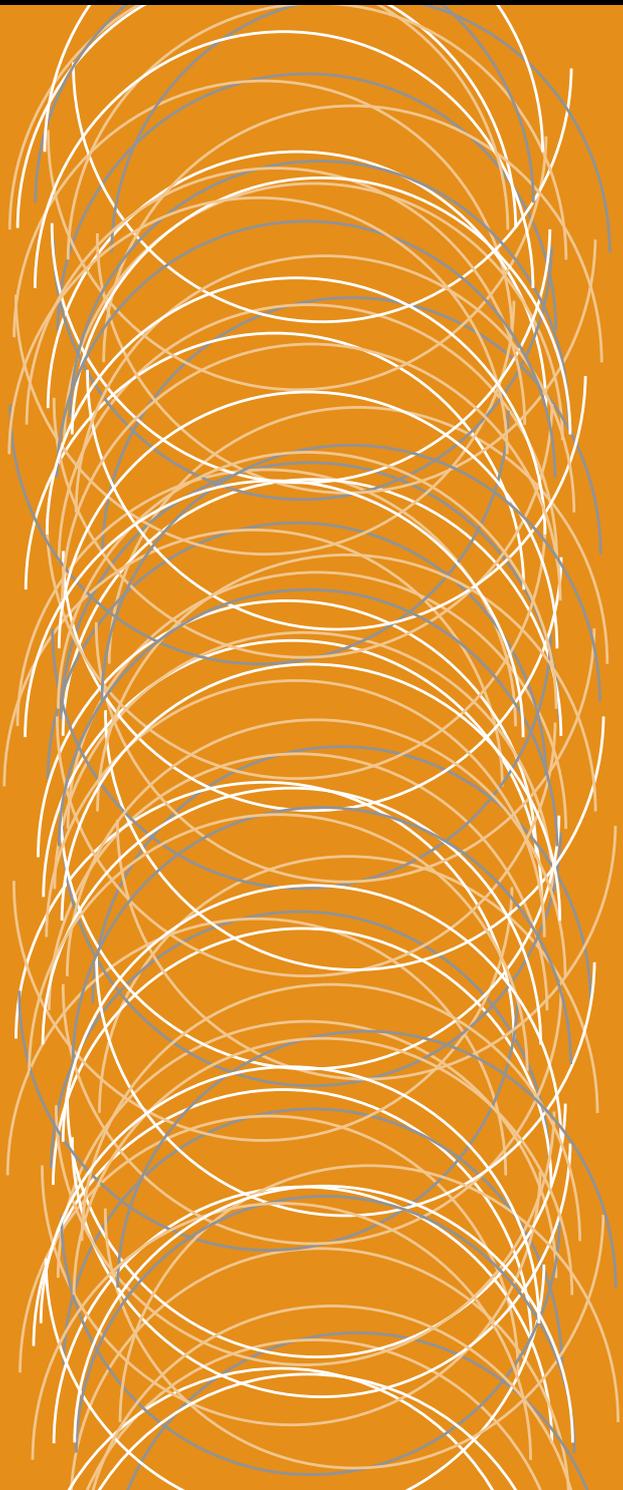


Australian Medical Council Limited

Accreditation of  
The University of Sydney  
Sydney Medical School  
(Dubbo MD stream)

AMC



Medical School Accreditation Committee  
November 2021

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May 2022

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## **Acknowledgement of Country**

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The 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 2021**

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### **Accreditation process**

According to the Australian Medical Council's (AMC) *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2019*, accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission, and visits the provider and its clinical teaching sites.

Accreditation of the Doctor of Medicine medical program of the University, of Sydney, Sydney Medical School expires on 31 March 2025.

The School delivers its accredited program across six Clinical Schools in Sydney and has extended clinical placements in regional health services, including Dubbo. The school submitted plans to the AMC for the first beginning to end delivery of the medical program in a regional health service and will be supported by new infrastructure. The new arrangements are part of the Murray Darling Schools Network.

The proposal was submitted to the AMC in April 2021 and, in May 2021, the AMC Medical School Accreditation Committee commissioned a small team to undertake an assessment of the proposal against the accreditation standards.

An AMC team completed a material change assessment of the School's plans for delivery of the full accredited program at Dubbo. It reviewed the School's submission and the student report, and undertook meetings with Medical School staff in Sydney and Dubbo, local Dubbo health services and community representatives and students in placements at Dubbo over 3-4 August 2021.

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

### **Decision on accreditation**

Under the Health Practitioner Regulation National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards and the imposition of conditions will ensure the program meets the standards within a reasonable time.

Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

**The AMC is satisfied that the medical program of the University of Sydney, Sydney Medical School substantially meets the approved accreditation standards.**

The 9 December 2021 meeting of AMC Directors agreed:

- (i) that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School's continues to substantially meet the accreditation standards
- (ii) that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School's accreditation be confirmed to **31 March 2025**
- (iii) that accreditation of the program is subject to the meeting of the following additional accreditation conditions and the monitoring requirements of the AMC, including satisfactory progress reports.

**By 2022**

33	Demonstrate that the Learning Advisor roles have been clarified for Dubbo staff and supervisors so that students experience a consistent approach to assessment. (Standard 5.1.1)
36	Confirm the nature of the first student intake and report on the evaluation of the admissions processes and initiatives to encourage recruitment of local students, including any refinements made for subsequent admissions processes. (Standards 7.1 and 7.2 )
38	Demonstrate through a site visit that the infrastructure planned has been delivered or that students and staff otherwise have access to safe and well maintained facilities. (Standard 8.1)

**By 2023**

34	Demonstrate the collection and analysis of evaluation data for the Dubbo cohort and describe how this is being used to drive changes to admissions processes and the program. (Standard 6.2.1)
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**By 2024**

30	Demonstrate the School has the staff necessary to deliver the medical program in Dubbo. (Standard 1.8.1)
31	Demonstrate that the research skills component of the medical program can be delivered effectively for Dubbo students. (Standard 3.2.1)
32	Demonstrate that the program enables Dubbo students to develop core skills before they use these skills in a clinical setting. (Standard 4.3)
37	Demonstrate that Dubbo students will have adequate access to local and central student support services and that these are effective in meeting students' needs. (Standard 7.3.1)

**By 2025**

35	Demonstrate that the local infrastructure continues to be sufficient once all cohorts of students are in Dubbo. (Standard 7.1.1)
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*\*note that condition numbers continue from the conditions set on accreditation in the 2019 accreditation assessment.*

## Key findings

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

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

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

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

*\*Note that numbering of conditions and recommendations continues from the 2019 accreditation assessment.*

<b>1. The context of the medical program</b>	<b>Met</b>
----------------------------------------------	------------

*Standard 1.8 is substantially met*

### *Conditions*

30 Demonstrate the School has the staff necessary to deliver the medical program in Dubbo by 2024. (Standard 1.8.1)

### *Recommendations*

P Explore how the unique local opportunities can enhance the delivery of the program in the Dubbo Clinical School while maintaining comparable educational experiences across clinical schools. (Standards 1.2.1 and 2.2.3)

Q Include plans for local medical education research and scholarship in Dubbo to support the evaluation and continuous improvement of the medical program. (Standard 1.7.1)

### *Commendations*

The effective relationship between Sydney and Dubbo has created a strong shared approach to preparation for the new program and an openness to working through the complexities and opportunities of delivering the full medical program in Dubbo. (Standard 1.1)

The meaningful and open engagement with local communities who reported feeling their contribution was valued, and that it clearly influenced curriculum delivery. (Standards 1.1 and 1.6)

The program's respect for and use of the expertise of local Aboriginal and Torres Strait Islander community members to inform delivery of the program in Dubbo. (Standard 1.4)

The clear capability and commitment of Dubbo clinicians who are well engaged in the planning and preparation of the program. (Standard 1.8)

<b>2. The outcomes of the medical program</b>	<b>Met</b>
-----------------------------------------------	------------

*Recommendations*

- R Work with local health services and communities to define a distinctive vision and mission for the clinical school that is aligned with the Medical Program but connected to the local community. (Standard 2.1.1)

<b>3. The medical curriculum</b>	<b>Met</b>
----------------------------------	------------

*Conditions*

- 31 Demonstrate that the research skills component of the medical program can be delivered effectively for Dubbo students by 2024. (Standard 3.2.1)

*Recommendations*

- S Consider adapting existing curriculum documentation or developing specific documentation for Dubbo clinicians on students learning objectives, clearly identifying when learning experiences for Dubbo students may be different. (Standard 3.4)

<b>4. Teaching and learning</b>	<b>Met</b>
---------------------------------	------------

*Conditions*

- 32 Demonstrate that the program enables Dubbo students to develop core skills before they use these skills in a clinical setting by 2024. (Standard 4.3)

*Commendations*

It was evident from the extended clinical placements already in place at Dubbo that there is a commitment to holistic patient-centred care. (Standard 4.6)

<b>5. The curriculum – assessment of student learning</b>	<b>Met</b>
-----------------------------------------------------------	------------

*Standard 1.5 is substantially met*

*Conditions*

- 33 Demonstrate that the Learning Advisor roles have been clarified for Dubbo staff and supervisors so that students experience a consistent approach to assessment by 2022. (Standard 5.1.1)

<b>6. The curriculum – monitoring</b>	<b>Met</b>
---------------------------------------	------------

*Standard 6.2 is substantially met*

*Conditions*

- 34 Demonstrate the collection and analysis of evaluation data for the Dubbo cohort and describe how this is being used to drive changes to admissions processes and the program by 2023. (Standard 6.2.1)

*Recommendations*

- T Develop a systematic process for engagement of local Dubbo stakeholders in reviewing outcomes and participating in the medical program’s continuous renewal processes. (Standards 6.3.1 and 6.3.2)

<b>7. Implementing the curriculum – students</b>	<b>Substantially Met</b>
--------------------------------------------------	--------------------------

*Standard 7.1, 7.2 and 7.3 are substantially met*

*Conditions*

- 35 Demonstrate that the local infrastructure continues to be sufficient once all cohorts of students are in Dubbo by 2025. (Standard 7.1.1)
- 36 Confirm the nature of the first student intake and report on the evaluation of the admissions processes and initiatives to encourage recruitment of local students, including any refinements made for subsequent admissions processes by 2022. (Standards 7.1 and 7.2 )
- 37 Demonstrate that Dubbo students will have adequate access to local and central student support services and that these are effective in meeting students’ needs by 2024. (Standard 7.3.1)

<b>8. Implementing the curriculum- learning environment</b>	<b>Substantially Met</b>
-------------------------------------------------------------	--------------------------

*Standard 8.1 is substantially met*

*Conditions*

38 Demonstrate through a site visit that the infrastructure planned has been delivered or that students and staff otherwise have access to safe and well maintained facilities by 2022. (Standard 8.1)

*Recommendations*

U Publicise the Library facilities to students based at Dubbo. (Standard 8.2.3)

*Commendations*

The approach to the development of culturally safe practice, which is being led by collaboration with local Wiradjuri people and their elders, is supporting students to engage in a way that is appreciated by local communities. (Standard 8.3.3)

## **Introduction**

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### **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**

Founded in 1850, the University of Sydney is Australia's oldest University. The University is organised into six Faculties:

- Arts and Social Sciences
- Business
- Engineering
- Health Sciences
- Medicine and Health
- Science.

And three University Schools:

- Architecture, Design and Planning
- Conservatorium of Music
- Law.

The University employs 7945 staff including 3559 Academic staff members who teach 35,351 undergraduate and 25,958 postgraduate students. The Faculty of Health and Medicine teaches a total of 6748 students.

The newly formed Faculty of Medicine and Health is composed of six Schools:

- Sydney Dental School
- Sydney Medical School
- School of Medical Sciences
- Sydney Nursing School
- Sydney Pharmacy School
- Sydney School of Public Health.

The current University of Sydney Medical Program curriculum was introduced in 1997, when an integrated four-year graduate-entry course replaced an undergraduate-entry course. In 2014, a Doctor of Medicine (MD) degree replaced the previous Bachelor of Medicine & Bachelor of Surgery (MBBS) degree, with the first MD cohort graduating at the end of 2017. The AMC conducted a review of the Medical Program in 2015, and the MD program was reaccredited in 2016.

The program features clinical exposure through the following clinical schools:

- Central Clinical School (Royal Prince Alfred Hospital)
- Concord Clinical School
- Westmead Clinical School
- Nepean Clinical School
- Northern Clinical School (Royal North Shore Hospital)
- Clinical School of the Children's Hospital at Westmead
- The School of Rural Health:
  - Dubbo

- Orange.
- The University Centre for Rural Health, Lismore
- The University Department of Rural Health, Broken Hill.

Student enrolment consists of 912 Commonwealth Supported Places, averaging 228 per cohort. The program does not currently enrol any domestic, full-fee paying students and is committed to a maximum international student enrolment of 25% of each cohort, bringing the target enrolment to 304 per cohort.

### **Accreditation Background**

The medical program was first assessed by the AMC in 1993 as a six-year undergraduate MBBS program. In 2013, the School submitted advice that the medical program would change to a MD from 2014; an AMC assessment team conducted an accreditation assessment in 2015. A summary of the program's AMC accreditation history since 2015 follows.

#### ***2015 Reaccreditation assessment***

The AMC last conducted a reaccreditation of the School in August 2015. The MBBS medical program was granted accreditation to 31 March 2020 to facilitate the teach out of the program. The MD medical program was granted accreditation to 31 March 2022. Both programs' accreditation was subject to satisfactory progress reports.

#### ***2016 – 2017 Monitoring of the program***

The School's 2016 progress report was reviewed by the Medical School Accreditation Committee in November 2016. The Committee considered the commentary of an independent reviewer along with the School's report and the student society's report. Overall, the Committee agreed that the progress was satisfactory and accepted the report.

The Committee considered the School's 2017 progress report in November 2017 and found that the School continued to meet the accreditation standards. The School was invited to submit a Progress report in 2018.

#### ***2019 Material change to MD program***

In June 2018, the School notified the AMC of intended changes to its MD program.

The notice of intent outlined several proposed changes to the program in areas such as curriculum content, volume of learning and compressed activity, student selection pathways, and clinical experience and immersion. The School indicated the revised program will lead to the award of MD planned for commencement in 2020.

The School was invited to submit a Stage 1 submission for accreditation of a new program. This was accepted by the AMC Medical School Accreditation Committee and was approved by the AMC Directors on 11 April 2019. Following this, the School was invited to submit a Stage 2 submission, which was the basis for an assessment by an AMC Team in 2019.

The assessment was undertaken and, on 31 October 2019, AMC Directors agreed:

- (i) that the four-year Doctor of Medicine (MD) medical program (MD2020) of the University of Sydney, Sydney Medical School be granted accreditation to **31 March 2025**; and
- (ii) that accreditation of the program is subject to the meeting the 29 conditions described in the

report and to meeting the monitoring requirements of the AMC, including satisfactory progress reports and follow-up on the implementation of the medical program in 2021.

In 2020, the University of Sydney, Sydney Medical School provided a progress report to the Medical School Accreditation Committee in 2020, in which the Committee determined that the School had demonstrated that it had satisfied a number of the conditions set in the 2019 assessment.

### ***2021 Follow up Assessment for the MD program and material change proposal for Dubbo***

As part of the accreditation decision in 2019, AMC Directors set a requirement for a follow up assessment to review progress on any outstanding conditions. In 2021, a small AMC team reviewed the School's 2021 Progress Report and undertook a follow up assessment, as stipulated by AMC Directors. Due to travel restrictions resulting from the pandemic the assessment was conducted via a series of online meetings.

In 2021, the School submitted its proposal for end to end delivery of its medical program in health services in Dubbo, New South Wales, which will become part of the Murray Darling Medical Schools Network. This proposal had been in development but not completed at the time of the material change assessment of the School's new MD program. The proposal for delivery of the program at Dubbo is regarded as a separate material change and the same small AMC Team undertook an assessment of this proposal in August 2021.

### **This report**

This report details the findings of the 2021 material change assessment of the proposed delivery of the full medical program in Dubbo Clinical School, which is part of the Faculty's School of Rural Health.

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

The members of the 2021 AMC team are at **Appendix One**.

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

### **Appreciation**

The AMC thanks the School 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**

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### **1.1 Governance**

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

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

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

The School has a well-defined governance structure which effectively incorporates the voice of the School of Rural Health and Rural Clinical School in Dubbo. There was clear evidence of appropriate representation of the School of Rural Health on the various committees that oversee the governance of the program. The School reported that this has been enhanced now that distinct rural representation informs the work of the Rural Health Strategic Subcommittee. There was evidence the relationships between the Head of the Rural Clinical School and the Head of the Sydney Medical School and the Head of the Medical Program are very good and clearly effective. There was clear evidence of outstanding consultation with local stakeholders and this has resulted in improvements in the delivery of the existing placements, collaboration in planning for the new beginning to end program and a high degree of local support for the new initiative.

### **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 role of the Head of the Rural Clinical School has been well defined, and that role operates with clear agency and representation with the rest of the Sydney Medical School. The School reported there is sufficient autonomy at the local level to allow development of a distinct local character to the program at Dubbo, though it is also appropriate that this is being given some time to allow to emerge. The School is encouraged to explore local opportunities that can enhance Dubbo students' experience of the program while noting care will need to be taken to ensure initiatives in Dubbo maintain fidelity to the curriculum principles that are espoused by the Sydney Medical School. There has been good evidence in previous assessments of the School managing to strike a balance between local opportunities and a coherent single program across its Sydney-based Clinical Schools.

### **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 medical program management remains as previously assessed. It was clear in this assessment that the local medical school staff and Dubbo community are making appropriate contributions to the committees that oversee the curriculum.

#### **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.*

Dubbo Base hospital and wider health services have an established cadre of academics who are keen to contribute to the program, and receive the appropriate support, as well as develop and improve their skills and the associated educational offering. The collaboration with local Aboriginal and Torres Strait Islander community members to inform the delivery of these aspects of the curriculum is highly impressive and there was evidence of genuine collaboration and community engagement to develop and improve the curriculum content and delivery.

#### **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 initiative in Dubbo has the support of both the Murray Darling Medical School Network and the Rural Health Medical Training program. There are adequate resources to ensure the successful running of the program, with associated planned development of infrastructure. The Head of the Dubbo School of Rural Health reported he has the ability to direct resources from within these budgets to enable ongoing development. In these constrained times for universities and medical education programs, care will be needed to ensure that if significant changes to funding streams occur, the program is appropriately supported to remain financially viable.

#### **1.6 Interaction with health sector and society**

*1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.*

*1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.*

The Medical School and the Dubbo Clinical School have worked hard to establish and maintain strong relationships with the local health sector, and deserve congratulations for this effort. There was evidence stakeholders were well aware of the program, believed that had been appropriately consulted, and were looking forward to contributing to the program and its outputs. Likewise, the team saw evidence that relationships with the local Wiradjuri community were very strong, with a real opportunity of this becoming a point of difference and distinction for the program.

## **1.7 Research and scholarship**

*1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.*

The team heard of the emerging research capacity in Dubbo, and plans for the development of research projects as part of the MD. It is recognised that this capacity still needs to be developed, as well as there being an opportunity for a significant “local” flavour to be imparted onto the research activities. This could reflect local clinical and community healthcare challenges which would make the involvement of local students more relevant. Supporting medical education research and scholarship in Dubbo will strengthen the delivery of the beginning to end program and the local contribution to program renewal.

## **1.8 Staff resources**

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

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

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

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

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

The program is undertaking an active process of recruitment with a number of key staff who will be involved in the delivery of the Year 1 program recently, or soon, to be appointed. Those appointments are welcomed and will be important in the School’s ability to adapt to delivering a remote program. It is noted that one key role will be present in Dubbo part-time.

The program appears to be well staffed from the administrative point of view, and there were a significant number of enthusiastic and committed academic staff who will be able to contribute to the program. Engagement with Aboriginal and Torres Strait Islander staff and community members was strong.

## **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.*

These processes remain as previously assessed for the delivery of the program across the Sydney Medical Schools. A number of clinicians as Dubbo base hospital have University of Sydney appointments and are well integrated into University processes, providing the School with a strong base of clinical academics to support development of the program.

## **2 The outcomes of the medical program**

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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 Sydney Medical Program has a very clear purpose, though it was not immediately clear how this was to be adapted to meet the Dubbo School of Rural Health purposes. The School has engaged in extensive stakeholder consultation, which has resulted in significant support for the program, and, there is an opportunity to translate this into a distinctive vision and mission for the local Clinical School. School staff, clinicians and community representatives articulated a strong and consistent ambition for the beginning to end program to support the recruitment of local students, strengthen local health services and strengthen the connection between the health services and local communities. As the “beginning to end” program is being formed as part of the MDMSN initiative, linking the School’s vision to objectives of that program may be beneficial. This exercise, especially if done in consultation with stakeholders, could be of considerable advantage to the success of the School.

### **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.*

Similarly, while there are clear outcomes for the medical program and a need to ensure comparable educational experience across Clinical Schools, there is an opportunity to nuance the delivery of the program to make the most of the unique opportunities in Dubbo and the differing needs of the local communities and health services, for example for rural generalism.

### **3 The medical curriculum**

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#### **3.1 Duration of the medical program**

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

The four-year program has been in existence for some time and there is no change to the duration for its delivery in Dubbo.

#### **3.2 The content of the curriculum**

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

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

*3.2.2 Clinical Practice: The medical graduate as practitioner.*

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

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

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

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

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

The School reported there will be no change to the content of the curriculum at this stage although there will be some additional teaching on rural and remote medicine related topics. Staff noted at some point the curriculum may be adapted to be contextualised to the local environment and so any changes should be monitored to ensure they are still aligned with the AMC graduate outcomes. The appointment of new academic staff to cover the basic sciences teaching, including anatomy and physiology, will be important in ensuring local teaching and support that can be contextualised to the Dubbo setting. Medical Program staff reported that offers had been made for these roles.

There was evidence of a wide range of research projects in regional Lismore as well as the Sydney Rural Clinical Schools and there was enthusiasm evident in Dubbo for the delivery of the research skills component of the curriculum by clinicians who maintained research roles with the University. It is not a requirement of the accreditation standards but it was a stated ambition that all Dubbo students have locally based research projects. There was however recognition that identifying sufficient 14 week research projects for all students, each year may be challenging.

#### **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 Dubbo Clinical School will deliver the curriculum design already in place across the Sydney Clinical Schools for at least the first year of the new Dubbo delivery. Sessions delivered at the Camperdown campus will be streamed to the Dubbo campus and some face to face activities will be delivered locally.

It will be useful to evaluate the balance of content delivered 'from the centre' and that which will be locally delivered and contextualised, to ensure the sequential articulation occurs across years. If the curriculum design is adapted significantly after learning from the first year of delivering the new Dubbo based program, then it would be useful to review the curriculum blueprint for the Dubbo cohort particularly for years 1 and 2 by including a broad range of stakeholders and central faculty governance support.

### **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 School reported that students based in Dubbo will have access to the same information about expected learning outcomes as the students based in Sydney. It will be important for the clinicians based in Dubbo to receive clear updates on any changes and for them to be well briefed, particularly in relation to student learning in years 1 and 2. The appointment of the new Year 1 coordinator for the Dubbo Clinical School is critical to ensuring this communication of expectations is effective, and it will be important for the learning advisors to be clear on their roles in setting expectations. The School reported new appointments will be joining the team in Dubbo and it will be important to develop communication strategies that work locally, particularly to avoid students being overloaded by local enthusiasm to teach.

Evaluation approaches for the course as a whole should include some component of assessing this for the Dubbo cohort each year as the course rolls out.

### **3.5 Indigenous health**

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

The School reported there are no planned changes to the overall outcomes for the Aboriginal and Torres Strait Islander Health curriculum, and there will be appropriate adaptation for the Dubbo context. This is demonstrated by authentic engagement with local communities, Wiradjuri elders and health professionals.

### **3.6 Opportunities for choice to promote breadth and diversity**

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

The addition of the Dubbo campus as a full four-year program will create new opportunities for students to embrace the breadth of experience on offer. There is a significant culture of strong leadership and clinician engagement in the student presence at Dubbo and this demonstrates the likelihood of students being supported to pursue studies of interest. It will be important to monitor the capacity for this once increased numbers of students are on site over the next few years. For those students who choose a 'Personalised Pathway' in year 2, it will be important to monitor for any overload given the extra breadth of experience they will already be getting at the Dubbo campus.

## **4 Learning and teaching**

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### **4.1 Learning and teaching methods**

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

The School reported there are minimal overall changes to the teaching and learning methods in the accredited medical program. The School has demonstrated that it will employ a wide range of learning methods to meet the outcomes of the program in previous accreditation assessments. These methods involve online lectures, supported with local clinical placements. In the Dubbo context there will be virtual anatomy sessions, supported by intensive 'wet' workshops in Sydney. The School has employed specific local staff to assist in course coordination and basic sciences. They are also delivering the Situated Learning in Community Environments (SLICE) program in second year, which gives students a community context and learning model. There will also be rural opportunities with the Rural Flying Doctor Service, and an Aboriginal medical service that would contribute to clinical experience.

### **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 is evidence the School has a well-established system of student empowered learning, giving time each week for individual learning needs. There is also a strong clinical staff presence who would complement this learning. Students reported to have enjoyed the rural experience in Dubbo and felt it was beyond what they would clinically experience in a metro area. They found they had more opportunity to attend local indigenous cultural events and clinical exposure which they tailored to individual learning needs. This is a strength of the program.

### **4.3 Clinical skill development**

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

The program has an intense first year program, which provides the knowledge backbone to skills that they develop throughout medical school. There was a well thought through anatomy experience to support the local Dubbo students. There are also proposed skill teaching sessions, and a yet to be completed clinical simulation lab. These overall core skills would be largely aligned with Sydney students, apart from first year remote learning activities, which Sydney students are also likely to continue to experience in 2022. The success of this model will need to be monitored.

### **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.*

In meeting with local supervisors from the hospital and community settings, it was clear that there is strong support for the medical school. There is evidence of a sufficient number of both senior and junior medical staff to support clinical skill development. The School also plans to employ an inter-professional nurse practitioner model to teach some clinical skills, such as cannulation. Staff and supervisors reported excellent patient case mix exposure to complement learning. The curriculum functions to increase clinical exposure as students progress through the program.

#### **4.5 Role modelling**

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

The clinical staff support will be a strong point in promoting role modelling in clinical practice. The rural practitioner's breadth of experience will further enhance the clinical learning experience. The development of MD research projects will strengthen local research, with numerous projects identified by executive staff. Further collaboration between the local health service and the School may need to support growth in this area but there was clear commitment from experienced Dubbo researchers whose leadership will be essential in fostering local research initiatives and developing a sustainable MD Project offering at the Dubbo Clinical School.

#### **4.6 Patient centred care and collaborative engagement**

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

The curriculum aims to provide early clinical exposure, integrated community experience and Aboriginal and Torres Strait Islander learning and concepts to promote patient centred care. The team observed the inclusion of care plans and a holistic approach to Aboriginal and Torres Strait Islander clients is likely to give a broader patient centred experience with more holistic goals of patient centred care. The rural setting of Dubbo and the strength of the Clinical School's community relationships may provide a further lens for students to understand the challenges that rural populations face when accessing health care.

#### **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.*

The students will be engaged in the learning about other health professionals through teaching and clinical placements in line with the curriculum design for the School's medical program. The small rural environment is likely to reinforce such learning. There was evidence that the Aboriginal and Torres Strait Islander learning sessions and SLICE program in year two also provides inter-professional learning opportunities. Examples of opportunities included working with a pharmacist in dealing with patient Webster pack issues and scripts. This gives an on the ground reality of patient-based and inter-professional relationships in medicine.

## **5 The curriculum – assessment of student learning**

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### **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.*

Dubbo students will be assessed using the methods adopted for the rest of the Sydney Medical School. There was some confusion within the Dubbo team about exactly how the Learning Advisor scheme would be implemented, and whether it may be in conflict with the role the Learning Advisors play in assisting with progress decisions for individual students.

### **5.2 Assessment methods**

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

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

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

Robust assessment methods are used in the Sydney Medical School, and there was evidence Dubbo has good involvement with the key committees.

### **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 team heard of good feedback processes in the Sydney Medical School, which extended to the experiences at Dubbo.

### **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.*

This is a highlight of the Sydney Medical School, and the quality of assessment permeates the experience in the Dubbo Clinical School.

## **6 The curriculum – monitoring**

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### **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 School reported the separation of evaluation and assessment leads. This demonstrated a commitment to monitoring the program as a whole. Staff reported the current monitoring process will be extended to include the Dubbo Clinical School, and the student survey data and assessment performance will be able to identify those in the Dubbo cohort. There was evidence of processes in place to review data by cohort to ensure timely identification of any issues. The strength of connections between the Dubbo based staff, academic and clinical, and the staff and governance at the Sydney campus will ensure Dubbo specific feedback is captured in any broad evaluation reporting.

The School noted there are no major changes to how the provider collaborates with other education providers although increasing collaboration with the other universities in the Murray Darling Medical Schools Network will develop as more students are collocated in regional health services.

### **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 School will continue with current processes for analysing performance of student and graduates and additional focus groups will be undertaken for the Dubbo stream. Given the desire articulated by Dubbo leads to make a contribution to the development of a sustained local workforce, it will be useful for this to be considered an important outcome to be measured and reported on. The new selection process to be applied to the Dubbo student cohort will also warrant specific evaluation. There is evidence that this will be part of the routine evaluation approach of measuring outcomes related to admissions.

### **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.*

There is evidence of a range of measures used to report back on evaluation results at Sydney Medical School. As Dubbo is a new site to take students for the complete four year program and is dependent on a strong commitment and leadership from the health service, local clinicians, the community and Aboriginal and Torres Strait Islander groups, specific feedback to the local context is important. A well communicated process for local stakeholders to input to renewal of the medical program is a priority.

## **7 Implementing the curriculum – students**

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### **7.1 Student intake**

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

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

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

The School reported that student numbers in the Sydney Medical Program are fixed by the allocated number of Commonwealth Supported Places, with an average of 228 per cohort. The Dubbo MD stream will take 24 students in 2022, and 24 students in each cohort thereafter, with a total of 96 students when the program is fully operational. All students will be in Commonwealth Supported Places. No increase in the number of medical students in the Medical School is anticipated.

The 96 students planned to undertake the program in Dubbo are in addition to the usual cohort of students who rotate through Dubbo and other clinical placements in the region. The student intake can be resourced through the extra appointments that have been made and through the commitment of the health service and local GP workforce. It will be important to monitor the capacity once future cohorts are in the Dubbo-based program, to ensure resources can match need.

The School reported that under the Australian Government Funding Agreement, the Dubbo MD stream is required to give first priority to suitably qualified Aboriginal or Torres Strait Islander applicants, second priority to rural residents (as defined by the Australian Government) from the areas covered by the Western NSW and Far West Local Health Districts, and third priority to rural residents from anywhere in Australia. To reach population parity, the Dubbo stream of the MD will aim for a target of approximately 13% of the cohort being Aboriginal and/or Torres Strait Islander students (3 – 4 students).

The strategy to promote the program to Aboriginal and Torres Strait Islander students and rural students has been defined and pathways set out. There was evidence of appropriate infrastructure and support, particularly for culturally safe approaches. This will need to be monitored for future cohorts as infrastructure, such as local housing, may not be sufficient.

Given the Dubbo campus has a track record of having students for long term placements, there is clear evidence that the local environment and support is fit for the student intake.

### **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.*

Management of the admissions process, including the handling of enquiries for the Dubbo MD Program, is the responsibility of the Admissions Unit within the Faculty of Medicine and Health and the Admissions policies and processes are largely the same as for the Sydney based students with two additional steps to ensure that students are prepared to be based in Dubbo for their program:

- all students applying for the Dubbo stream will also be required to submit at the time of application, a one-page personal statement outlining: a) their reasons for applying for the Dubbo stream of Sydney Medical Program, b) their understanding of the requirements of the Stream to live and study predominantly in Dubbo NSW, and to be able to do so as part of a small cohort of students, and
- a semi-structured interview will be offered, when required, to students who are conditionally offered a place in the Dubbo stream to ensure they have realistic expectation of completion of a medical degree in a rural location as part of a cohort of 24 students.

It was clear that, as reported by the School, admission criteria and student selection has been discussed with community groups, including the Wiradjuri community. The School reported that a Wiradjuri representative/s will be invited to participate in student interview panels.

During the assessment the Indigenous Student Recruitment Officer and Community Engagement Officer at Dubbo Rural Clinical School spoke about their engagement with local community groups including: Dubbo Koori Interagency Network; Aboriginal Education Consultative Group; Girls Academy; Clontarf Foundation; Dubbo TAFE's Head Teacher of Aboriginal Health Programs; Aboriginal Health and Wellbeing Directorate.

The initiatives to support recruitment of local students and Aboriginal and Torres Strait Islander students will need to be monitored to ensure the information on selection processes is easily accessible for those groups. The processes set out clear initiatives to encourage applications from under-represented groups. The addition of the semi-structured interview for the Dubbo stream students will need evaluation to ascertain any changes needed.

### **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 school provides a range of support services and the *Student Life* portfolio could enhance this as long as the 'precinct model' can be tailored to the local medical student Dubbo context. It is recognised that having Year 1 students at Dubbo will be new for the local staff, including clinicians, but there are well thought through processes to ensure students receive confidential support where needed. Support for Aboriginal and Torres Strait Islander students is planned, and it will be important to monitor the sustainability of this approach to ensure it does not over-burden local communities particularly if local tutors are recruited. Current students at the Dubbo campus are aware of mechanisms for support and it is likely they will also be a useful source of information for new students. Students reported the support to be of high quality. The appointment of a local clinician to the role of academic student support will ensure local needs are considered.

### **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.*

Staff report there are no changes to professionalism and fitness to practice policies and procedures. It will be important to clearly articulate and monitor the scope of the learning advisor role to ensure those advisors know how to manage and escalate any concerns. Similarly, given it will be the first time local staff have worked with year 1 students, the processes will need to be clearly communicated to those staff. The role and presence of the year 1 coordinator will be important in ensuring timely communication of concerns. It was noted that the coordinator will not be onsite in Dubbo full-time, so effective communication of how to raise concerns at any time will be important.

### **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 a clear process for student representation, and it will be important to ensure Dubbo specific representation for year 1 and 2 students on the relevant governance meetings. Regular visits from those leading the Sydney Medical Program will ensure the Dubbo students know their representation is valued.

### **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.*

Staff report there are no changes to student indemnification and insurance policies and procedures.

## **8 Implementing the curriculum – learning environment**

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### **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 University of Sydney has started substantial capital works on the Dubbo campus; it is constructing a new single-storey 850 m<sup>2</sup> building on the site of the School of Rural Health in Moran Drive, Dubbo, adjacent to Dubbo Hospital. The School reported that the building will contain three interconnected pavilions: an anatomy teaching facility; two learning studios equipped for a wide range of teaching purposes, with audio-visual equipment set up for small groups within a larger group to participate in screen-based histology and histopathology classes; and a sophisticated simulation centre capable of simulating a wide range of adult, paediatric, obstetric, and neonatal emergency management scenarios. The building will also contain study areas and other amenities.

The existing adjacent School of Rural Health teaching building was visited during the previous accreditation assessment. It contains a variety of teaching rooms, ranging from small-group tutorial rooms to a 32-seat lecture room and procedural skills training rooms. The adjacent administration building contains staff workstations, 2 meeting rooms and amenities, including a staff room. The School reported that refurbishment works will be carried out on the existing teaching and administration buildings to provide additional staff workstations, meeting rooms, boardroom and a multi-purpose formal reception.

Based on the documentation reviewed, the plans and pictures for these spaces are very promising pictures and, the projects appear to have progressed despite the challenges of the pandemic. However these will need to be verified, once in place, to confirm this standard is met. If it all works out to plan, the site will likely be an excellent learning environment.

### **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.*

There is adequate IT support and communication technology infrastructure for the medical program. This has been shown to be functional by the current Year 3 and Year 4 students. There was however concerns about Library resources, which current students reported being unaware of. This was in conflict with reports from the clinical staff and executive whom praised their Library staff and resources. This would also potentially affect the ability to meet their research projects, where a literature review is required. A site visit would confirm the adequacy of these resources.

### **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 School has demonstrated that they can provide a suitable range of clinical facilities through on-site teaching, and teaching linked to community to meet the outcomes of the program and there are additional local opportunities that will enrich students' experience of the program. For example, there is a partnership with the Royal Flying Doctors where they not only provide clinical experiences, but also interim support for simulation training at their base.

There was evidence of a well-developed curriculum that addresses cultural safety and culturally competent health care. The integration of care coordination into this curriculum is excellent since it gives a generalist view of the complexities of inter-professional interactions within the community. The School has further demonstrated that it has been providing cultural activities for current Year 3 and Year 4 students beyond what is deemed mandatory by the university (e.g. fireside chat). All of these activities and curriculum are linked with the local Wiradjuri people and their elders. The assessment included a meeting with a local elder and members of the Wiradjuri community who reported positively on engagement with the local Dubbo team and their ability to influence delivery of the curriculum.

The medical school has shown integration with local health professional education, which functions to overall strengthen their local teaching ability. These activities are flexible to local needs, and this synergy reduces potential conflict in clinical facility use and capacity. Local Specialists report that there is teaching on the run, bedside teaching, and registrar-led tutorials. The Royal Flying Doctor Service collaboration is noted above. There appears to be a strong active engagement, which is reactive and responsive to teaching needs.

### **8.4 Clinical supervision**

*8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.*

*8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.*

*8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.*

*8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.*

The documentation provided by the School demonstrated the integration of these students into the Dubbo learning environment in a manner that ensures sufficient clinical contact and is appropriate to meet the program's learning outcomes. In meeting with both Dubbo hospital executive and staff specialists, there was confidence that they will be able to provide a suitable clinical learning environment. Students on clinical placements at Dubbo reported an excellent and well-supported experience.

The School has established structures for supporting supervisors, and there has been discussions about clinical time and teaching duties. Local staff have discussed their willingness to work with the School to support these students and the overall Dubbo environment. There were no issues identified in discussion with local staff specialists. There were adequate junior medical staff to support the program. Some students reported extra learning activities with these staff members, which added value to their learning. This was further applied to the broader community where there are established general practices, and community services to support delivery of the medical program.

## **Appendix One      Membership of the 2021 AMC Assessment Team**

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**Professor Ben Canny (Chair)** BMedSc (Hons), MBBS (Adel), PhD (Monash), FANZAHPE  
Director of Medical Education, Faculty of Health and Medical Sciences, University of Adelaide.

**Professor Alison Jones** PhD BA (Hons)  
Dean (Education), College of Medicine and Public Health, Flinders University.

**Dr F Shaun Hosein** BScH, MBBS, MSc (Critical Care), FRACGP, FARGP  
Medical Officer, International Medical Health Service (General Practice) and Strategic Policy Officer,  
Australian Medical Council.

**Ms Kirsty White**  
Director, Accreditation and Standards, Australian Medical Council.

**Ms Brooke Pearson**  
Accreditation Officer, Australian Medical Council.

**Ms Chloe Chuah**  
Accreditation Programs Assistant, Australian Medical Council.

## Appendix Two Groups met by the 2021 Assessment Team

Meeting	Attendees
<i>Tuesday, 03 August 2021</i>	
<b>Sydney School of Medicine – Sydney</b>	
Sydney Medical School Executive – Overview and Vision for Dubbo	Head of School and Dean
	Director of Sydney Medical Program and Academic Education
Year 2 Implementation	Academic Lead, Evaluation
	Associate Lecturer, Research Methods
	Associate Professor, Haematology/Oncology Block, and Head, Nepean Clinical School
	Lecturer, Community Day Coordinator, and General Practitioner
	Professor of Public Health & Pain Medicine, Research Methods
	Senior Lecturer, Research Methods
	Year 2 Academic
	Year 2 Coordinator
Year 3 MD Project and Specialty Blocks	Head, Child and Adolescent Health Block
	Head, Psychological and Addiction Medicine
	(Two) Joint Head, Specialty of Obstetrics and Gynaecology
	MD Project Clinical Lead
	MD Project Lead
	Senior Lecturer, Curriculum and Faculty Development and Student Support
	Year 3 Coordinator and Critical Care Lead
Assessment	Academic Lead, Assessment
	Ethics Law and Professionalism Lead
	Learning Advisor Coordinator
	Lecturer, Assessment
	Manager, Education Innovation & Design
	Senior Assessment Officer
	Senior Lecturer, Assessment
Indigenous Health and Admissions	Academic Lead, Admissions
	Director of Sydney Medical Program and Academic Education
	Head, Indigenous Health, Sydney Medical School
	Head of Dubbo Rural Clinical School
	Head of School and Dean
	Indigenous Recruitment Officer
	Senior Lecturer, Indigenous Health
Students Years 1 and 2	(Four) Year 1 students

<b>Meeting</b>	<b>Attendees</b>
	(Five) Year 2 students
Student Representatives (all years)	(Two) Year 1 student representatives
	(Three) Year 2 student representatives
	(Two) Year 3 student representatives
	(Two) Year 4 student representatives
<i>Wednesday, 04 August 2021</i>	
<b>Sydney School of Medicine - Dubbo</b>	
School of Rural Health Dubbo Leadership – Overview, Governance and Outcomes	Head of Dubbo Rural Clinical School
	School Manager, School of Rural Health
Local Health District and Dubbo Base Hospital – Overview, Governance and Outcomes	District Director of Medical Services, Western NSW Local Health District
	Director of Medical Services, Dubbo Base Hospital
Year 1 Implementation	Associate Professor, Public Health, and School of Rural Health (Dubbo/Orange)
	Head of Dubbo Rural Clinical School
	Head of School, School of Medical Science
	Lecturer, Anatomy, and School of Medical Sciences Liaison Academic with Sydney Medical Program
	School Manager, School of Rural Health
	Year 1 Coordinator
	Year 1 Coordinator, Dubbo stream MD
	Year 1 Coordinator, Metropolitan stream MD
Year 2 Implementation and MD Projects	Academic Lead, MD Projects
	Academic Support Lead and General Practitioner, Dubbo
	Associate Professor, Public Health, and School of Rural Health (Dubbo/Orange)
	Clinical Lecturer, Medicine/Block Coordinator, and Oncologist
	Education Lead and Senior Lecturer, Dubbo, Medicine/Block Coordinator and Nephrologist
	Lecturer and Community Day Coordinator, and General Practitioner
	Lecturer, Medicine/Block Coordinator, and Haematologist
	Senior Lecturer, Rural Research
	Year 2 Coordinator
Dubbo community members	Chief Medical Officer, Royal Flying Doctor Service South Eastern Section
	Community Engagement Officer
	Future Workforce Manager, NSW Rural Doctors Network

<b>Meeting</b>	<b>Attendees</b>
	Indigenous Elder
	Indigenous Elder's family member
	School Manager, School of Rural Health
Dubbo Students Years 3 and 4	(Two) Year 3 students
	(Two) Year 4 students
Dubbo Tutors and Supervisors	Academic Support Lead and General Practitioner, Dubbo
	Clinical Lecturer, Medicine/Block Coordinator, and Rheumatologist
	Lecturer, Medicine/Block Coordinator, and Respiratory Physician
	Senior Lecturer, Medicine/Block Coordinator, and Nephrologist
Dubbo Student Support	Academic Support Lead, Dubbo
	Community Engagement Officer
	Indigenous Recruitment Officer and Indigenous Student Support
	Lead Student Support
	School Manager, School of Rural Health
	Student Life Academic, Sydney Medical School



