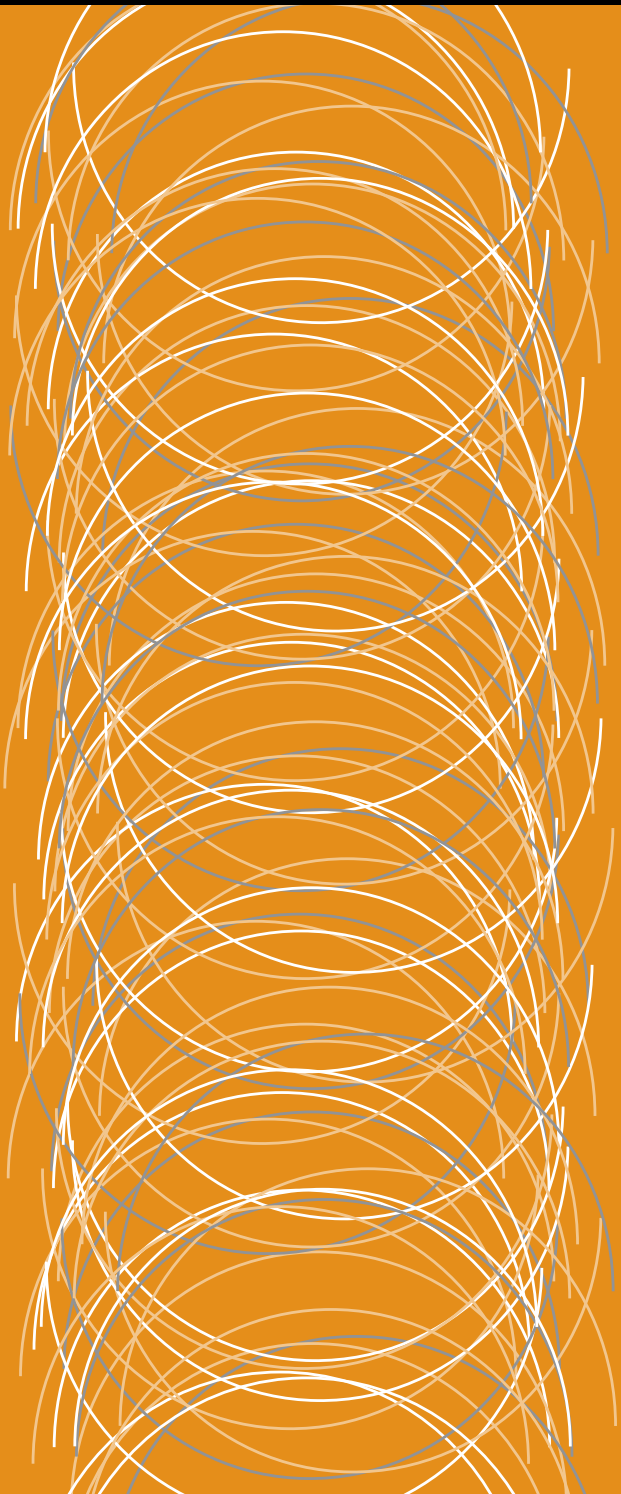


Australian Medical Council Limited

Accreditation of
University of Tasmania
College of Health and Medicine
School of Medicine

AMC



Medical School Accreditation Committee
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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges the Aboriginal and/or Torres Strait Islander people 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 extension of accreditation

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, 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 an accreditation extension submission. In submitting an accreditation extension submission, 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.

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

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

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 accreditation extension submission, 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.

On the basis of the accreditation extension submission, the AMC Directors at their 15 September 2022 meeting resolved:

- (i) that the University of Tasmania, College of Health and Medicine, School of Medicine and its Bachelor of Medicine/ Bachelor of Surgery (MBBS) and Bachelor of Medical Science and Doctor of Medicine (BMedScMD) medical programs continue to meet the accreditation standards and;
- (ii) to extend the accreditation of the University of Tasmania, College of Health and Medicine, School of Medicine and its medical programs, up to a maximum of four years, to **31 March 2027**.

2. University of Tasmania, College of Health and Medicine, School of Medicine

2.1 Accreditation history

The University of Tasmania, College of Health and Medicine, School of Medicine was first accredited by the AMC in 1991.

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

Accreditation history

Assessment Type	Findings against Standards	Outcome /
1991: Initial accreditation	-	Granted accreditation of the six-year MBBS for five years to 1996.
1995: Comprehensive	-	Extension of accreditation to 31 December 2001, subject to a follow up assessment.
1998: Follow up	-	Confirmed the 1995 accreditation decision.
2001: Reaccreditation	-	The AMC identified significant concerns and granted accreditation for one year.
2002: Follow up	-	Granted accreditation to 31 December 2005.
2005: Major change	-	Introduction of the five-year MBBS. Granted accreditation of both the five-year and six-year MBBS to 31 December 2011. The six-year MBBS was taught out by 2011.
2007: Follow up	-	Confirmed the 2005 accreditation decision.
2011: Comprehensive	-	Extension of accreditation granted to 31 December 2016.
2016: Reaccreditation	Substantially meets	Granted accreditation of the five-year MBBS to 31 March 2023.
2017: Progress monitoring	Substantially meets	Accepted.
2018/2019/2021: Progress monitoring	Meets	Accepted.
2021: Notice of change – transition to MD and progress monitoring	Meets	Accepted. Further information regarding the transition required in 2022 submission.

2022: Accreditation extension submission	Meets	Granted accreditation to the full period of accreditation to 31 March 2027.
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A copy of the School's 2016 accreditation report can be found [here](#).

2.2 Accreditation extension submission

In its 2022 accreditation extension submission the School was asked to provide a report against the standards and its remaining accreditation condition.

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 school's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- description of the school's development plans for the next five years, and significant milestones for their implementation
- Any matters that may affect the accreditation status of the programs, 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).**

2.3 Executive summary

The Tasmanian Medicine Program provides a five-year undergraduate entry medical degree, as the only medical degree offered in the state of Tasmania. The program sits within the Tasmanian School of Medicine (TSOM), College of Health and Medicine, University of Tasmania. The remit of the program is to produce a high-quality medical workforce for Tasmania and beyond.

Based on the Accreditation Report (for extension of accreditation), the AMC Medical School Accreditation Committee recommended to AMC Directors at their 15 September 2022 meeting, to extend the accreditation of the TSOM's Medicine Program, for a maximum of four years, to 31 March 2027. There are no conditions to be met during this reporting period.

Implementation of new course

After consulting with staff, current students, relevant external stakeholders, and the Course Advisory Committee, the TSOM decided to implement an AQF Level 9 qualification. This will involve a teach-out phase of the current MBBS course, and introduction of the BMedScMD course. The new course was approved by the University of Tasmania Academic Senate in November 2021 and commenced in 2023 for Year 1 students.

The key change from the existing MBBS course is the introduction of a professional project, which will support the continued development of desirable workplace graduate abilities in leadership, entrepreneurship, health systems reform, research, and professional practice. A particular focus of these projects will be on building evidence-based capabilities that support development of leadership and problem-solving skills in healthcare settings. During design of the BMedScMD, the TSOM reviewed the existing MBBS curriculum, and has revised the mapping of Course Learning Outcomes (CLOs), Intended Learning Outcomes (ILOs), and assessment items.

Key features of this report

- Governance structures of the Medicine Program within the TSOM have continued to operate on a stable basis during leadership transitions since the last accreditation, with significant positions and leadership team memberships outlined in the report.
- University-wide updates to Strategic Priorities, Assessment Procedures, and the Academic Promotions Policy have been incorporated with course-level changes as reported.
- State-wide health priorities and strategies are described as relevant elements in the context of the Tasmanian Medicine Program. The TSOM continues to engage widely with health service providers and other stakeholders as outlined.
- Expansions to the breadth and diversity of clinical placement experiences, interprofessional learning (IPL), online and blended learning opportunities, assessment management, and responses to the challenges of COVID-19 are outlined in the relevant sections.
- An Evaluation Framework has been developed to monitor initiatives and program outcomes through feedback from students, staff, and external stakeholders. During the transition to the BMedScMD, the Evaluation Framework will closely examine the implementation and progress of professional projects and concurrent clinical instruction.

The Tasmanian Medical Program extends its gratitude to the dedicated professional, academic, clinical, adjunct, associate, and voluntary staff associated with the program, as well as to our health service and community partners, for all their contributions to the program and to the Accreditation Report (for extension of accreditation).

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 2016 (Including any requirements substantially met or not met)	Finding in 2022
1. Context of the Medical Program	Substantially met 1.1, 1.2, 1.3, 1.8 & 1.9 found to be Substantially met 1.6 found to be Not met	Met
2. Outcomes of the Medical Program	Substantially met 2.1 found to be Substantially met 2.2 found to be Not met	Met
3. The Medical Curriculum	Met 3.3 & 3.5 found to be Substantially met	Met
4. Learning and Teaching	Met 4.7 found to be Substantially met	Met
5. Assessment of Student Learning	Substantially met 5.1 found to be Substantially met	Met
6. Monitoring and Evaluation	Substantially met 6.1 & 6.3 found to be Substantially met 6.2 found to be Not met	Met
7. Students	Met 7.2 & 7.5 found to be 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	2016: Substantially met	2022: Met
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Developments against Standard 1

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>Major developments in the University of Tasmania governance structure and functions</p> <ul style="list-style-type: none">The University's transformation from a faculty-based to a college-based organisation has been led by the Vice Chancellor. The College of Health and Medicine has replaced the Faculty of Health (CHM).
<p>Tasmania School of Medicine (TSOM)</p> <ul style="list-style-type: none">Governance structures of the Medicine Program within the TSOM have continued to operate on a stable basis during leadership transitions since the last accreditation.In 2020, the School of Medicine was reorganised and given the name Tasmanian School of Medicine. Two of its former specialities were transformed into independent Schools of Psychological Sciences and of Pharmacy and Pharmacology.In August 2021, the School filled the position of Head of School and Dean of Medicine.
<p>Consultation with key stakeholders</p> <ul style="list-style-type: none">The Course Advisory Committee (CAC) was formed in 2018 which replaced the Stakeholder Engagement Advisory Group. The CAC is chaired by the Chief Medical Officer, Tasmanian Department of Health, who holds a conjoint position with the TSOM.
<p>Consultation, planning and development of the Doctor of Medicine (MD) course</p> <ul style="list-style-type: none">The five-year MD was developed under the direction of the TSOM and will be introduced from 2023.The MD program will continue to offer a three-year Bachelor of Medical Science (BMedSci) exit degree.After consulting with staff, current students, the Australian Medical Association (AMA), the Tasmanian Chief Medical Officer (CMO), and the CAC, the TSOM decided to move towards an AQF Level 9 qualification.The Head of School is the chairman of the MD Steering Committee. The Academic Lead for the MBBS program and the Directors of the Clinical Schools make up this group.A Course and Curriculum Working Group was created to oversee the procedure and report to the Steering Committee. It is co-chaired by the Academic Lead, MBBS, and the Associate Head Learning and Teaching (AHLT), and is made up of Year and Domain leads as well as other TSOM members who were identified through a School-wide Expression of Interest.

Medicine Program management

- Since 2018, the Academic Lead for the MBBS has undertaken the role of MBBS Course Coordinator. In May 2022, the Academic Director of the Foundation Years in Medicine was appointed to provide enhanced support to the Medicine Admissions Team and Year Leads in Years 1 - 3 of the Medicine Program.
- In preparation for the 2023 MD implementation, the position of the Academic Lead for the MBBS has been restructured to establish the position of Director of the Medicine Program (Deputy Dean of Medicine).
- The Academic Division is currently developing a new course and unit monitoring and review mechanism that will be put into effect in 2022.
- The Tertiary Education Quality and Standards Agency (TEQSA) renewed the University's registration in 2019.

Major developments in educational expertise

- A Senior Lecturer, Aboriginal and Torres Strait Islander Health Education, position was created in 2018.

Major developments in educational budget and resource allocation

- The University's General Delegations Ordinance came into effect in 2020.
- The University's annual planning cycle has changed to reflect the COVID-19 pandemic, which has presented financial difficulties for the entire organisation.

Major developments in interaction with the health sector and society

- A Memorandum of Understanding between the Department of Health and the University was finalised in 2018 and remains current until 2023.
- Effective partnerships with the Indigenous health sector - The University issued an apology to the Tasmanian Aboriginal community in 2019 for its involvement in acts of dispossession, discrimination, and other actions that affected the people's culture, health, and wellbeing.

Major developments in research and scholarship

- As the TSOM moves to the MD program in 2023, TSOM researchers, particularly research theme leaders, will play a significant role in defining research possibilities for medical students.

Major developments in staff resources

- The Working Better Program, which aims to create effective and sustainable work practices, was launched in April 2020. Professional staff have been organised into College Working Groups to redesign services and implement a new service model which combines the work of staff in disciplinary organisational units with central coordination and delivery of a range of services.

Staff appointment, promotion, and professional development

- The University of Tasmania (UTAS) Academic Staff Promotions Policy was updated in 2020 to reflect staff career development and university strategic aims.
- In 2021, changes were made to the Academic Staff Promotions Procedure. Now, there are two rounds of promotions each year. The School has established a consultation procedure for consideration of applications by the Head of School, Associate Head Research, and Associate Head Learning and Teaching in order to offer consistent oversight of promotion applications.

- Based on their significant contributions to teaching, leadership, research, and other areas, Clinical School Directors and the Associate Head Learning and Teaching have recently been promoted to academic Level E positions.
- To assist staff in reaching mutually agreed-upon goals that are in line with the strategic priorities of UTAS, CHM, and TSOM, UTAS has adopted a revised approach to performance assessment was introduced in 2019.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
1 Demonstrate that the medical program's revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders (Standard 1.1.1).	2017	Satisfied 2018
2 Define the function of the Assessment Committee showing how it interacts with the Academic Progress Review Committee; and define the Clinical Disciplines Committee's interaction with the Clinical Training Committee (Standard 1.1.1).	2017	Satisfied 2018
3 Provide finalised terms of reference and membership for the Clinical Disciplines Committee, Academic Progress Review Committee and the Medicine Stakeholder Engagement Advisory Group (Standard 1.1.2).	2017	Satisfied 2018
4 Provide evidence of stakeholder consultation on the program's purpose, curriculum, graduate outcomes and governance via the Medicine Stakeholder Engagement Advisory Group, and the mechanism by which this consultation informs the program (Standard 1.1.3).	2017	Satisfied 2019
5 Demonstrate clearly defined arrangements for the academic head of the medical program from 2017 onwards (Standard 1.2).	2017	Satisfied 2018
6 Demonstrate that the revised curriculum governance structure is effective, by providing details regarding how curriculum developments are led, consulted on, piloted, ratified, implemented and evaluated (Standard 1.3.1).	2017	Satisfied 2017
7 Provide evidence of a formal agreement with the Tasmanian Health Service that proves a partnership to promote medical education and training, addressing the governance framework for management of the relationships in committees and individual roles, and the operational aspects such as clinical placement agreements, conjoint appointments, staff development and conflict resolution processes (Standard 1.6.1).	2017	Satisfied 2018

8	Develop an engagement strategy to promote medical education and training in Indigenous health that is informed by Indigenous people (Standard 1.6.2).	2017	Satisfied 2018
9	Provide evidence that there are appropriate senior discipline leads to deliver the medical program, specifically in paediatrics, obstetrics and gynaecology, Indigenous health, general practice, professionalism and ethics (Standard 1.8).	2017	Satisfied 2018
10	Demonstrate that appointment and promotion policies balance teaching, research, and service functions to maintain adequate program delivery (Standard 1.9).	2017	Satisfied 2017

Standard 2: The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

Summary of accreditation status	2016: Substantially met	2022: Met
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Developments against Standard 2

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<ul style="list-style-type: none">In response to the COVID-19 disruption, UTAS implemented a COVID-19 Learning and Teaching Systematic Accommodations Framework for 2022. This framework outlined the approvals pathways for remote, alternative, and delayed learning and teaching accommodations that can be used at the level of the individual student, cohort, or university.
<p>Changes brought about by reforms from <i>Our Healthcare Future</i></p> <ul style="list-style-type: none">The <i>Our Healthcare Future</i> is currently implementing several immediate actions as part of the development and implementation of a long-term plan for health care in Tasmania. These include upgrading and reforming the present Hospital in the Home (HiTH) model of care to enable referral from the community and primary care sector, as well as optimising HiTH to maximise current capacity and facilitate speedy discharge, including enhanced referral from ED. Additionally, a brand-new Rapid Access In-Reach Service model is being deployed in the North and Northwest, giving GPs and other primary care clinicians immediate access to specialists to boost community care for those with complex and chronic needs.The emphasis on telehealth is being increased, building on Tasmania's reaction to COVID-19, allowing telemedicine to be ingrained as a normalised form of care and as a medium for learning and teaching.Other reform initiatives include investment in modern ICT infrastructure to digitally modernise public hospitals, improve patient information results, and better manage the health workforce, which could have a positive impact on the medicine program.
<p>Major developments in our purpose</p> <ul style="list-style-type: none">In 2018 the University of Tasmania commenced a series of cascading conversations about the mission of the university culminating in the University of Tasmania Strategic Plan 2019-2024 including updating the University's Mission Statement and Statement of Values and Behaviours.The University of Tasmania mission is <u><i>A place where we do things for Tasmania and from Tasmania</i></u>: Strategies include:<ul style="list-style-type: none"><i>Providing the education students need to participate in and help create those parts of the economy that provide good incomes and secure employment ...</i><i>Develop distinctive professional capabilities to meet Tasmania's particular needs and priorities in all parts of the island.</i>UTAS switched from a faculty structure to a college structure in 2017-18. In 2018, the College of Health and Medicine replaced the Faculty of Health.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
11 Include the program's purpose in program communications and materials, such as an overarching program guidebook for students and staff containing the purpose and overall curriculum view (Standard 2.1).	2017	Satisfied 2017
12 Provide evidence that AMC Graduate Outcome Statement 4.1 applies within the program (Standard 2.2).	2017	Satisfied 2017
13 Demonstrate plans and progress in the alignment of discipline specific curriculum content and assessment across the clinical sites (Standards 2.2 and 3.2).	2017	Satisfied 2018
14 Provide evidence of comparable achievement of outcomes across sites in the major clinical disciplines, by comparing results in clinical, written and portfolio assessments (Standard 2.2).	2017	Satisfied 2017

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	2016: Met	2022: Met
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Developments against Standard 3

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>Our Healthcare Future reforms</p> <ul style="list-style-type: none">The <i>Our Healthcare Future</i> Reform Initiative 3b: <i>Build a strong health professional workforce linked to a highly integrated health service to fulfil the needs of Tasmanians</i> is currently being implemented by the Tasmanian Department of Health (DOH). This involves working with UTAS to better assist the hiring of specific specialists in rural areas through conjoint appointments, with an emphasis on the Northwest. The Clinical Executive Committee, of which UTAS is a member, has a Training and Workforce Subcommittee that was established by DOH. This gives DOH, UTAS, and TasTAFE a continuous venue to advance their collaboration agreements as they analyse workforce and educational gaps, set goals, and coordinate organisational and community needs.
<p>Major developments in the content of the curriculum ensuring that graduates demonstrate all specified AMC graduate outcomes</p> <ul style="list-style-type: none">Improved teaching modules for Year 3 CAM 304/305 Fundamentals of Clinical Science / Functional Clinical Practice (Disability in CAM304, Global Health in CAM305).A Dementia module was launched in 2020. This is a modified version of the Wicking Dementia Research and Education Centre's Understanding Dementia MOOC. The information in this module is testable, frequently used as a short answer question on an exam, and usually well-liked by students.Year 4 and Year 5 Leads and Directors of the Clinical Schools provide feedback to Year 1 – Year 3 Leads on readiness of students for clinical rotations.
<p>Major developments in curriculum design demonstrating horizontal and vertical integration and articulation with subsequent stages of training</p> <ul style="list-style-type: none">Over the course of the year, students participate in Medicine, Clinical Specialties, Primary Care, and Surgery rotations.Since 2017, the structure of the weeks has changed to separate the content into clinical rotation weeks and non-rotation teaching weeks (previously, the weeks were separated into rotation content on Tuesday, Thursday, and Friday and non-rotation teaching content on Monday and Wednesday). Although this had been addressed previously, COVID-19 triggered the change, which has since been maintained due to its effectiveness – timelines can be spread out over an entire week which allows students to complete clinical placements without being delayed (i.e., one week placement with a medical team without having to come back for full days of non-rotation teaching).

Major developments in curriculum description - development and effective communication of specific learning outcomes or objectives

- Unit outlines are now more specifically created to show students how assessment assignments map to Intended Learning Outcomes (ILOs).

Major developments in opportunities for choice to promote breadth and diversity to students to pursue studies of choice

- **Mental health electives:** There are now Year 4 Mental Health placement opportunities in private hospitals, clinics, and Psychiatry practises (such as The Hobart Clinic, private Psychiatrist rooms).
- **Public health electives:** Students in Years 4 and 5 have the option to undertake a new Public Health elective opportunity as part of the elective/selective program to provide wider breadth options and build on experiences from Years 1 and 2. Through an ongoing collaboration with the Tasmanian DOH, Public Health Unit in 2020–2021, this opportunity was made possible. Through a three-week intensive elective within Public Health, up to six senior students can now learn and actively participate in the practice of Public Health medicine. Under the guidance of public health professionals, the students cycle every week through four important public health sectors.
- **Clinical Research:** In 2021-2022, students completing GP/community rotations at the Rural Clinical School (Burnie) had the opportunity to engage in additional study with senior research academics while actively participating in ongoing research projects. A group of Year 5 students continued their studies in 2022 under the direction of the Clinical Nurse Educators in the Emergency Department at the Northwest Regional Hospital. An evaluation of the brand-new Triage Workshops and conduct pre- and post-audits will be conducted.
- **TSOM elective programs:** The Medicine Program coordinated its travel guidelines for students with the UTAS staff travel policy during the COVID-19 pandemic. All MBBS students must do this elective placement in Tasmania from 2020. UTAS and the Tasmanian Health Service (THS) collaborated to offer a variety of clinical placement choices around the state throughout the pandemic, with students expressing a preference for placement through a centralised system. Around 80% of the student cohort were able to complete a three-week elective placement to satisfy the MBBS's electives requirement during the elective term of 2021–2022, receiving their first preference placement. Australian local interstate postings as well as a few international elective possibilities are anticipated to return in 2022.

Transition from MBBS to MD

- The MBBS will be replaced starting in 2023 by a vertically integrated Bachelor of Medical Science and Doctor of Medicine degree (BMedScMD), following approval from the UTAS Academic Senate. The MD program is completed by students at the Extended Master degree level. As a result, in order to switch from a Bachelor degree model at AQF Level 7 (AQF7) to an Extended Master degree model at AQF Level 9, the TSOM must adhere to Australian Qualification Framework (AQF) criteria (AQF9E).
- The key change from the existing MBBS course is the introduction of a professional project, which will support the continued development of desirable workplace graduate abilities in leadership, entrepreneurship, health systems reform, and professional practise. The focus will be on using research-based skills to support leadership and problem-solving skills in healthcare settings.

- The TSOM has taken advantage of this opportunity to examine the course content, learning objectives, and assessment and has revised the mapping of Course Learning Outcomes (CLOs), ILOs, and assessment.
- The new course was approved by the Academic Senate in November 2021 and commences in 2023 for Year 1 students before expanding to Year 5 in 2027.

Duration of the Medicine Program (achievement of defined graduate outcomes) and volume of learning

- A key change in course structure is the addition of a capstone project undertaken over Years 4 and 5 of the course. The time required would be the flexible equivalent of half to one day per week (over approximately 60 teaching weeks during the final two years) which would equate to nine weeks (45 days of project time).

Major developments in curriculum design demonstrating horizontal and vertical integration and articulation with subsequent stages of training

- The MD's ILOs for each year of study have been evaluated, rewritten, and mapped to the CLOs to be in line with modern practise. The AMC Graduate Outcomes have also been mapped to the ILOs and CLOs.
- The assessment process for the entire course has been reviewed, updated to include evaluation of the professional projects, and mapped to the new ILOs.
- Additionally, ILOs and assessments that are explicitly connected to the development of research skills and the requirements for professional projects and research to attain AQF Level 9 have been mapped across the course.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
15 Develop an overarching curriculum framework that:	2017	Satisfied 2018
a) Demonstrates a mechanism to illustrate improved vertical integration of domain content in the curriculum, and consistent associated unit-level outcomes, such as a curriculum / outcome map (Standard 3.3).		
b) Defines the place of case-based learning within the curriculum (Standard 3.3).	2017	Satisfied 2017
c) Develops a framework for the Indigenous health curriculum to ensure students receive a cohesive experience in Indigenous health across the curriculum (Standard 3.5).	2017	Satisfied 2018

Standard 4: Teaching and learning methods

Standards cover: teaching and learning approach and methods

Summary of accreditation status	2016: Met	2022: Met
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Developments against Standard 4

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>Relationships across the College of Health and Medicine</p> <ul style="list-style-type: none">• The appointment of an Associate Professor Nursing (a previous academic at TSOM), is progressing opportunities for interprofessional learning, research and partnership to strengthen learning outcomes for students within the THS.• Post-graduate allied health programs in 2022–2023 (Masters of Physiotherapy, Occupational Therapy, and Speech Pathology), the renewed of the Bachelor of Paramedicine and Bachelor of Pharmacy programs, and the CHM plans for multidisciplinary clinics, will provide more opportunities for interprofessional learning in the future.
<p>Relationships within the University of Tasmania</p> <ul style="list-style-type: none">• A new model of teaching delivery, combining online asynchronous delivery of core lecture material, keynotes, and on-campus small group teaching commenced in 2022. The Medicine Program is well placed to adapt to this delivery model.
<p>Relationship with the Tasmanian Health Service</p> <ul style="list-style-type: none">• The CHM, the TSOM, and the THS have now agreed to work together on expanding simulation capacity across a range of fidelity levels at the three Clinical Schools, including for procedures, quality and safety practise, clinical management, interprofessional practice, and vertical integration of medical training.
<p>Major developments in student-centred, enquiry-based learning</p> <ul style="list-style-type: none">• Case-based learning (CBL): The Year 4 and 5 committee established a CBL Working Group in 2022.• The move to online asynchronous delivery of lectures: Since 2020, additional interactivity has been implemented, aligned with UTAS strategic goals, and accelerated by COVID-19. Lectures have been largely replaced by online modules, which come in a variety of formats but are typically brief videos with activities or formative questions interspersed or at the end.• Years 1 through 3 were flipped to online instruction through 2020 and the first part of 2021, or both online and face-to-face instruction was offered to students who couldn't travel to a campus. Year 4 and Year 5 teaching activities continued face-to-face and were largely uninterrupted.• From 2022, UTAS used a new, unique type of instruction delivery. The model recognises students' desire for a more flexible learning environment, the unique effectiveness of small

group teaching and the learning and social benefits of teaching activities that bring students together as a cohort.

- Year 4 and Year 5 online learning opportunities were enhanced with the development of a bespoke online learning management system (LMS).
- To maintain uniformity in the curriculum delivery across the state, there has been more extensive state-wide planning of the curriculum, including CBLs and discipline-specific plans.
- To support CBL teaching and self-directed learning, a licence to Capsule (a medical learning resource designed to support undergraduate medical students in the application of medical knowledge in the clinical setting) was acquired. This will give students access to hundreds of clinical cases and quiz questions.
- A MedEdTech Working Group was established in 2020 to swiftly transition to online delivery during the COVID-19 pandemic. A dedicated MyLO site, frequent staff bulletins highlighting resources, tools, and exemplars, as well as a professional development program were all established by the Working Group. The MedEdTech Working Group is still in operation in 2022 with a renewed emphasis on strategic projects and quality control within the School.
- The School implemented a "Minimum threshold requirements for online delivery" in 2021 to raise the calibre of online content provided within the institution and boost engagement and satisfaction among students. With the aim of having 50% of units fulfil the "Good Standards" by the end of 2022, the university is modifying them to produce "Online Delivery Standards" across three levels of accomplishment (Minimum, Good, and Excellent). The TSOM MedEdTech Working Group conducted a desk-top analysis of the MBBS's online environment at the end of 2021. The Academic Director of the Foundation Years in Medicine and the Year Leads have both been given recommendations based on this review.
- **Dissection audio-visual resources (DAVR)** were developed in house, and are available for all dissection sessions as well as online dissection lectures.
- **Virtualisation of the RA Rodda Museum of Pathology:** The virtualisation of the RA Rodda Museum of Pathology led to the creation of an interface between the database and comments contributed for each specimen. In the future, an interface will be established to link a wide variety of important learning resources to specimens.
- The TSOM was able to utilise existing infrastructure from the teaching pathology laboratory to construct a learning centre within the museum as part of a jointly funded project that was finished in 2021.
- **PebblePad:** In the Clinical Years (Years 4 and 5) the PebblePad Portfolio system is used by students to collect clinical case logs, evidence of clinical competencies and a portfolio of annotated evidence of achievement of the Domain 3 and Domain 4 AMC standards. PebblePad is now used in the earlier years as opportunity allows as part of the regular review of assessment activities.
- **Simulation opportunities:** Students can now participate in in-situ simulations in the Operating Room Facility and ED skills training for students alongside THS professionals at the RCS using the School of Nursing's new high-fidelity simulation suite.
- There are plans to convert two office spaces into a high-fidelity simulation facility at Launceston Clinical School (LCS).
- The Hobart Clinical School (HCS) has posted a job listing for a clinical educator to improve high fidelity simulation training.

Major developments in encouraging students to evaluate and take responsibility for their own learning

- Throughout the semester, there are formative opportunities for students to receive feedback on their development/progression. To help students create efficient learning processes, new teaching materials have been developed, with a particular emphasis on self-regulated learning with a focus on self-regulated learning.

Major developments in students' development of core skills before they use them in a clinical setting

- The Blended Mental Health First Aid (MHFA) for Tertiary Students course is now required of Year 1 students. Staff members from the School of Psychological Sciences who are authorised MHFA presenters will meet with the students in person starting in 2022.

Major developments to ensure students have sufficient supervised involvement with patients to develop their clinical skills

- The Medicine Program has implemented a variety of tailored clinical skills catch-up tutoring and supervised attachments to make sure that students who had been learning online had the clinical skills necessary to participate in their regular on campus activities during 2021–2022, when significant travel restrictions for Early Years' students were lifted. All students who engaged in catch-up programs took part in common clinical tests and evaluations and performed adequately and at a level that was comparable to their colleagues who had been attending classes on campus.
- All students are urged to communicate their concerns with TSOM staff or the UTAS Safe and Fair Community Unit. There are updated workshops on "Speaking Up." The UTAS Behaviour Policy and Procedure are in line with this.

Major developments in learning and teaching methods to promote concepts of patient centred care and collaborative engagement

- The Year 1 students are now required to complete an assessment task from a list of sources that explore patients' experiences of illness and health care and use this source to compose a reflective essay on the patient's perspective of those experiences. This task has been improved over the past three years to focus on the patient perspective more particularly and to be in line with the recently developed Narrative Ethics and Narrative Medicine courses.
- The reintroduction of longitudinal General Practice placements is scheduled for 2023.
- The Australian New Zealand Gynaecological Oncology Group (ANZGOG) and the Medicine Program partnered in 2022 to launch a program called "Survivors teaching students" in Year 4. Gynaecological cancer survivors share their story with students in this volunteered experiential learning program, giving students a chance to learn more about the unique difficulties that cancer survivors have had to overcome. Local women volunteers are delivering it at each of the three clinical schools.

Major developments in interprofessional learning

- To allow for the yearly development of team based CBL abilities, the two IPL opportunities have been reintroduced in the IPL CBL cases for 2022 with intentions to expand to Years 1 and 3.
- In Year 4 and Year 5, alternate IPL projects were implemented when it was viable in 2020–21. For instance, the LCS offered online courses on aged care that included GP instructions through Zoom and long-term elderly patients in hospital wards. This will return to face-to-face program in 2022.

- The Northwest Regional Hospital's nursing staff and nearby residential aged care facilities have collaborated with the RCS to offer an interprofessional learning opportunity. Students in this program are scheduled to 'shadow' a nurse throughout their shift. At the School of Nursing's new simulation room at West Park in 2022, Years 4 and 5 students will take part in IPE learning alongside nursing students in their final year.
- As part of HealthStop@Agfest, LCS students have participated in interprofessional learning activities with peers from the fields of nursing, paramedicine, pharmacy, exercise physiology, and nutrition to provide health checks and preventive healthcare. Agfest was postponed because of the COVID-19 pandemic, but it's predicted that this program will carry on when Agfest returns in August 2022. 2020 will see the release of HealthStop@Agfest as an ACEN Work Integrated Learning Case Study.

Development plans for the next five years

- The move from the MBBS to the MD will include the addition of a significant research-based project, capstone experience, or professionally focused project completed over Years 4 and 5 of the course in compliance with AQF volume of learning standards for Level 9E degrees. In Year 3, students will organise their projects. The MD program will begin accepting new students in 2023. These initiatives will be provided across several locations, in collaboration with other College departments as well as outside health and community care partners.
- Projects will be organised into streams (or categories) and managed and overseen by stream managers under a project stream structure. Some projects would cross streams, but they would be assigned based on which stream best fits them.

Activity against Conditions from 2016 accreditation report

Condition:	Due:	Status
16 As part of the overarching curriculum framework, embed interprofessional learning in the program's curriculum for all students and allocate appropriate resources to ensure its sustainability (Standard 4.7).	2017	Satisfied 2018

Standard 5: The Curriculum – Assessment of Student Learning

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

Summary of accreditation status	2016: Substantially met	2022: Met
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Developments against Standard 5

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>Major developments in assessment approach</p> <ul style="list-style-type: none">The Tasmanian Medical Program Assessment Committee (TMPAC), which was reorganised in 2021 as a distinct subcommittee of the Tasmanian Medical Program Committee (TMPC) with the appointment of an Associate Professor as the new lead for Assessment and Evaluation, is responsible for overseeing assessment in the medicine program.
<p>Management of assessment</p> <ul style="list-style-type: none">In accordance with UTAS's new delegations, the MBBS Course Coordinator is now responsible for approving examination settings, and the Unit Coordinators, with the assistance of the Program Delivery and Assessment (PDA) Team, oversee managing the assessment and examination processes.
<p>COVID-19 response (2020-21)</p> <ul style="list-style-type: none">Formal exams were moved to an online delivery mode in 2020 and 2021 in accordance with COVID-19 response. Webcams and the Respondus Lockdown Browser were used for invigilation. The Academic Lead MBBS, AHLT, and the ADLTP used an "Assessment Tracker" to provide the necessary governance and audit trail for the changes to assessment that were sought in response to COVID-19.
<p>Competencies</p> <ul style="list-style-type: none">The clinical and communication skills competencies have been successfully caught up for all students who returned to face-to-face instruction in Year 2.All staff members have access to Akari, the University's curriculum management system, which now includes a description of the permitted assessment techniques for each Unit. Each unit's entry in the Course and Unit Handbook is filled out using data from Akari, which is available to all students.
<p>Academic Progress Review (APR)</p> <ul style="list-style-type: none">Progression of an individual student through the course is governed by the new Student Participation and Attainment Ordinance and the new Academic Progress Policy, which outline the University's approach to monitoring student academic progress to support student success.Since the previous accreditation cycle, the Clinical Schools have worked together to build the LMS. This gives students and teachers in Years 4 and 5 in-depth knowledge of the many methods of evaluation used in the clinical years.

Processes for timely identification of underperforming students and implementing remediation

- The Student Advice and Mentoring (SAM) Model, which integrates behavioural and demographic data sources to identify students who may be at risk of attrition or progression, was implemented by the university in 2020.

Development plans for the next five years

- **Examination management:** Practique is being used to manage tests throughout the course, including extended blueprinting in Years 1 to 3, to coincide with the MD's stepped approach. This work is also investigating the integration of Practique outputs with MyLO Gradebook, which offers the University's auditable record of outcomes, as well as the trend towards "Bring Your Own Device" (BYOD) to face-to-face exams across all years.
- **Assessment:** The assessment of the professional project will be the key change in the MD delivery. Commencing in 2025, professional project will be undertaken in Year 3. In Year 4 (2025), students will submit a progress report and reflection (interview), and in Year 5 (beginning in 2027), an oral presentation and a project report will be required for evaluation (3000 - 5000 words).

Activity against Conditions from 2016 accreditation report

Condition:	Due:	Status:
17 Provide evidence that the Wilkinson Review recommendations have been addressed and provide details regarding any changes to the program's assessment philosophy and processes (Standards 5.1 and 5.4).	2017	Satisfied 2017
18 Document the formal process used to align learning outcomes to assessments (Standard 5.1).	2017	Satisfied 2018
19 Provide details regarding the relationships and functions of the Academic Progress Review Committee, including any criteria and progression rules used in its decision-making process (Standard 5.1).	2017	Satisfied 2017
20 Develop assessment blueprints for each year or phase of the program (Standard 5.2.2).	2017	Satisfied 2018
21 Implement standard setting models for Years 1 to 3, and evaluate the standard setting methods used in Years 4 and 5 (Standard 5.2.3).	2017	Satisfied 2017
22 Provide evidence that information regarding student cohort performance is available for consideration by the relevant year committees and the Tasmanian Medical Program Committee, and that student cohort performance feedback is disseminated to supervisors and teachers (Standard 5.3.3).	2017	Satisfied 2018
23 Demonstrate standardised processes to ensure consistency of summative and formative clinical assessments across clinical sites and ongoing quality assurance (Standard 5.4.2).	2017	Satisfied 2017

Standard 6: The Curriculum - Monitoring

Standards cover: monitoring, outcome evaluation and feedback and reporting.

Summary of accreditation status	2016: Substantially met	2022: Met
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Developments against Standard 6

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>UTAS assessment initiatives</p> <ul style="list-style-type: none">• UTAS introduced a new Assessment Procedure from Semester 1, 2022 following a consultation process during the development phase. TSOM did not envisage any substantial impact of this new procedure on assessment processes, and all units will be reviewed to ensure alignment with the new procedure. Through its on-going quality assurance processes the Medicine Program will monitor for any impact on assessment within the program.• UTAS is currently reviewing and redeveloping the unit and course review procedure under its Teaching Quality Improvement initiatives outlined in 'Learning 2025: A roadmap for transformation'. TSOM and CHM will provide input during the consultation process through the AHLT and ADLTP to ensure that this reporting process meets our needs. The TSOM maintains its internal Unit reporting procedures while the new procedure is being developed.• Under the Learning 2025 Roadmap, UTAS is reviewing its student evaluation process (eVALUate), to develop a distinctive approach to student feedback that better meets both student and staff needs. The goal is to pilot the new approach in 2022. The Medicine Program will monitor this pilot, and will continue to encourage feedback from students through this and our other established mechanisms [e.g., encouraging feedback through Tasmanian University Medical Students' Society (TUMSS)] and other student societies, student representation on Medicine Program committees, and via targeted evaluation surveys). <p>Major developments in monitoring the curriculum</p> <p><i>Regular monitoring and reviewing – curriculum content, quality of teaching and supervision, assessment, and student progress decisions</i></p> <ul style="list-style-type: none">• From January 2016, the TMPC has been the key monitoring point of the Medicine Program and the governance structure and processes have matured and are operating effectively. <p><i>Focused evaluation activities</i></p> <ul style="list-style-type: none">• Over the past few years, several evaluations of curriculum development and improvement initiatives have been carried out including the analysis of student and graduate cohorts regarding outcomes of the Medicine Program. According to the UTAS Graduate Outcomes Survey 2018–2021, 97–100% of medical graduates are employed full time.

Development plans for the next five years

- The TSOM is preparing an Evaluation Framework for monitoring implementation and program outcomes of the MD. During the transition to the MD, the Framework will place significant emphasis on the development of the professional project and concurrent clinical instruction, as well as input from students, staff, and external stakeholders.

Activity against Conditions from 2016 accreditation report

Condition:	Due:	Status:
24 Develop and implement a comprehensive program evaluation framework, and show how this links into the governance structure of the medical program (Standard 6.1).	2017	Satisfied 2019
25 Formalise a systematic approach to evaluating the performance of cohorts of students and graduates in relation to the outcomes of the medical program (Standard 6.2).	2017	Satisfied 2017
26 Formalise the process of making evaluation results available to stakeholders and considering their views in renewal of the program (Standard 6.3).	2017	Satisfied 2018

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	2016: Met	2022: Met
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Developments against Standard 7

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>UTAS initiatives</p> <ul style="list-style-type: none">As noted under Standard 4, from 2022 UTAS introduced a new distinctive teaching delivery model, which provides a more flexible learning environment. This is supported by the introduction of Online Delivery Standards to ensure the delivery of high-quality online content across UTAS as outlined in the <i>Learning 2025: A roadmap for transformation (2022)</i>.
<p>Support for aboriginal students</p> <ul style="list-style-type: none">Since the last accreditation report, a 0.6 FTE academic staff member with strong links to the local Aboriginal community has joined the program to promote the development of the Aboriginal Health curriculum and offer additional support to Aboriginal and Torres Strait Islander medical students.
<p>The nature of the student cohort</p> <ul style="list-style-type: none">To meet the rural quotas as agreed under the Rural Health Multidisciplinary Training Program (RHMTTP), UTAS has made several changes to the admissions pathway to increase representation of under-represented groups.
<p>Major developments in admission policy and selection</p> <ul style="list-style-type: none">Since the last accreditation, there have been four significant changes to the admissions policy and selection process:<ol style="list-style-type: none">1 Introduction of the Rural Application Process (RAP commenced for 2016 intake)2 Introduction of the Aboriginal Entry Application Process (AEAP)3 Introduction of a 75% sub-quota for Tasmanian school leaver entry pathways (commenced for 2021 intake)4 Flexibility regarding UCAT thresholds for underrepresented groups (for 2022 intake onwards).
<p>Policies on the admission of students with disabilities and students with infectious diseases</p> <ul style="list-style-type: none">The Course Participation Requirements Working Group was established in 2022 to study the procedures and terminology surrounding course participation, and UTAS is currently reviewing the broad underlying requirements for course enrolments.

Admission, recruitment, and retention policies for Aboriginal and Torres Strait Islander people

- In 2016, the TSOM introduced an Aboriginal admissions pathway into the MBBS to attract more Aboriginal students to the medical course. A target (RHMT) of 2 applicants per intake was introduced.
- In Tasmania, while the number of Aboriginal students who are completing Year 12 continues to be low over the period 2015 - 2021, the TSOM has graduated five Aboriginal doctors including two who graduated in 2021.
- New admission aims for Aboriginal and Torres Strait Islander students align with the University of Tasmania's Strategic Plan for Aboriginal Engagement (SPAEE) 2021-2024. The TSOM allocates a budget to fund Aboriginal student scholarships offered to all Aboriginal and Torres Strait Islander students admitted through the Aboriginal Admissions Pathway. Aboriginal Students also have access to several other UTAS scholarships.

Selection process including mechanism for appeals

- As a mechanism to ensure accuracy of information provided to prospective students, a specialist MBBS Admissions Team was established to assist with enquiries about entry to the Medicine Program.

Student Advice and Mentoring Model (SAM)

- The Student Advice and Mentoring (SAM) Model, which integrates behavioural and demographic data sources to identify students who may be at risk of attrition or progression, was implemented by the university in 2020.
- All campuses and online, current students serving as Learning Lounge Mentors and International Peer Mentors are offered a new Student Learning Lounge, a service for writing and study skills.

Separation of student support and academic progress decision-making

- Self-care and student support are covered in the first-year orientation session. Additionally, there are programs designed especially for first-year international students that include social media use, professionalism, and self-care. In addition to their "buddy," international students are allocated an international student mentor to help them adjust to their new environment.

Development plans for the next five years

Admission policy 2023

Introduction of new Graduate Entry Pathways (to commence for 2023 intake)

- Entry to the Medicine Program by students with higher education experience (20-25 places) is currently limited to students enrolled in the UTAS Bachelor of Medical Research. In 2019, the Academic Senate approved grandfathering of this tertiary entry pathway and the introduction of two new tertiary pathways to commence in 2023 to increase applicant diversity:
 - General Graduate Entry Pathway for applicants holding any Australian Bachelor's degree, as well as applicants holding non-Australian degrees who satisfy the requirements for professional registration.
 - BMedRes preferred pathway for students graduating from the UTAS BMedRes.
- The new General Graduate entry pathway allows those with any AQF level 7-10 qualification from an Australian education provider within the last 10 years to apply. The pathway will also offer additional flexibility for those with Australian Health Practitioner

Regulation Agency registration by accepting overseas tertiary qualifications from these applicants only.

- Admission Requirements for the new pathways were endorsed at the 13 September 2021 meeting of the University Admissions Committee and approved at the 5 November 2021 meeting of Academic Senate.

Proposal for a College of Health and Medicine Aboriginal and Torres Strait Islander student and staff recruitment and support framework

- The TSOM has identified the potential for a CHM framework to recruit, retain and support Aboriginal students and staff for all our health professional courses. The success of the TSOM Aboriginal recruitment, retention and support activities could be replicated across the College to align with the UTAS PVC Aboriginal Leadership’s Strategic Plan for Aboriginal Engagement 2021 - 2024. This could provide a unique approach to strengthen Aboriginal and Torres Strait Islander student and staff recruitment and retention across the College’s health professions courses.
- The TSOM will progress this with the CHM in line with the timeline for transition to the MD in 2023.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
27 Formalise and publicise support processes for recruitment and retention of future Aboriginal and Torres Strait Islander students (Standard 7.2).	2017	Satisfied 2018
28 Confirm student representation on the program committees (Standard 7.5).	2017	Satisfied 2018

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	2016: Met	2022: Met
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Developments against Standard 8

The School provided an overview of activities against the standards and reported on the following key developments:

Summary of developments relevant to this standard
<p>UTAS campus transformation programs</p> <ul style="list-style-type: none">• The Burnie (West Park) and Launceston (Inveresk) campuses of UTAS are being renovated as part of the Northern Transformation program to make them more central to the communities in which they are located and to promote stronger connections and collaborations between the community, academic institutions, businesses, and industry.• The university unveiled a \$52 million campus in Burnie at West Park in late 2021. This campus is situated in the Northwest Regional Hospital and Northwest Private Hospital, which are both about 1.5 kilometres to the east of the RCS.• With the LCS situated about 1.5 kilometres south of this refurbished Inveresk campus, the Inveresk campus program involves moving most of the Newnham campus around 6 km south to an extended Inveresk campus on the northern border of the Launceston central business district. Construction on Stage 1 has begun.
<p>Tasmanian health system</p> <ul style="list-style-type: none">• The Launceston General Hospital Precinct Masterplan, will include of a new learning hub in close proximity. The nursing education unit and simulation centre will be relocated to the fully renovated learning hub as part of a purpose-built, flexible use facility to facilitate educational and training activities for clinical and support workers. The Learning Hub is slated for development during Stage 1 of the master plan, with a report indicating that building has started in October 2021.• The Clifford Craig Foundation's headquarters will relocate to the Northern Integrated Care Service building (located one story below the LCS) which will make links with the precinct's research activity easier.
<p>Calvary private hospital co-location project, Launceston</p> <ul style="list-style-type: none">• Co-location of the Calvary Private Hospital with the LGH, is scheduled for completion in 2024 and will increase the ability both to place students in the private system in Launceston and to recruit clinical academic staff for research and teaching.
<p>ACRRM Rural Generalist Training Hub</p> <ul style="list-style-type: none">• The Australian College of Rural and Remote Medicine and the Tasmanian Government are establishing a Rural Generalist Training Hub at the Mersey Community Hospital with the recruitment of a senior rural doctor to lead rural generalist training and development. The Rural Medical Workforce Centre will support training of new doctors and retention of the medical workforce in the Northwest. The hub is set to open in late 2022 with discussions under way between the THS and UTAS to enhance existing facilities and offer additional specialty accreditations. The Centre will offer posts for trainee rural doctors by giving them

the opportunity to develop skills across a range of specialties including emergency, rural general practice, anaesthetics, paediatrics, and obstetrics and gynaecology.

- The hub will also offer additional skills training for registrars training in rural medicine including internal medicine and mental health services.

Our Healthcare Future reforms

- A digital health strategy will offer innovative approaches to caring for Tasmanians' health and wellbeing that are made possible by technological advancements. This was scheduled for release in late 2022.
- The increased links between specialist and primary health care, through the new eReferral system (being implemented across the state in 2022), is aimed at improving patient care.
- In addition, a secure web-based tool is being implemented to let general practitioners examine vital patient data in THS facilities. There has been an increase in GP adoption of Tasmanian Health Pathways, an evidence-based online portal created by primary and acute clinicians for assessment, management, and referral decisions.
- *Develop a long-term health infrastructure strategy for Tasmania*, Reform Initiative 3a, is a 20-year strategy that comprises District Hospitals, community health centres, ambulance services, and mental health infrastructure. It also includes master plans for each of the major hospitals. In response to this endeavour, several important actions are in progress.

Physical facilities

- Years 1 to 3 of the medical program are primarily located in the well-established Medical Sciences Precinct, which is co-located with the Menzies Institute for Medical Research and the Wicking Dementia Research and Education Centre. The Royal Hobart Hospital and the Hobart Clinical School are located in close proximity.

Academic facilities

Hobart Medical Sciences Precinct and Hobart Clinical School

- To support mix mode online education, new AV equipment was installed at the Pathology Museum. The HCS's student spaces have been updated and renovated. The ongoing significant renovation of the Royal Hobart Hospital will be advantageous to the Hobart Clinical School.

Launceston Clinical School

- Due to the COVID-19 pandemic, there have been temporary modifications in the NICS building's occupancy, with specialised clinics taking up two floors.

Rural Clinical School

- The Northwest Regional Hospital and the RCS are both 1.5 kilometres from the new UTAS campus at West Park, located in the heart of Burnie.

State-wide Facilities available to the Tasmanian School of Medicine staff and students

General practice

- GP practices are under stress due to the COVID-19 pandemic. Obtaining clinical placements continues to be a challenge. A combined Year 4 GP/Psychiatry five-week placement block replaced the RCS's GP Longitudinal Placement Program in 2021 and LCS's loss of its GP placement block.

Residential aged care facilities

- In 2019, the HCS held RACF GP tutorials at the Uniting Care Lillian Martin RACF in Mornington and the Freemasons RACF in Lindisfarne. These have not recommenced since 2020.

Student accommodation

- New student accommodation at UTAS West Park campus and at UTAS Invermay is available to medical students. Hobart medical students have access to UTAS city student accommodation.

Information and communication technology resources

- In Medical Sciences Precinct's (MSP) primary lecture halls, ICT resources have been modernised. All facilities have adequate bandwidth and decent wi-fi connectivity to allow face-to-face instruction and learning in the medicine program. With the help of modern ICT resources, the COVID-19 pandemic has led to a significant increase in the availability of online learning resources. The institution was mandated by the onset of the COVID-19 epidemic to implement new technologies to facilitate the widespread and quick adoption of flexible working, learning, and teaching arrangements. With the launch of the H5P interactive content development tool and the rollout of an intuitive Brightspace, Zoom, and Echo360 integration, interactive learning activities are now better supported. These developments aim to deliver high-quality collaborative learning experiences. To ensure that engaging, pedagogically sound synchronous and asynchronous student learning activities would become the norm, online delivery standards were created alongside these technologies.

Library services

- RCS students now have access to the brand-new shared hospital library service in Burnie at the Northwest Regional Hospital.

Clinical learning environment

- Medical students continue to have access to a wide range of clinical resources, based on patient encounters from primary to tertiary care and there is no evidence that students lack adequate access to patient contact.
- Senior medical students completed online training modules for contact tracing at the height of the COVID-19 pandemic in 2020, and many expressed interests in joining the surge workforce.

Experience of culturally competent healthcare to Aboriginal people

- Current access to placements in Aboriginal Health Care (AHC) and relationships with Aboriginal Health Services (AHS) is ongoing and students continue to undertake appropriate training in competent healthcare for Aboriginal and Torres Strait Island people, with extended activities such as elective placements for interested students.
- All medical students are provided with opportunities across the 5-year MBBS program to develop their learning about the provision of culturally competent health care to Tasmania's Aboriginal community, including some opportunities to undertake placements within dedicated AHS.

Extension of MYLO Access, resources, and materials across the clinical sites

- The development of a bespoke online learning management system (the LMS) has increased learning opportunities for Year 4 and Year 5 students.

- The platform provides access to all students and staff, and importantly provides easier access to materials for clinical and sessional staff who do not have access to MyLO. This has facilitated content access and delivery across the three Clinical Schools, for more closely aligned curricula, including in pharmacotherapeutics, and facilitated the increased use of online learning activities and interfaces during the COVID-19 pandemic.
- There has been greater state-wide planning of the curriculum, both discipline specific and CBLs, to ensure consistency in the curriculum delivery across the state, although the way in which curriculum is delivered does vary with the local availability of resources. All Clinical Schools map their teaching to the learning outcomes for CBL and clinical disciplines.

Support and recognition of clinical teachers

- There has been a significant increase in the online resources available to support the role of doctors as clinical supervisors, including junior doctors.
- A module dedicated to clinical teaching has been developed and is available on the LMS. This is available to clinical teachers and supervisors, with the ability to invite external users.
- In addition, the Professional Learning Portfolio, led by the Associate Director Academic Professional Learning and Development in the Academic Division provides events, information and resources on learning and teaching, course and unit development that are available to all staff.
- To exchange teaching best practice, new developments in educational research, and to recognise teaching excellence within the School, the TSOM reinstated an annual School Education Forum in 2018.

Development plans for the next five years

- The lease for the Hobart Clinical School expires on June 30, 2023. Stage 1 of the hospital's reconstruction has just been finished, and the Hobart Clinical School will follow. As it is essential to Years 4 and 5 of the curricula and Royal Hobart Hospital is an accredited teaching hospital, discussions for a new lease have started with the Executive Dean, CHM, Head of School, and Executive Director Operations.
- **Clinical Workforce:** The co-location of Calvary Private Hospital with the LGH in 2024, will increase the ability to place students in the private system in Launceston and to recruit clinical academic staff for research and teaching.
- **MD Projects:** There are opportunities to expand and develop engagement with community and healthcare partners across the state e.g., New Icon Cancer Centre near MSP and the new Cancer Centre at the Northwest Regional Hospital – both of whom have indicated a willingness to collaborate on student projects.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of accreditation.

