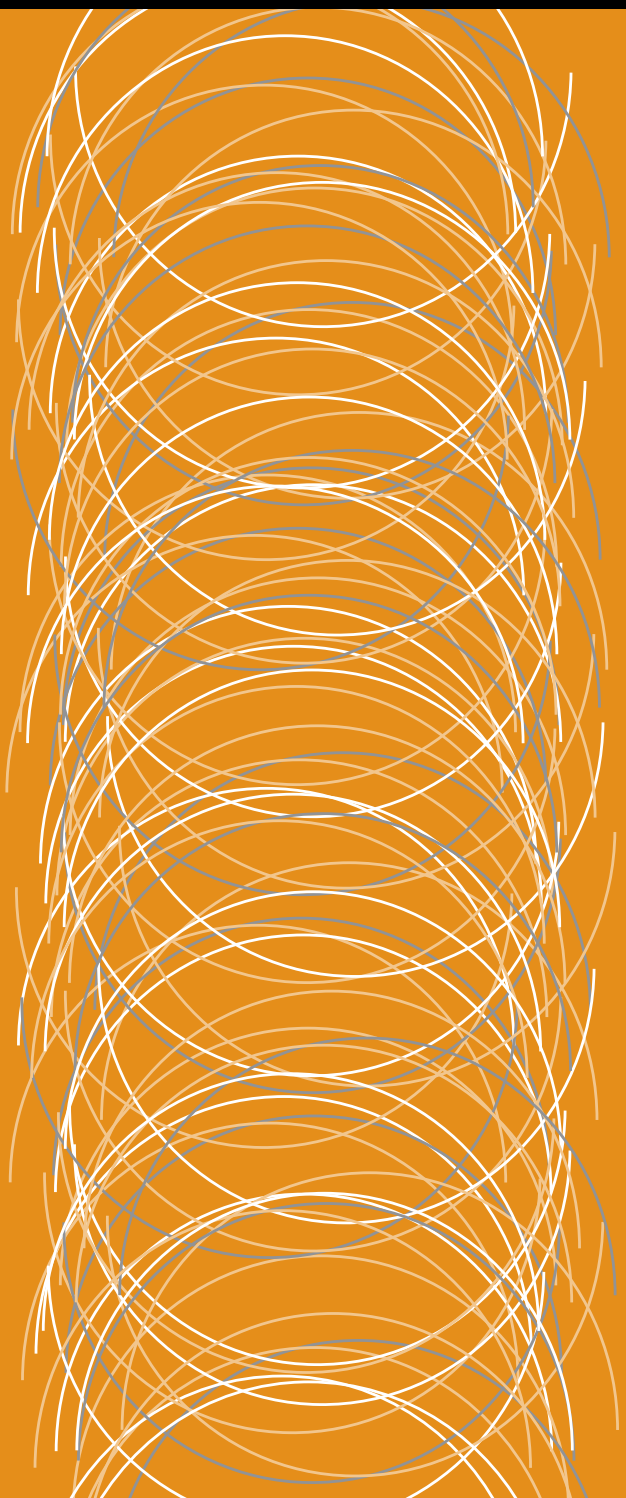
Australian Medical Council Limited

Accreditation of the University of Adelaide Faculty of Health and Medical Sciences Adelaide Medical School Medical Program

AMC



Medical School Accreditation Committee
November 2022

March 2023
Digital

ABN 97 131 796 980
ISBN 978-1-925829-73-0

Australian Medical Council Limited
PO Box 4810
KINGSTON ACT 2604

Email: amc@amc.org.au
Home page: www.amc.org.au
Telephone: 02 6270 9777

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Acknowledgement of Country

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 2022

Accreditation process

According to the Australian Medical Council's (AMC) *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, 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 Bachelor of Medicine/ Bachelor of Surgery (MBBS) and Bachelor of Medical Studies and Doctor of Medicine (BMD) program of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School expires on 31 March 2023.

An AMC Team completed the reaccreditation assessment. It reviewed the School's submission and the student report, and visited the University and associated clinical teaching sites in the week of 1 August 2022.

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.

Reaccreditation of established education providers and programs of study

In accordance with the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, section 5.1, the accreditation options are:

(i) Accreditation for a period of six years subject to satisfactory monitoring submissions. Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions (see section 4). In the year the accreditation ends, the education provider will submit an accreditation extension submission. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.

(ii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the program satisfies the accreditation standards, the AMC may grant accreditation with conditions and for a period of less than six years. At

the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review. The provider may request either:

- a full accreditation assessment, with a view to granting accreditation for a further period of six years; or
- a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the maximum period (six years since the original accreditation assessment). Should the accreditation be extended to six years, in the year before the accreditation ends, the education provider will be required to submit an accreditation extension submission. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

(iii) Accreditation may be revoked where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards. The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

If the AMC revokes accreditation, it will give the education provider written notice of the decision, and its reasons; and the procedures available for review of the decision within the AMC. (See 3.3.11)

An organisation that has its accreditation revoked may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to deliver a program of study that meets the accreditation standards by completing a Stage 1 accreditation submission.

AMC Directors at their 8 December 2022 meeting resolved that:

(i) the medical programs of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School substantially meet the accreditation standards

(ii) accreditation of six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School be granted for two years, to **31 March 2025**

(iii) accreditation of six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School be granted for two years, to **31 March 2025**; and

(iv) accreditation of the programs and provider is subject to the following conditions, the monitoring requirements of the AMC; and a follow up assessment in 2023 or 2024 that includes clinical sites where the programs are delivered.

To be satisfied by 2023
1 Implement processes that ensure the expertise of First Nations' peoples guides the development and management of the program. (Standard 1.4) by 2023
2 Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate levels of administrative support for the program, including clear resources and lines of responsibility for supporting the Adelaide Medical School academic and corporate governance committees, curriculum development and delivery,

	student clinical assessment, health service and community stakeholder engagement and program monitoring and evaluation activities. (Standards 1.5.2, 1.8.2 and 6.1.1) by 2023
8	Ensure adequate direction and oversight of clinical activities for weekly clinical days in Year 3. (Standard 3.2) by 2023
9	Review and update the Indigenous Health curriculum, including; o addressing concerns related to the inadequacy of teaching about genocide and intergenerational trauma. (Standard 3.5) by 2023
11	Review the consistency and quality of teaching in the Year 3 clinical placements and address student concerns that further and more timely procedural skills teaching is required before these clinical placements. (Standard 4.3) by 2023
12	Confirm the details of the relaunch of the interprofessional learning program. (Standard 4.7) by 2023
13	Finalise assessment arrangements for the BMD program. This includes: o the Assessment Framework. (Standard 5.1.1) by 2023 o progression requirements across all years of this program. (Standard 5.1.2) by 2023 o plans for improving the early identification of and support for at risk students. (Standard 5.3.1) by 2023
14	Clarify the progression points and consequences of failure to progress for MBBS students. (Standard 5.1.2) by 2023
15	Demonstrate sufficient and sustainable professional and academic staff resources, including psychometric capacity, to support the conduct of assessment and quality assurance processes specific to the medical program. (Standards 5.2 and 5.4.1) by 2023
20	Adequately resource the introduction of Multiple Mini Interviews including capacity for monitoring and evaluation. (Standard 7.2.1) by 2023
21	Confirm the appointment of the Clinical Deans as proposed or otherwise implement a sustainable solution for providing wellbeing support and clear signposting to school and university services for students on all clinical placements. This support must ensure separation of responsibilities for pastoral support and for academic progression decisions. (Standard 7.3.1) by 2023
24	Confirm arrangements for adequate student space at the Royal Adelaide Hospital. (Standard 8.1.1) 2023

To be satisfied by 2024	
2	Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate statistical support for the implementation and evaluation of both the program of assessments and the increasing research components of the BMD. (Standards 1.5.2 and 1.8.2) by 2024
3	Engage with local communities and individuals in the Indigenous Health sector in metropolitan centres to promote relevant medical training and increase the medical

	program's responsiveness to the health needs of these stakeholders. (Standards 1.6.2, 2.1.2 and 2.1.3) by 2024
5	Define the research project expectations across the BMD and in particular the approach to be taken for the Year 6 work and the consequential impact on preparation for practice. (Standard 2.1) by 2024
7	Build on the design work for the BMD and the increased focus on community needs by expanding opportunities for both MBBS and BMD students to experience healthcare delivery and health advocacy outside the hospital setting, including in general practice and other primary care settings. (Standard 3.2) by 2024
16	Work with students in both programs to address concerns that some assessment feedback does not help students understand what actions are required to improve performance. (Standard 5.3.2) by 2024
19	Develop and implement the plans and resources to improve support and retention of Aboriginal and Torres Strait Islander students. (Standard 7.1.3) by 2024 (in 2023 confirm the plans and budget/staffing, in 2024 reflect on the effectiveness of these)
22	Confirm the revisions to the policies and processes for identification and management of students whose behaviours raises concern about their professionalism and fitness to practise that respond to the development of the Professionalism and Leadership domain in the BMD. (Standards 7.4.1 and 7.4.2) by 2024 (the later date recognises the work underway to review processes across other schools and the need for engagement with staff, clinical titleholders and students.)
23	Implement information technology systems to improve management of the program. The areas requiring further support are: o software to support curriculum mapping and blueprinting, by 2024 o assessment management software to enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently, by 2024 o tracking of student progression and early identification of concerns, by 2024 o longitudinal management of student professionalism with appropriate controls. (Standard 8.2.1) by 2024
25	Engage with local communities to expand opportunities for metropolitan based students to develop skills and knowledge in providing culturally safe care to Aboriginal and Torres Strait Islander patients. (Standard 8.3.3) by 2024 (in 2023, provide evidence of community engagement on an appropriate response, in 2024 provide evidence of expanded placements/experiences.)

To be satisfied by 2025	
4	Implement development processes for staff and clinical title holders. (Standard 1.9) by 2025 (a plan that includes some engagement with staff and clinical title holders in 2023, beginning roll out to staff in 2023, roll out to clinical titleholders in 2024, and evaluation and refinement in 2025).
6	Demonstrate, through mapping and assessment, that comparable outcomes are achieved across sites in metropolitan and rural programs. (Standard 2.2) by 2025

10 Implement the planned professional development for non-Aboriginal staff to support teaching in Indigenous Health. (Standard 3.5) by 2025
17 Develop and implement a specific monitoring and evaluation strategy for the BMD program demonstrating that evaluation results are reported, responded to and shared with students, staff and other stakeholders. (Standards 6.1 and 6.3) by 2025 (in 2023 provide the strategy, in 2024 demonstrate implementation and in 2025 provide reflection on learning and demonstrate processes for closing the loop with students, staff and stakeholders.)
18 Demonstrate through evaluation and responsiveness to feedback, the School's commitment to maintain the quality of the MBBS program and ensure that it continues to meet the accreditation standards. (Standard 6.2) by 2025 (annual reporting on evaluation, responses and student progression eg time out until the final year of the course.)

To be satisfied by 2026
9 Review and update the Indigenous Health curriculum, including; ○ increasing experiences for students in the metropolitan (rather than ARCS) pathway. (Standard 3.5) by 2026 (annual reporting to demonstrate first the updated curriculum, 2023 then the updating and expansion of curriculum content across the program 2024-6.)
26 Confirm the expanded clinical placements arrangements in general practice, aged care and community health settings that is planned within the BMD. (Standard 8.3.2) by 2026 (in 2023 to identify a plan/targets, as part of finalising the detail of the BMD, over 2024 and 2025 report progress on engagement with placement providers and confirm the placements as implementation as the first BMD cohort progresses.)

Key findings

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

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

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

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

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

Standards 1.4, 1.5.2, 1.6.2, 1.8.2 and 1.9 are substantially met

Conditions

1 Implement processes that ensure the expertise of First Nations' peoples guides the development and management of the program. (Standard 1.4) by 2023

2 Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically:

- Demonstrate adequate levels of administrative support for the program, including clear resources and lines of responsibility for supporting the Adelaide Medical School academic and corporate governance committees, curriculum development and delivery, student clinical assessment, health service and community stakeholder engagement and program monitoring and evaluation activities. (Standards 1.5.2, 1.8.2 and 6.1.1) by 2023
- Demonstrate adequate statistical support for the implementation and evaluation of both the program of assessments and the increasing research components of the BMD. (Standards 1.5.2 and 1.8.2) by 2024

3 Engage with local communities and individuals in the Indigenous Health sector in metropolitan centres to promote relevant medical training and increase the medical program's responsiveness to the health needs of these stakeholders. (Standards 1.6.2, 2.1.2 and 2.1.3) by 2024

4 Implement development processes for staff and clinical title holders. (Standard 1.9) by 2025 (a plan that includes some engagement with staff and clinical title holders in 2023, beginning roll out to staff in 2023, roll out to clinical titleholders in 2024, and evaluation and refinement in 2025).

Recommendations

A Increase engagement with metropolitan general practices to support the implementation of the medical program and increase students' experiences of community-based health practices. (Standard 1.6)

B Implement the recommendations resulting from the Kantar report (January 2021) relating to onboarding and orientation for improved engagement and development of Clinical Title Holders involved in the medical program. (Standard 1.9)

Commendations

The appointment of a Director of Medical Education and Head of the Discipline of Medical Studies which recognises the importance of medical education and the delivery of the whole medical program, whilst developing the new BMD. (Standard 1.2)

The strategic relationships with local and federal government in collaboration with local health services that has resulted in innovative initiatives supporting medical research and research education. (Standard.1.6)

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

Standards 2.1 and 2.2 are substantially met

Conditions

5 Define the research project expectations across the BMD and in particular the approach to be taken for the Year 6 work and the consequential impact on preparation for practice. (Standard 2.1) by 2024

6 Demonstrate, through mapping and assessment, that comparable outcomes are achieved across sites in metropolitan and rural programs. (Standard 2.2) by 2025

Recommendations

C Review and map the established MBBS program outcomes to the BMD program within a clear overall pedagogy. (Standard 2.2.3)

D Show the implementation of the Strategic Plan and demonstrate how it guides the medical program. (Standard 2.1.4)

E Increase prominence of general practice stakeholders in strategic activities and consulted in designing and implementing the BMD. (Standard 2.1.3)

Commendations

The detailed and impressive work on curriculum design and mapping of outcomes for the BMD. (Standard 2.2)

The comprehensive Year 5 longitudinal year for the 30% of students who attend the ARCS. This includes comprehensive learning experiences related to Aboriginal people and their health. (Standard 2. 2)

3. The medical curriculum	**Substantially Met**

Standards 3.2 and 3.5 are substantially met

Conditions

7 Build on the design work for the BMD and the increased focus on community needs by expanding opportunities for both MBBS and BMD students to experience healthcare delivery and health advocacy outside the hospital setting, including in general practice and other primary care settings. (Standard 3.2) by 2024

8 Ensure adequate direction and oversight of clinical activities for weekly clinical days in Year 3. (Standard 3.2) by 2023

9 Review and update the Indigenous Health curriculum, including:

- addressing concerns related to the inadequacy of teaching about genocide and intergenerational trauma. (Standard 3.5) by 2023
- increasing experiences for students in the metropolitan (rather than ARCS) pathway. (Std 3.5) by 2026 (*annual reporting to demonstrate first the updated curriculum, 2023 then the updating and expansion of curriculum content across the program 2024-6).*

10 Implement the planned professional development for non-Aboriginal staff to support teaching in Indigenous Health. (Standard 3.5) by 2025.

Recommendations

F Consider assigning students to clinical teams rather than to a particular ward in Year 3. (Standard 3.2)

G Expand the Indigenous Health curriculum beyond the Health and Society stream. (Standard 3.5)

Commendations

The focus on preparation for internship in the MBBS, which is valued highly by clinicians and recent graduates. (Standard 3.1)

Clinical simulation using both high-tech resources and high-fidelity actors as standardised patients, which allows excellent opportunity for students to rehearse clinical activities in safety and with confidence. (Standard 3.2)

The Yaitya Purruna's Indigenous Cultural Safety Curriculum Framework, which provides a strong guiding curricular document and a solid basis for further development of the Indigenous Health Curriculum. (Standard 3.5)

The involvement of Aboriginal general practitioners in the Adelaide Rural Clinical School. (Standard 3.5)

4. Teaching and learning	**Substantially Met**

Standards 4.3 and 4.7 are substantially met

Conditions

11 Review the consistency and quality of teaching in the Year 3 clinical placements and address student concerns that further and more timely procedural skills teaching is required before these clinical placements. (Standard 4.3) by 2023

12 Confirm the details of the relaunch of the interprofessional learning program. (Standard 4.7) by 2023

Recommendations

H Publicise the Clinical Scope of Practice Guidelines for Years 4-6, which clearly sets out the expectations and roles of students on clinical placements. (Standard 4.3)

I Review the procedural skills program and articulate a systematic program of procedural skills teaching and supervised practice that matches the timing of teaching to clinical experiences. (Standard 4.3)

Commendations

The innovative coaching and mentoring program in Year 6, which is well regarded by students. (Standard 4.2)

The well-structured simulation training delivered at excellent facilities at Adelaide Health Simulation. (Standard 4.3)

The School's strong response to incidents of poor role modelling that demonstrates a proactive and student-focussed approach to protecting student wellbeing and teaching quality. (Standard 4.5)

The Year 6 preparation for internship program that is regarded by staff, clinicians and graduates as preparing students well for more independent work. (Standard 4.6)

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

Standards 5.1.1, 5.1.2, 5.2, 5.3.1, 5.3.1 and 5.4.1 are substantially met

Conditions

13 Finalise assessment arrangements for the BMD program. This includes:

- The Assessment Framework. (Standard 5.1.1) by 2023
- progression requirements across all years of this program. (Standard 5.1.2) by 2023
- plans for improving the early identification of and support for at risk students. (Standard 5.3.1) by 2023

14 Clarify the progression points and consequences of failure to progress for MBBS students. (Standard 5.1.2) by 2023

15 Demonstrate sufficient and sustainable professional and academic staff resources, including psychometric capacity, to support the conduct of assessment and quality assurance processes specific to the medical program. (Standards 5.2 and 5.4.1) by 2023

16 Work with students in both programs to address concerns that some assessment feedback does not help students understand what actions are required to improve performance. (Standard 5.3.2) by 2024

Recommendations

J Review the approach to workplace-based assessment (WBA) in the clinical years of the BMD program and explore sampling approaches, which will allow holistic judgements of competence. (Standard 5.2.1)

K Develop plans for formal and systematic engagement with educators and clinical supervisors to share specific knowledge/skills/behaviours gaps, strengths and weaknesses, based on cohort performance. (Standard 5.3.3)

L Develop an overall plan that outlines the systematic and regular approach to reviewing assessment practices, including review of assessment across different sites. (Standard 5.4.2)

Commendations

The careful and systematic approach to assessment standard setting methods. (Standard 5.2.3)

6. The curriculum – monitoring	**Not Met**

Standards 6.1, 6.2 and 6.3 are not met.

Conditions

17 Develop and implement a specific monitoring and evaluation strategy for the BMD program demonstrating that evaluation results are reported, responded to and shared with students, staff and other stakeholders. (Standards 6.1 and 6.3) by 2025 (in 2023 provide the strategy,

in 2024 demonstrate implementation and in 2025 provide reflection on learning and demonstrate processes for closing the loop with students, staff and stakeholders).

18 Demonstrate through evaluation and responsiveness to feedback, the School's commitment to maintain the quality of the MBBS program and ensure that it continues to meet the accreditation standards. (Standard 6.2) by 2025 (annual reporting on evaluation, responses and student progression eg time out until the final year of the course).

Recommendations

M Establish an evaluation officer position to ensure that the monitoring and evaluation activities needed to assure quality for both MBBS and BMD programs can be sustained. (Standard 6.1.1)

N Expand the comparative analysis of cohort performance to include students at different metropolitan sites. (Standard 6.2.3)

O Formalise a systematic process for engaging South Australia Medical Education and Training and health service internship providers in the analysis of and responses to outcomes evaluation. (Standard 6.2.2)

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

Standards 7.1.3, 7.2.1, 7.3.1, 7.4.1 and 7.4.2 are substantially met

Conditions

19 Develop and implement the plans and resources to improve support and retention of Aboriginal and Torres Strait Islander students. (Standard 7.1.3) by 2024 (in 2023 confirm the plans and budget/staffing, in 2024 reflect on the effectiveness of these).

20 Adequately resource the introduction of Multiple Mini Interviews including capacity for monitoring and evaluation. (Standard 7.2.1) by 2023.

21 Confirm the appointment of the Clinical Deans as proposed or otherwise implement a sustainable solution for providing wellbeing support and clear signposting to school and university services for students on all clinical placements. This support must ensure separation of responsibilities for pastoral support and for academic progression decisions. (Standard 7.3.1) by 2023.

22 Confirm the revisions to the policies and processes for identification and management of students whose behaviours raises concern about their professionalism and fitness to practise that respond to the development of the Professionalism and Leadership domain in the BMD. (Standard 7.4.1 and 7.4.2) by 2024 (the later date recognises the work underway to review processes across other schools and the need for engagement with staff, clinical titleholders and students).

Recommendations

P Work with health services to expand the culturally safe spaces for Aboriginal and Torres Strait Islander students across university and clinical placement sites. (Standard 7.3)

Q Appoint a wellbeing lead who does not have a role in making academic progression decisions for years 4-6 of the programs. (Standard 7.3.4)

Commendations

The pastoral support on rural clinical placements provided by dedicated clinical staff. (Standard 7.3)

The level of student representation on the School's decision-making bodies which clearly demonstrates its valuing of the student voice. (Standard 7.5)

8. Implementing the curriculum- learning environment	Substantially Met

Standards 8.1.1, 8.2.1, 8.3.2 and 8.3.3 are substantially met

Conditions

23 Implement information technology systems to improve management of the program. The areas requiring further support are:

- software to support curriculum mapping and blueprinting, by 2024
- assessment management software to enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently, by 2024
- tracking of student progression and early identification of concerns, by 2024
- longitudinal management of student professionalism with appropriate controls. (Standard 8.2.1) by 2024

24 Confirm arrangements for adequate student space at the Royal Adelaide Hospital. (Standard 8.1.1) by 2023

25 Engage with local communities to expand opportunities for metropolitan based students to develop skills and knowledge in providing culturally safe care to Aboriginal and Torres Strait Islander patients. (Standard 8.3.3) by 2024 (in 2023, provide evidence of community engagement on an appropriate response, in 2024 provide evidence of expanded placements/experiences).

26 Confirm the expanded clinical placements arrangements in general practice, aged care and community health settings that is planned within the BMD. (Standard 8.3.2) by 2026 (in 2023 to identify a plan/targets, as part of finalising the detail of the BMD, over 2024 and 2025 report progress on engagement with placement providers and confirm the placements as implementation as the first BMD cohort progresses).

Recommendations

R Engage with South Australia Health Service on health workforce challenges in Port Augusta to identify solutions to maintain teaching and learning experiences for students. (Standard 8.3.2)

Commendations

The Adelaide Health Simulation facility which is considered a world-class teaching facility and is routinely used by the School for teaching purposes.

Introduction

The AMC accreditation process

The AMC is a national standards body for medical education and training. Its principal functions include assessing Australian and New Zealand medical education providers and their programs of study, and granting accreditation to those that meet the approved accreditation standards.

The purpose of AMC accreditation is to recognise medical programs that produce graduates competent to practise safely and effectively under supervision as interns in Australia and New Zealand, with an appropriate foundation for lifelong learning and further training in any branch of medicine.

The *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* list the graduate outcomes that collectively provide the requirements that students must demonstrate at graduation, define the curriculum in broad outline, and define the educational framework, institutional processes, settings and resources necessary for successful medical education.

The AMC's Medical School Accreditation Committee oversees the AMC process of assessment and accreditation of primary medical education programs and their providers, and reports to AMC Directors. The Committee includes members nominated by the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Committee of Presidents of Medical Colleges, the Medical Council of New Zealand, the Medical Board of Australia, and the Medical Deans of Australia and New Zealand. The Committee also includes a member of the Council, a member with background in, and knowledge of, health consumer issues, a Māori person and an Australian Aboriginal or Torres Strait Islander person.

The AMC appoints an accreditation assessment team (the AMC 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 AMC team conducts a visit to the medical education provider and its clinical teaching sites. This visit may take a week. Following the visit, the AMC 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 2022*. 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.

Accreditation Background

The University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School was due to submit a progress report in 2020, however, due to amended requirements from the AMC, this was deferred to 2021 and as a result the reaccreditation assessment took place in 2022 before its expiry on 31 March 2023.

In 2012 a committee set a number of conditions to the School that required a further report in 2013 to assess the measures that had been implemented to target these concerns.

The AMC required further evidence that the MBBS program is supported by sufficient staff members with specific expertise.

The AMC required further evidence that the MBBS program has constructive partnerships and proactive communication with all relevant hospitals and health services that supports its teaching.

It was found that these conditions had been met and that there was sufficient evidence supplied by the School to reinforce this and as a result the conditions were closed. The areas that were highlighted as further areas for reporting that were also assessed as having met the standards and were therefore closed included:

- Evidence of staff plan to provide the academic, administrative and technical support.
- Ensure mission statement addresses Indigenous people and their health & review of mission statements for the program.
- Increase professional development for teachers to support the teaching and learning methods.
- Details regarding varying aspects of the assessment processes.
- Details regarding the student intake, support and representation.
- Details regarding information technology, clinical teaching resources and physical facilities.

The School also engaged with suggested areas of improvement regarding benchmarking the School's MBBS program with the other Group of Eight university programs and reviewing the teaching and learning methods. The student report from this year identified a few key areas of concern that had been raised: clinical rotations, resources, assessments and internships. It details how students feel upcoming changes may have an impact upon these areas. The report advises that the students are, however, appreciative of the changes that have been made in response to feedback raised in the year previous and that they are also looking forward to the further changes planned by the School in the near future.

In 2014 the School was granted an extension of accreditation for four years until March 2018. Following on from this, the reports on conditions and subsequent progress report in 2016 were all accepted as meeting the required standards. The student report of 2016 highlighted the students concerns relating to three main areas. These include the delivery of key curriculum components, Indigenous health and histology and the provision of constructive assessment feedback. Overall, it was concluded that students are extremely positive of their experiences on the MBBS program and the prospects for the programs future.

During the course of 2017 the comprehensive report highlighted that there is to be an extension of accreditation that has been imposed for four years, leading up until 31 March 2022. The student report from 2017 identified the concerns highlighted in the year previous were still a cause for concern among the students the following year. Additional notes were made in relation to lack of formal teaching in Musculoskeletal Medicine in Year 4 along with issues around the delivery of Histology and Genetics teachings in pre-clinical years. Students were again on average very positive towards the conduct of the program itself as a whole.

The following year of 2018 saw a further progress report that identified two key areas within Standard 3 that conditions were subsequently placed on; formalizing curriculum reviews into an overall review plan and timetable and preparing a curriculum map for all years that includes objectives. It is noted that praise was given in relation to the progress made on student spaces, as previous reports had noted a distinct lack of such facilities.

In 2019 a committee determined that the changes proposed by the School of their intent to transition to a MD did not constitute as a material change and that this could therefore be introduced within the next accreditation cycle in 2022. A further student report from 2019 again touched upon similar positive experiences that had been previously highlighted in student reports. It went on to discuss how they believe that a number of standards were, however, not being met. There was a large discussion in relation to the lack of student support services and that students

themselves felt that there was an absence with mental health support from staff members. The report also details concerns around bullying and sexual harassment stating that there is a distinct lack of concern regarding the welfare of students and an inadequate process in place for incident reporting. It highlights further concerns relating to the lack of safe spaces for Indigenous students on the medical program.

The COVID-19 report for 2020 detailed the various changes that had to be implemented due to effects of the pandemic on the curriculum. Placements were paused for up to 3 months, and prior to recommencing their placements all students were required to complete an online 'Return to Clinical Placements' module which involved COVID-19 infection controls and PPE. The School advised that students were also required to meet in small groups online to enable further discussion and reflection on their clinical work. Most recently in 2020 MedSAC concluded that they were satisfied with the Schools progress regarding the previously imposed conditions and the School at present has no outstanding conditions.

In 2020, the AMC issued guidance for medical schools on the implications of changes related to COVID-19 for accreditation, including increased flexibility in applying accreditation processes. Due to the COVID-19 related impact on the AMC of deferred assessment visit workload and increased monitoring workload, AMC Directors granted the School a further extension of accreditation for one year until 31 March 2023.

A further COVID-19 report made in 2021 continued with some of the changes made in 2020. The School discussed how they appointed a Pastoral Care and Wellbeing Coordinator to assist Year 1-3 students in 2021 specifically ensuring that they will be a key contact for students studying remotely. The report details how there was frequent communications with the Local Health Networks to ensure that students were able to remain in placements where possible.

The student report that was submitted for this year again highlights previous concerns that have been brought to the attention of the AMC in previous years including issues surrounding staffing, access to quiet study spaces, Indigenous Health teachings and more. The transition to the Bachelor of Medical Studies/MD (BMD) program has been highlighted as a new concern in relation to additional strains this may have on staffing within the program. The report does however discuss the many strengths such as; access to rural placements, access to resources, communication and involvement of students in the feedback program.

This report

This report details the findings of the 2022 reaccreditation assessment of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School.

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

The members of the 2022 AMC Team are detailed in **Appendix One**.

The groups met by the AMC Team in 2022 on Zoom are at **Appendix Two**.

Due to the reaccreditation assessment being conducted online, a limited site visit will be held before the expiration of the School's current accreditation on 31 March 2023 to confirm facilities and to meet with key personnel.

Appreciation

The AMC thanks the University and the Adelaide Medical School for the visit 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. The short notice decision to move to an online review due to pandemic-related travel and room occupancy difficulties created a significant workload to shift meetings to virtual platforms. The patience and diligence of the Adelaide Medical School team and wider University of Adelaide staff was greatly appreciated.

The University, the Faculty and the School

The University of Adelaide was founded in 1874. It is governed by a 16 member Council established by the University of Adelaide Act (1971). The primary role of the Council is to oversee the affairs of the University, ensuring that the appropriate structures, policies, processes and planning are in place. Chaired by the Chancellor, decisions are made with the support of Standing Committees or through authorised delegations allocated to individuals in accordance with their role.

The University's academic business is overseen by the Academic Board established in 1883 as the Education Committee. It is currently a standing committee of the University Council.

The University is organised into three faculties. The Adelaide Medical School sits within the Faculty of Health and Medical Sciences together with the following Schools:

- Adelaide Dental School
- Adelaide Nursing School
- Adelaide Rural Clinical School
- School of Allied Health Science and Practice
- School of Biomedicine
- School of Psychology
- School of Public Health.

The Faculty's medical programs are directed by and the responsibility of the Adelaide Medical School (the School) but are delivered in partnership with other schools, predominantly the Adelaide Rural Clinical School (ARCS) and the School of Biomedicine. The School of Public Health and School of Psychology also contribute to the program.

The University of Adelaide appointed Professor Peter Høj AC as Vice-Chancellor in February 2021. Professor Høj has led the University in its response to the effects of the pandemic on the organisational sustainability of the University, and major changes to the organisation of both professional and academic staff are being implemented or planned.

In 2020 the University of Adelaide had 29,006 student enrolments. In that year the Medicine Program had a student intake of 179 students. In 2022 it had an intake of 174 students. In 2022, it began the transition to the Bachelor of Medical Studies/Doctor of Medicine (BMD) program.

An appraisal of the development of the BMD led to the decision that the previous plan of a simultaneous implementation of the new degree across all years of the program was not feasible, and it was decided to implement the program in a staged sequential manner, commencing with Year 1 in 2022. Shortly after this decision was taken in early 2020 several key personnel resigned from the School. Recruitment to backfill these positions was delayed due to continued COVID-19 restrictions and impact.

Both the MBBS and BMD include 186 weeks of curriculum delivery, with additional time spent in study vacation and assessment. For both programs, there is a carefully constructed curriculum that has been mapped to ensure that it meets the AMC, University and Program Learning Outcomes (PLO)s. The BMD has also been mapped against the MBBS as an additional 'check' for gaps.

Year 1-3 Medical Studies courses within the BMD program are organised in body system themes. This curriculum structure offers more opportunities to integrate medical knowledge with clinical scenario-based learning. Teaching in system-based blocks enables students to focus on issues pertaining to a particular body system before progressing to another.

A key change in the curriculum since the previous comprehensive accreditation in 2017 is the introduction of the Foundations of Medicine (MEDIC ST 1501) course in the first semester of Year 1. This course presents an integrated curriculum which introduces first year students to the four domains of medicine (Science and Scholarship, Health and Society, Professionalism and Leadership and Clinical Practice). These neatly align with AMC domains.

The MD component of the BMD program (Years 4 to 6) has been explicitly designed to address three key imperatives: the AMC accreditation requirements of a medical training program, the University and AQF Level 9E educational requirements and local employer expectations that graduates be 'workforce ready'. This will be achieved by using a competency-based medical education framework that is aligned with the four domains. The (MD AQF Level 9E) PLOs and the learning outcomes of the semesterised integrated courses are demonstrably aligned to these four domains.

Year 4 and 5 will continue to consist of clinical placements across a range of primary care, rural, community-based, outreach, allied health, research institutes, regional and tertiary hospital settings, within which the student is an integral member of the healthcare team.

Year 6 will have a major focus on the research project. The project will run for the equivalent of nine weeks. At this stage, a number of different design options are being contemplated, and depending on the nature of the placements a student is undertaking and the interests of supervisors, models of a continuous nine-week research placement, or the research component being integrated with the placement appear feasible. This time will include face-to-face teaching, time for meeting with supervisors, self-directed study and, if appropriate, time for experimental work. Although the time spent on the research project will replace some of that previously allocated to clinical placements in the final year, there will be rescheduling of time to reduce impact on clinical learning. The Medical School Accreditation Committee reviewed plans for the transition to the BMD, prior to implementation of the first cohort in 2021.

The Faculty has reorganised its structure with respect to the Adelaide Medical School. Prior to July 2021, the Adelaide Medical School comprised both Biomedical and Clinical Medicine disciplines. A new School of Biomedicine was formed from the disciplines of Anatomy and Pathology, Pharmacology and Physiology, while the disciplines of Medicine, Surgery, Orthopaedics and Trauma, Ophthalmology and Visual Sciences, Acute Care Medicine, Psychiatry, Obstetrics and Gynaecology, Paediatrics and General Practice, along with the discipline of Medical Studies, now comprise the Adelaide Medical School.

The ARCS facilitates placements for medical students in rural and remote locations throughout South Australia and across the border in Broken Hill, New South Wales. In Year 4, the ARCS places students in a nine-week surgical placements across Mount Gambier, Port Augusta, Whyalla and Broken Hill. In Year 5 ARCS places students in year-long integrated placements where students will live and work in a rural or regional community. Placements are available in Barossa, Broken Hill, Ceduna, Clare, Kadina, Mount Barker, Port Augusta, Port Lincoln/Tumby Bay, Port Pirie, Roxby Downs/Whyalla and Whyalla/Cummins. In Year 6 ARCS places students in four-week selective programs across these regional and rural locations.

The University is in the midst of a change management plan, known as the Organisational Sustainability Program (OSP) for both professional and academic staff, which has been precipitated, at least in part, by the financial challenges presented by the COVID-19 pandemic. A feature of professional staff changes, which have been implemented since 28 March 2022, is the centralisation of staffing, with a small number of what are considered essential roles remaining at a School or Faculty level. In the case of the Medical Programs, this means that professional support for assessment, admissions and evaluation now reside at a central University level.

Work on the Academic Stream of the Organisational Sustainability Program is currently under way. The School and Faculty has provided input into deliberations with the key focus being the retention of core capabilities.

As previously reported to the AMC, the School undertook a significant streamlining of its Medical Program governance structures several years ago. The primary effect of this was to reduce the number of committees, with the aim of creating greater efficiency and freeing up staff, both academic and professional, for other productive activities.

In addition, the Adelaide Medical School is now working more closely with academics from the ARCS and the Adelaide Nursing School to create collaborative environments where there is 'strength in numbers' to ensure that this critical area of health professional educational responsibility is executed well and safely.

1 The context of the medical program

1.1 Governance

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

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

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

The Adelaide Medical School (the School) is Australia's third oldest medical school (1887), producing medical graduates for over 130 years.

It is one of nine Schools that comprise the University's Faculty of Health and Medical Sciences, with the Adelaide Rural Clinical School (ARCS) and the School of Biomedicine being major contributors to the Medical Program. ARCS separated from the School in July 2021. The School is currently constituted by the major clinical disciplines and the discipline of Medical Studies. The Executive Dean of the Faculty, Professor Benjamin Kile, noted this was undertaken in order to allow the School to focus on medicine while the School of Biomedicine focused on research in the biomedical sciences and to support recruitment of a new medical school dean of high calibre.

Professor Danny Liew's commencement at the beginning of 2022 in a substantive role has marked the end of a period of instability with a series of interim appointments. Professor Liew's arrival was reported by multiple stakeholders as a very positive step.

The governance structure to support the delivery of the current MBBS program and the preparation for the incoming BMD, whilst still under development, is becoming well defined. Discrete Program Management Committees representing the preclinical and clinical phase of both the MBBS and BMD programs report to a Programs Board. Additionally, there is regular communication outside of the formal committee structure at which many decisions seem to be made. Whilst this is seen as a positive arrangement by the School, it could be construed as a risk as it relies on committed individuals and their informal communications having a degree of governance responsibility.

Once the implementation phase has settled it may be beneficial to review the various boards, committees and advisory councils to ensure the revised organisational and governance arrangements are working well and are well articulated. This will support clear communication at higher/strategic levels.

Further, noting the learning domains that now influence the new BMD, the task of reviewing the vertical integration of student learning across all six years of the program would be of benefit to include in the terms of reference for the Years 1-3 and Years 4-6 committees.

An assessment committee and an evaluation committee are in place, although the latter appears to be inactive.

At the time of the review the academic governance committees were considered to be inadequately supported to effectively manage the administrative and secretariat functions, with the administrative tasks of convening them and preparing agendas and minutes falling to academic staff without adequate professional staff support. This appeared to be a consequence of the university's Organisational Sustainability Program (OSP) that has centralised many professional services. It is recommended that the university undertake a review of the level of administrative support provided to these committees with a view to ensuring adequate resourcing to support effective academic governance.

The Faculty of Health and Medical Sciences approves significant medical course changes recommended by the School's Programs Board and these decisions are in turn ratified by the university's Academic Program Entry and Approval Committee (APEAC), which in turn reports to the Academic Board.

The many stakeholders interviewed unanimously held the medical school leadership team and its medical program in high regard and all attested to their commitment to engagement. The excellence of the medical school in both education and research is clearly a matter of pride to those who support it. Less evident were clear processes by which these stakeholders, particularly clinical titleholders, could be consulted on key matters relating to the course. It was noted that Professor Liew, the Dean was re-establishing connections with those groups and that there were clear recommendations for better engaging them in the "Titleholders – Current and Future" report produced by Kantar Australia in January 2021. The AMC looks forward to hearing of the successful implementation of these recommendations, currently being managed by the Faculty's Titleholder Working Group.

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 appointment of Professor Ben Canny to the role of Director of Medical Education and Head of the Discipline of Medical Studies (the academic head of the medical program) in May 2021 was a positive step in redefining the roles and responsibilities of the School leadership team. He has responsibility for oversight of the current MBBS program and the development of the BMD. Position descriptions for both Professor Liew and Professor Canny are clear and appropriate.

The appointment of a Director of Medical Education and Head of the Discipline of Medical Studies recognises the importance of medical education and the delivery of the whole medical program, whilst developing the new BMD.

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 Adelaide Medical School Programs Board oversees the academic governance and development of the current MBBS program and the incoming BMD program. The terms of reference for the Programs Board make it clear that it is responsible for monitoring the courses and reporting on academic quality assurance, although the sources of clear and specific information available to the committee for monitoring and quality assurance purposes was seen to be lacking. Finer-grained data that can identify the impact of the current course revision on student performance against outcomes will not be fully captured by standard student course experience questionnaires. With this comes some risk that beneficial changes will not be identified and, more importantly, that any deterioration in quality will go unreported. It is recommended that the adequacy of current evaluation and quality improvement activities and data/information be reviewed in the light of the significant course changes being introduced. This is addressed under Standard 8.

The Team noted that the MBBS to BMD course redesign currently under way will change the existing Australian Qualifications Framework (AQF) Level 7 Bachelor degree to an AQF9 (extended) Masters level program.

Although the duration of the BMD will be the same as the current MBBS (six years), it appeared from the design of the new BMD that the medical program would continue to enable the graduate outcomes with the accreditation standards to be met. Future monitoring submissions will provide regular opportunities for the School to update the AMC on its implementation.

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.

It was evident that the program staff are committed to ensuring the educational quality of the program. Considerable expertise is available from University staff and Clinical Title Holders (CTH) who contribute to the course, although a notable lack of administrative support, both at the University and at clinical sites, reduced the capacity of those with educational expertise to contribute to the program development.

The School acknowledged it had struggled to engage with the knowledge and expertise of local Aboriginal communities in the development and management of the medical program. The Faculty of Health and Medical Science's Yaitya Purruna Indigenous Health Unit's leadership is working to develop a draft governance plan.

The University has recently appointment of Professor Steve Larkin as the Pro-Vice Chancellor (Indigenous Engagement) with responsibility for education, employment and research across the University. Professor Larkin met with the AMC team to discuss his commitment to the Faculty and emerging thinking on initiatives to support the medical program. The recent recruitment to the medical school of an experienced First Nation's academic staff member will also strengthen capacity.

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.

There is a clear line of responsibility and authority for the medical program through the positions of Dean of the Medical School and the Director of Medical Education and Head of the Discipline of Medical Studies.

The University is engaged in a major process re-engineering program that is resulting in a significant number of administrative and education support services being centralised. By the time of the accreditation assessment, a number of staff had left the University. Many academic staff members reported a significant increase in administrative tasks previously performed by professional staff, which was seen as an inefficient use of their time and expertise.

The Vice Chancellor articulated the overarching aim of this program was to deploy the largest fraction of the university's available funding to academic purposes. He acknowledged that academic staff would inevitably feel burdened by administrative tasks but he expected this would be a transitory, short term issue. There was a lack of consensus on this issue across program staff and, importantly, health service partners.

It did not appear that the medical program was able to appoint professional staff required and there is a clear need to review the levels of administrative support for the key functions of curriculum development and delivery, student clinical assessment and program evaluation.

Similarly, there is a need to secure further statistical expertise to support the delivery of the assessment program and the increasing research component that is a feature of the BMD and there does not appear to be a clear mechanism to achieve this currently.

With the medical school in the middle of implemementing a new program and managing the quality assurance of a program in teach out, urgent action is required to ensure the program has the range of staff resources with appropriate expertise and time to support the continued success of both programs and ensure that the accreditation standards can be met.

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.

In South Australia, the metropolitan hospital system is divided into four local health networks (LHNs), and there are six country LHNs. The School has relationships with three of the metropolitan networks: Central Adelaide (CALHN), Northern Adelaide (NAHLN) and Women's and Children's (WCHN). In the country, the School works primarily with the Eyre and Far North LHN (EFNLHN), Flinders and Upper North LHN (FUNLHN), Yorke and Northern (YNLHN) and Barossa Hills Fleurieu LHN (BHFLHN). Clinical placement agreements were reported to be in place and recently updated.

There was evidence of close and effective working relationships with South Australia Health and South Australian Medial Education and Training (SA MET), the internship training accreditation authority for South Australia, which has assisted the School and the health service navigate the COVID-19 pandemic and maintain clinical placements. Towards the end of 2021 the School collaborated with health services and SA MET to graduate students early, creating a surge workforce for local health services.

Extensive collaboration in research and research education also exists between the University of Adelaide and SA Health. The Adelaide BioMed City supports research and research teaching collaboration between CALHN, WCHN, the University of Adelaide, the University of South Australia, Flinders University and the South Australian Health and Medical Research Institute (SAHMRI).

Since the last accreditation assessment, a number of key partnerships between the University and the Federal Department of Health have been established, the most significant of which are i) the establishment of SAiGENCI, a collaboration between CALHN and the University of Adelaide, and ii) the Bragg Comprehensive Cancer Centre, for which the Federal Government recently committed $77 million in funding.

While stakeholders reported positive relationships with the School leadership team, the visible presence of the School was noted to be low at several large teaching hospitals, with little or no university staffing and no physical facilities in some cases. These points are further explicated in Standard 8.

Plans to introduce Clinical Deans to major teaching hospitals were reassuring and is likely to be an important strategy in raising the university's profile and communication at those sites.

The University's rural clinical school is the ARCS. It has established effective partnerships with local general practices, communities and Aboriginal-controlled organisations throughout rural South Australia. There was little evidence of partnerships with similar metropolitan community groups, including those responsible for primary care and the Indigenous health sector. The School is encouraged to develop authentic, non-transactional relationships with these groups and engage them meaningfully in contributing to the purpose and objectives of the medical 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.

Adelaide Medical School is considered a major producer of clinical research within the state and, with the School of Biomedicine and the adjacent SAHMRI, has an excellent platform for training medical students in clinical and biomedical research. A large range of research role models and supervisors is available to students.

Several stakeholders reported that they were looking forward to the new BMD course when students would be able to engage more deeply with research. Some also warned that adequate statistical services would need to be provided to support an increase in projects involving students. Other areas of concern were the costs of students submitting human research ethics applications and the availability of biomedical librarian support at clinical sites.

Forward planning should take place to ensure adequate statistical, ethics and librarian support for students undertaking research projects in the BMD, as well as their supervisors.

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.

At the time of the accreditation assessment there were 59.7 FTE of academic staff with 3.5 FTE of vacancies. There was a 1.0 FTE School Business manager and 2.6 FTE of Faculty Administration Coordinator assigned to the medical program.

Reference has already been made to concerns that professional staff numbers (as represented by administrative and technical staff) are not sufficient to implement and manage the changing medical program. Substantial frustration and dissatisfaction amongst those contributing to the program within the University and across health service partners was heard, sufficient to consider this a matter that warrants close and urgent attention.

The School has acknowledged its difficulty in recruiting, training and supporting Aboriginal and Torres Strait Islander staff and this is considered later in the report.

The Adelaide Health Simulation facility (further described in Standard 7) is considered to be world class in many of its facilities and activities, and to provide comprehensive training for its pool of patients and community members who are simulated patients contributing to teaching and assessment. Some of these are professional actors. This valuable teaching resource was well-supported and appropriately utilised throughout the course, as well as being shared with other University of Adelaide programs and those of external clients.

Arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.

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.

Professional development was seen by many staff as a low priority given their demanding current roles and workloads.

Some staff with a teaching academic focus saw promotion as more difficult to attain than if they were undertaking research, partly because of the lack of opportunity to publish and partly because of the lack of student evaluations of their own teaching's impact and quality.

Several hospital-employed clinicians indicated that their employment arrangements between the university and the health service were complex and non-transparent, with the notional fraction of their time allocated to research and medical student teaching being increasingly consumed by administrative tasks. They indicated that these tasks are often being dealt with after hours, which is not sustainable. This issue was identified as a Faculty-wide issue for clinical titleholders contributing to the health professions programs and in 2021, a faculty-wide review (the Kantar report) into engagement and governance issues around the titleholder roles was commissioned. The report identified small number of discrete areas, including onboarding, recognition of contributions and avenues for professional development would significantly help to improve relationships. In response to that report, the Faculty has established the Titleholder Working Group.

There did not appear to be evidence of a performance improvement program or professional development strategy, such as peer review of teaching, available to staff.

2 The outcomes of the medical program

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

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

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

1 Science and Scholarship: the medical graduate as scientist and scholar.

2 Clinical Practice: the medical graduate as practitioner.

3 Health and Society: the medical graduate as a health advocate.

4 Professionalism and Leadership: the medical graduate as a professional and leader.

2.1 Purpose

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

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

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

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

The School, together with the School of Biomedicine and the Adelaide Rural Clinical School (ARCS), have redefined their purpose over many years. With recent leadership changes, the University's Future Making Strategy plan and the commencement of the BMD in 2022, the new medical degree aims to preserve the best of the MBBS, strengthen the domain structure of the BMD and add new dimensions around research skills and completion of a research project. In the submission and meetings, the School has articulated how teaching, learning and research will mean that its societal and community responsibilities are fulfilled, indeed the University, including the School, seeks to influence the community and lead society for the better.

The School's Strategic Plan including vision, mission, values and priorities is refreshing. Viewing the priorities as actions, there are important statements about community engagement, governance, research development with industry, new education models and making better use of the many smart buildings. The plan is forward looking and will address many of the following contemporaneous comments. Timelines will need to be defined for the Strategic Plan in order to focus the School's efforts in priority planning activities to support the introduction of the new program.

The Strategic Plan is able to provide the focus for the School to continue producing medical graduates who are fit and safe to practice medicine and increasingly responsive to local community needs. The AMC looks forward to reports of its implementation.

The School works closely with the Faculty's Indigenous Health Unit, Yaitya Purruna, and the University's Aboriginal education and support unit, Wirltu Yarlu. However, the School acknowledges it has not effectively engaged with or responded to the health needs of Aboriginal communities across the medical program. There was some evidence that this has been improving very recently. The recently appointed Pro Vice-Chancellor Indigenous Engagement has identified

the need for a University-wide Aboriginal Teaching and Learning Strategy. A proposed Faculty-wide governance structure has also been proposed but is still under consideration.

Research in all its forms is pre-eminent in the submitted documents, noting the dominant positions of the university and the School in South Australia. World-leading research is associated with many researchers in the School. These stakeholders appear well catered for and the BMD program should include superior research skills training and a research project. Amongst the BMD graduates will no doubt be those who build on these skills as researchers, as well as graduates who have capable skills for practising evidence-based medicine and quality improvement activities.

Patients in community practice, patients in rural areas and general practice as a specialty are also significant stakeholders. It is not clear that these stakeholders have been consulted, or, if so, have influence in the current MBBS program and early design work for the BMD. Given the importance of general practice as a specialty for the health needs of the Australian community, it needs greater prominence in the program. The program would benefit from increasing engagement with general practitioners in designing the BMD.

While there are GP experiences in Years 5-6, only ARCS students have longitudinal rural GP experience. Geriatrics is combined with GP in Year 5, resulting in only short, dedicated GP placements (less than six weeks).

Stakeholders who spoke to the AMC team reported unused capacity in GP placements. Increased time in general practice may be beneficial to better relate the School's teaching and service activities to its communities. Valuable research can also be done in GP locations.

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.

The Adelaide Medical School has well defined Program Learning Outcomes (PLOs) for the MBBS program and has added a research PLO to the BMD Program. These outcomes are related to the purpose of the Adelaide Medical School.

For the BMD, the School has adopted the following graduate outcomes:

On successful completion of the BMedSt, students will be able to:

1 Demonstrate professional behaviours.

2 Evaluate individual and population health status.

3 Demonstrate knowledge of the determinants of health and health behaviours.

4 Retrieve, critically evaluate and interpret evidence.

5 Demonstrate a coherent understanding of the scientific basis of medicine.

6 Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.

On successful completion of the MD, students will be able to:

1 Demonstrate professional behaviours including advocacy and leadership in healthcare.

2 Evaluate individual and population health status and where necessary, formulate, implement and monitor management plans in consultation with other health professionals, patients, carers and communities.

3 Promote and optimise the health and welfare of individuals and populations.

4 Retrieve, critically evaluate, interpret and apply evidence in the performance of health-related activities.

5 Plan and execute a substantial research-based project.

6 Deliver safe and effective collaborative healthcare.

7 Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.

The BMD outcomes are "program" outcomes, and with similar language, the MBBS also uses "program" outcomes. These outcomes are mapped to and reference the University Graduate Attributes. Detailed mapping to AMC graduate outcomes is provided as Curriculum Maps, including detail down to course learning outcomes and topic outcomes. The detail is impressive, but the review of curricular content and incorporation of stronger vertical domain themes is clearly adding to current workloads.

Outcomes based medical education is supported but clear descriptions of these various levels of outcome will be important when the information is shared as the BMD develops. Summary documents will be helpful for clinicians especially. The multiple domain-specific courses within each semester of MBBS are replaced by 12-unit semester courses within the BMD.

Established MBBS program outcomes are considered to be delivered. Reviewing and adapting the program outcomes for the BMD program within a clear overall pedagogy will assist with the vertical integration of the domain streams as significant improvements. Much of the current curricular content could be retained without extensive re-writing.

The existing MBBS and the BMD under development provide comprehensive training such that it was clear that Adelaide Medical School graduates are competent to commence work as interns and able to train in any field of medicine. Year 6 provides students with a choice of selectives and a dedicated transition to internship phase. The MD research project is planned for the final year. The transition to internship 'semester' as described in meetings is viewed by health service stakeholders as currently working very well. It appears differently described within the BMD Year 6 plans and the extent of change and rationale was not clear, acknowledging that the implementation is still some years away.

There is a need to clarify the research skills and project expectations across the BMD. Preparation for internship is demonstrably excellent in many areas and it will be important to allow this transition phase to continue to be prominent, interacting with the research project while not competing with it.

Health service stakeholders reported that the School's graduates are well trained. However, clinical experiences vary and students described mixed experiences across hospitals and community sites. The separate identity of ARCS has allowed the longitudinal 5th year, where about 45 (30%) of the cohort are based in rural practices and related small hospitals. As commented later in this report, assessment requires an overall guiding philosophy. It requires resources, planning and evaluation to demonstrate comparable outcomes across the different pathways.

3 The medical curriculum

3.1 Duration of the medical program

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

The School is making significant changes to its medical program. It is transitioning from its longstanding six-year AQF7 MBBS program (with a largely 3 year + 3 year split of preclinical and clinical focus, apart from a weekly clinical visit in Year 3) to an AQF9 Extended Masters program (BMD) which comprises three years of an undergraduate Bachelor of Medical Studies (BMedSt) followed by three years of graduate medical studies (Doctor of Medicine (MD)). Both the MBBS and BMD include 186 weeks of curriculum delivery.

The design of the integrated degree structure of the same-length BMD will continue to enable students to achieve the AMC graduate outcome statements, even with additional research requirements. Stakeholders noted that they are looking forward to deeper engagement with students through research and see this as a positive development.

3.2 The content of the curriculum

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner.

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

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

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

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

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

There has been no change to the MBBS mapping of clinical learning outcomes to the graduate outcomes in the accreditation standard since they were confirmed by the Committee as being appropriate when reviewing the School's 2021 monitoring submission. The curriculum content for the MBBS continues to addresses these clinical learning outcomes. The MBBS program structure is described in Table 1 below.

Table 1. MBBS program structure

	Semester 1	Semester 2
Year 1	MEDIC ST 1000A First Year Examination MEDIC ST 1101A Scientific Basis of Medicine I Pt 1 MEDIC ST 1102A Clinical Practice I Pt 1 MEDIC ST 1103A Medical Prof & Personal Development I Pt 1 BIOLOGY 1310A Fundamentals of Biomedical Science	MEDIC ST 1000B First Year Examination MEDIC ST 1101B Scientific Basis of Medicine I Pt 2 MEDIC ST 1102B Clinical Practice I Pt 2 MEDIC ST 1103B Medical Prof & Personal Development I Pt 2 BIOLOGY 1310B Fundamentals of Biomedical Science
Year 2	MEDIC ST 2000A Second Year Examination MEDIC ST 2101A Scientific Basis of Medicine II Pt 1 MEDIC ST 2102A Clinical Practice II Pt 1 MEDIC ST 2103A Medical Prof & Personal Development II Pt 1 MICRO 2506 Medical Microbiology and Immunology II	MEDIC ST 2000B Second Year Examination MEDIC ST 2101B Scientific Basis of Medicine II Pt 2 MEDIC ST 2102B Clinical Practice II Pt 2 MEDIC ST 2103B Medical Prof & Personal Development II Pt 2 Elective Course
Year 3	MEDIC ST 3000A Third Year Examination MEDIC ST 3101A Scientific Basis of Medicine III Pt 1 MEDIC ST 3102A Clinical Practice III Pt 1 MEDIC ST 3103A Medical Prof & Personal Development III Pt 1 MEDIC ST 3104A Research and Critical Appraisal Pt 1	MEDIC ST 3000B Third Year Examination MEDIC ST 3101B Scientific Basis of Medicine III Pt 2 MEDIC ST 3102B Clinical Practice III Pt 2 MEDIC ST 3103B Medical Prof & Personal Development III Pt 2 MEDIC ST 3104B Research and Critical Appraisal Pt 2
Year 4	MEDIC ST 4000A Fourth Year Examination MEDIC ST 4013AHO MedSci Attachment 1 Pt 1 MEDIC ST 4014AHO MedSci Attachment 2 Pt 1 MEDIC ST 4015AHO Medical Home Unit Pt 1 MEDIC ST 4016AHO Surgical Home Unit Pt1 MEDIC ST 4017AHO Psychiatry Pt 1 MEDIC ST 4018AHO Musculoskeletal Medicine Pt 1	MEDIC ST 4000B Fourth Year Examination MEDIC ST 4013BHO MedSci Attachment 1 Pt 2 MEDIC ST 4014BHO MedSci Attachment 2 Pt 2 MEDIC ST 4015BHO Medical Home Unit Pt 2 MEDIC ST 4016BHO Surgical Home Unit Pt 2 MEDIC ST 4017BHO Psychiatry Pt 2 MEDIC ST 4018BHO Musculoskeletal Medicine Pt 2
Year 5%+	Level V MEDIC ST 5000A Fifth Year Examination MEDIC ST 5005AHO MedSci Attachment 3 Pt 1 MEDIC ST 5006AHO MedSci Attachment 4 Pt 1 MEDIC ST 5007AHO MedSci Attachment 5 Pt 1 MEDIC ST 5009AHO Geriatrics and General Prac Pt 1 MEDIC ST 5014AHO Anaesthesia, Pain Med & Intensive Care V Pt 1 MEDIC ST 5015AHO Paediatrics and Child Health Pt 1 MEDIC ST 5016AHO Human Reproductive Health Pt 1	Level V MEDIC ST 5000B Fifth Year Examination MEDIC ST 5005BHO MedSci Attachment 3 Pt 2 MEDIC ST 5006BHO MedSci Attachment 4 Pt 2 MEDIC ST 5007BHO MedSci Attachment 5 Pt 2 MEDIC ST 5009BHO Geriatrics and General Prac Pt 2 MEDIC ST 5014BHO Anaesthesia, Pain Med & Intensive Care V Pt 1 MEDIC ST 5015BHO Paediatrics and Child Health Pt 2 MEDIC ST 5016BHO Human Reproductive Health Pt 2
Year 6%	MEDIC ST 6000 Final Sixth Year Assessment MEDIC ST 6015AHO Medicine Internship VI Pt 1 MEDIC ST 6016AHO Surgery Internship VI Pt 1 MEDIC ST 6017AHO Emergency Dept Intern VI Pt 1 MEDIC ST 6018AHO Medicine Selective VI Pt 1 MEDIC ST 6019AHO Primary Care Selective VI Pt 1 MEDIC ST 6020AHO Psychiatry Selective VI Pt 1 MEDIC ST 6021AHO Surgery Selective VI Pt 1 MEDIC ST 6022AHO Transition to Internship Pt 1	MEDIC ST 6000 Final Sixth Year Assessment MEDIC ST 6015BHO Medicine Internship VI Pt 2 MEDIC ST 6016BHO Surgery Internship VI Pt 2 MEDIC ST 6017BHO Emergency Dept Intern VI Pt 2 MEDIC ST 6018BHO Medicine Selective VI Pt 2 MEDIC ST 6019BHO Primary Care Selective VI Pt 2 MEDIC ST 6020BHO Psychiatry Selective VI Pt 2 MEDIC ST 6021BHO Surgery Selective VI Pt 2 MEDIC ST 6022BHO Transition to Internship Pt 2
% - Years 4, 5 and 6 are organised such that all units are offered in each semester, with class divided into halves. Students will complete half the units in one semester, and the other half in the other. *+ - Year 5 is also offered in rural settings. Rural students undertake all units in a longitudinal manner across the course of the full year.*		

The curriculum map for the BMD aligns the program's learning outcomes with the four domains of:

- Science and Scholarship

  This domain includes learning and teaching related to the various systems, for instance, cardiovascular, respiratory etc. Additionally, this domain includes transition to clinical studies and a research proposal and critical appraisal.

- Health and Society

  This domain includes public health and policy, epidemiology, planetary health, health systems and Indigenous health.

- Clinical Practice

  This domain includes foundation medical studies, transition to clinical studies and a research proposal and critical appraisal.

- Professional and Leadership

  This domain covers ethics and law, professionalism, leadership, selfcare and wellbeing, interprofessional practice and reflective practice.

The vertically integrated thematic structure of the BMD program allows, for example, the development of professional identity and leadership skills through the Medical Professional and Personal Development theme. The BMD program structure is described in Table 2 below.

Table 2. Bachelor of Medical Studies/Doctor of Medicine (BMD) program structure

Bachelor of Medical Studies (BMedSt)		
Year 1		
S1	**MEDIC ST 1501 Foundations of Medicine** (12 Units; 13 teaching weeks)	
S2	**MEDIC ST 1502 Medical Studies 1** (12 Units; 12 teaching weeks) Thematic focus – **Cardiovascular, Respiratory and Haematological Systems**	
Year 2		
S1	**MEDIC ST 2501 – Medical Studies 2A** (12 Units; 13 teaching weeks) Thematic focus – **Neurological and Musculoskeletal Systems**	
S2	**MEDIC ST 2502 – Medical Studies 2B** (12 Units; 13 teaching weeks) Thematic focus – **Endocrine, Digestive and Urinary Systems**	
Year 3		
S1	**MEDIC ST 3501 – Medical Studies 3** (12 Units; 13 teaching weeks) Thematic focus – Conception to grave (Medicine across the lifespan)	
S2	**MEDIC ST 3502 – Transition to Clinical Studies** (9 Units; 12 teaching weeks)	**MEDIC ST 3503 – Research Skills Development** (3 Units; 12 teaching weeks)
Doctor of Medicine (MD)		
Year 4		
S1	**MEDIC ST 7401 – Medicine, Cancer & Palliative Care and Psychiatry** (12 Units), Or **MEDIC ST 7402 – Surgery & Musculoskeletal Medicine** (12 Units)	
S2	**MEDIC ST 7401 – Medicine, Cancer & Palliative Care and Psychiatry** (12 Units), Or **MEDIC ST 7402 – Surgery & Musculoskeletal Medicine** (12 Units)	
Year 5 (Metro)		
S1	**MEDIC ST 7501 – Women's and Children's Health** (12 Units), Or **MEDIC ST 7502 – The Healthcare Continuum** (12 Units)	
S2	**MEDIC ST 7501 – Women's and Children's Health** (12 Units), Or **MEDIC ST 7502 – The Healthcare Continuum** (12 Units)	
Year 5 (Rural)		
S1	**MEDIC ST 7501ARU Women's and Children's Health – Rural Part 1** (6 Units)	**MEDIC ST 7502ARU The Healthcare Continuum – Rural Part 1** (6 Units)
S2	**MEDIC ST 7501BRU Women's and Children's Health – Rural Part 2** (6 Units)	**MEDIC ST 7502BRU The Healthcare Continuum – Rural Part 1** (6 Units)
Year 6		
S1	**MEDIC ST 7601 Preparation for Practice** (9 Units)	**MEDIC ST 7602 Transition to Medical Practice** (3 Units)
S2	**MEDIC ST 7603 Professional Placement** (9 Units)	**MEDIC ST 7604 Research Enquiry Project** (6 Units)

The MD component of the BMD program has been designed to address three key imperatives: the AMC accreditation requirements of a medical training program, the University and AQF Level 9 (extended) educational requirements, and employer expectations that graduates be workforce ready. This will be achieved by using a competency-based medical education framework that is aligned with the four domains. The program's learning outcomes of semester long integrated courses align with the four domains.

The current MBBS curriculum content allows students to attain all the specified AMC graduate outcomes by the end of the course. Some clinical titleholders reportedly believe that the case-based learning method used in the preclinical phase of the course does not give students the same depth of bioscience knowledge as other medical programs. Many students reported that they engaged well with this style of learning, however, and felt it gave them sufficient foundation for the shift to clinical learning.

With regards to clinical placement learning:

- In Year 3, students are allocated to an individual clinical site for 26 days per year.

- In Year 4, the class is divided into two groups, with half allocated to a Surgical Home Unit and Medical Home Unit in the first semester, and the other undertaking Psychiatry, Musculoskeletal Medicine and two Medical and Scientific Attachments (one is related to Oncology). In the second semester, the groups swap.
- In Year 5, students can apply to do their year in a rural site via an Integrated Rural Program, with 45 being selected. In addition, up to eight students can apply to do their Human Reproductive Health and Paediatrics in Aarhus University in Denmark. The other students are again divided into two groups, with half undertaking Human Reproductive Health and Paediatrics in Semester 1, and the other half undertaking General Practice, Anaesthetics, Pain, and Intensive Care and Medical and Scientific attachments. In the second semester, the groups swap.
- In Year 6, students undertake their internship preparation rotations in one semester and their selectives in another.

Junior medical staff and recent graduates said they considered the current Adelaide Medical School MBBS graduate to be both intern-ready and having a fully developed set of graduate attributes. The sixth year of the MBBS is a great opportunity for students to authentically rehearse the internship role, and has been particularly advantageous during pandemic-related health workforce shortages.

While acknowledging that the shift from campus to clinical learning environments is stressful for most medical students, several students reported finding the weekly clinical days in third year to be particularly challenging due to lack of direction and oversight of their nascent clinical activities. Some noted that being assigned to clinical teams in later years was more suitable and dynamic than being assigned to a particular ward in Year 3, although the current practice of 'buddying' students into pairs is seen as beneficial.

Clinical simulation is a particular strength of the Adelaide program, using both high-tech resources and high-fidelity actors as standardised patients to allow students to rehearse clinical activities in safety and with confidence.

There are many excellent clinical placements in the state's leading tertiary hospitals, although except for successful learning experiences in the Adelaide Rural Clinical School (ARCS), there appear to be few community-based placements for students to gain a perspective of preventive health and health promotion. While there are general practice (GP) experiences in Year 3 and Years 5-6, only the ARCS students have the opportunity for longitudinal GP experience. Geriatrics is combined with GP in Year 5, making it a short placement related to GP.

The availability of GP placement opportunities currently exceeds student demand. Increased GP placement is considered beneficial and will support the School's teaching and service activities in its communities. The School is encouraged to consider further opportunities for students to explore medical education including health advocacy outside the hospital setting, especially in primary care for both MBBS students and in the implementation of the BMD.

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 MBBS program delivers a spiral curriculum structure, which focuses on basic medical sciences in early years, followed by development of a deeper understanding of pathophysiology and clinical management in Year 3. Each theme is visited in both Year 2 and 3, providing students with a framework for learning and the opportunity to build upon prior learning. Themes also incorporate content from all three domains of learning in the MBBS: i) Scientific Basis of Medicine, ii) Clinical Skills, and iii) Medical Professionalism and Personal Development.

The Bachelor of Medical Studies includes foundational medical studies and biosciences. Year three of the program involves further studies on transition to clinical studies and research skills development. The BMD, like the MBBS, has a strong clinical focus with Year 5 split into metropolitan

and rural streams. Year 6 of the BMD will provide research enquiry project as well as preparation and transition to medical practice, as currently provided in the MBBS.

Developing the new program is a high stakes endeavour that requires the maintenance of the preceding program while developing, implementing and refining the new one. The School is encouraged to identify further resources to allow academic staff with curriculum development responsibilities to meet regularly and to ensure purposeful curriculum design with clearly demonstrated vertical and horizontal integration to provide students with a properly integrated learning experience across the six years.

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.

Program and course approval documents require the mapping of the program and learning outcomes against the University's Graduate Outcomes. Course coordinators are given responsibilities for communicating with staff and students the learning outcomes, course content, processes, and assessment. This communication occurs via meetings or formal orientation lectures that set out the course structures and activities.

Students and staff are made aware that the Course Outlines are the definitive reference with respect to learning outcomes. The University's learning management system (MyUni) also contains graduate and learning outcomes and objectives. While students are not provided with a specific document regarding the curriculum, the importance of the Course Outlines and MyUni to guide their learning is emphasised.

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).

In 2019, a curriculum in Aboriginal Health was designed by Dr Andrea McKivett (a Gija woman), in collaboration with members of the Yaitya Purruna Indigenous Health Unit and the ARCS. Materials to assist the implementation of curriculum have been curated to assist with delivery. However, this curriculum content is mostly contained within the Health and Society domain and there are opportunities to expand the content across the MBBS and BMD programs. In particular, a number of students (both Aboriginal and non-Aboriginal) reported concerns that teaching and learning about genocide and intergenerational trauma is inadequate and the impact of this inadequacy in reducing the feeling of cultural safety for all students, but particularly Aboriginal students, was evident in discussions with students.

In 2021-22, Yaitya Purruna developed a cultural safety framework for health professionals. Work has begun on integrating and implementing this within the MBBS and BMD programs.

The Adelaide Rural Clinical School (ARCS) is a champion of teaching and learning in Aboriginal Health. ARCS students have a variety of in-depth experiences including through a specific online training module, local orientation sessions, and an advanced communication skills workshop provided by a local Aboriginal company. Students are encouraged to join community activities such as NAIDOC Week. Students also create a podcast designed to explore a health-related topic privileging Aboriginal voices. Some of the teaching that students receive is dependent on the clinical sites attended by students. For instance, students on placement in Port Augusta engage in learning from an Aboriginal general practitioner.

Students on metropolitan clinical placements have limited exposure to Aboriginal health care, either clinically or academically. The Women's and Children's Hospital provides some Indigenous health training on the clinical rotation linked to patients using the Social and Emotional Wellbeing fortnight. An assignment in Indigenous health is also undertaken in Year 6.

To date, the School has relied on the Faculty Indigenous Unit Yaitya Purruna to deliver the Indigenous health curriculum in the medical program. The unit has a limited resource of 1.6 FTE academics (split between two staff) to teach Indigenous health across the multiple Faculty courses. Notably, the Unit's staffing level has decreased over the last several years. The Unit staff members have provided a Cultural Capability Framework (informed by the Aboriginal and Torres Strait Islander Health Curriculum Framework) to guide the School's teaching and have recently drafted an Aboriginal Governance Plan for the Faculty. Yaitya Purruna also provides the School with an online introductory module and some limited teaching.

Concern was noted about School staff vacancies and sustainability of maintaining an Indigenous academic lead. The School has recently appointed an experienced Aboriginal academic to lead the Indigenous Health curriculum. Presently there is no training for non-First Nations staff to support delivery of the Indigenous Health curriculum components and share the workload with Aboriginal academics. However, the Pro Vice-Chancellor (Indigenous Engagement) reported plans to develop a University Cultural Capability Framework, which would include this type of staff training and learning. The AMC looks forward to seeing professional development plans for School staff.

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.

In the MBBS program, all Year 2 students undertake a three-point elective course. Students are offered a range of up to 26 courses to choose from. In Year 3, students undertake Research and Critical Appraisal in which they select and design a research project to work on. In Years 4 and 5, students can choose several elective terms (MSAs), to pursue specific areas of interest. Most specific activities in the final year of the MBBS curriculum are designed by the individual student. While there are core internship terms, students can choose the remaining terms based on their personal preferences with specified learning outcomes and assessment for these terms. The electives fall within the categories of Medicine, Primary Care, Psychiatry and Surgery. Final year students also undertake a four-week Dean's Elective located anywhere within Australia. Overseas placements were ceased due to COVID-19 but are planned to resume in 2023.

There are fewer opportunities for students to choose their study opportunities in the BMD program than in the MBBS program. This is primarily because the BMD program does not have a similar Year 2 elective opportunity that the MBBS program has. However, Years 4 and 5 continue to provide some opportunity for electives. Year 6 of the BMD program will require students to pursue a research topic of interest. While noting the availability of some targeted electives the School is encouraged to ensure that studies of choice promoting breadth and diversity of experience are expanded in the new BMD.

4 Learning and teaching

4.1 Learning and teaching methods

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

The School uses a wide range of teaching and learning methods in its program, which aim to support student's acquisition of knowledge and skills and to promote professional and patient centred behaviour.

In the early years campus-based learning for both the MBBS and BMD includes: lectures covering the domains with blended online and in-person presentations; practical labs; scenario/case-based learning; research seminars; and medical practice workshops which cover the clinical practice as well as professionalism and leadership domains. As a result of the COVID-19 pandemic, there were important modifications to some of these methods, most particularly to case-based learning and associated tutorials. These sessions, which are carefully scaffolded to develop skills in hypothesis formulation and clinical reasoning, as well as consolidating and applying knowledge from the lecture series, have been moved to a large-group format. This has increased the ability to follow cohort progress and decreased tutor variability. There has also been a structured and thoughtful approach to reducing the resources accompanying these to foster students' self-directed learning as they progress.

There are tutor-led professionalism and leadership workshops as well as health and society workshops.

The facilities and programs of the Adelaide Health Simulation facility are impressive. The centre is used for early clinical skills teaching and simulations, with particular emphasis on procedural clinical skills teaching in Year 3 (see standard 4.3).

In the clinical years of the MBBS, the majority of learning is through clinical-based activities in a variety of settings, though mainly in tertiary hospitals. There is variation in the length of the terms in rotations at different hospitals, as well as differences in local teaching support and guidance. For example, surgery rotations in Year 4 are different lengths at different hospitals.

The Year 2 Kulpi Minupa program is an innovative program in the ARCS where a selected small group of Year 2 students spend eight weeks living and learning in Port Augusta, with the program exploring ways in which the early years medical program can be delivered rurally. This is an opportunity for the School and ARCS to explore the possibility of an 'end to end' rural program. Although this is very early in the program, the students were very enthusiastic about their learning and felt extremely well supported. There have been innovative solutions to address particular teaching needs, especially anatomy. Most teaching is delivered locally in the small group, with the students reporting they appreciated the opportunities that continuity with a tutor gave them – e.g., revising learning outcomes from the previous week's case-based learning. It was noted that the students were supported by both the Year 5 students at ARCS, as well as a Year 6 student doing a medical education elective (see also standard 4.5). A comprehensive evaluation of this pilot is planned, and the AMC looks forward to the outcome and further developments.

The ARCS pathway in Year 5 of the MBBS uses a much wider range of teaching and learning settings, including general practices and Aboriginal medical services. A number of the tutorials in the clinical years are now delivered by Zoom which has enhanced consistency across clinical sites. There is a regular lecture/seminar series in the clinical years covering topics that do not fit readily into specific rotation areas. These are consistent for all students in Years 4 and 5, however students remain concerned about the difference in the range and number of local tutorials offered at each site and say this is particularly noticeable in women's health rotations.

While teaching and learning methodologies in use have rationale and contextual validity, there is an opportunity to develop an overarching pedagogical framework to guide the choice, selection and evaluation of learning and teaching methods in the new BMD program.

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.

Self-directed learning is encouraged by the School and the skills required are both addressed formally (e.g. teaching about time management, managing expectations) and structurally through learning activities. The newly developed Foundations of Medicine course for the BMD is specifically designed to provide more learning support and scaffolding than the current Year 1 course of the MBBS, with a structured decrease in the learning materials provided as students' progress. Students organise themselves into study groups and organise mock OSCEs as examination preparation. Many learning activities (clinical skills, and later years clinical tutorials) use a "flipped classroom" approach. Students however, expressed some concern about the guidance of learning in clinical rotations.

The innovation of Year 6 small group mentoring appears to be an effective tool to enable students' reflection and promote self-directed learning strategies and was appreciated by students.

4.3 Clinical skill development

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

The facilities and programs of the Adelaide Health Simulation facility provide excellent experiential learning across the cohorts.

Early clinical skills development is well structured. The School has a comprehensive early program in Years 1 and 2 where through a series of medical practice workshops students learn and practise competency in communication skills and clinical examination techniques and also learn to apply professionalism and leadership skills in a simulated environment using simulated patients. Much of this program is delivered through the excellent facilities and programs of the Adelaide Health Simulation facility. There are opportunities to practise skills, gain multifaceted feedback and improve learning. Students report that this part of the program is very well structured with opportunities for feedback and review, as well as formative assessment.

In Year 3, students undertake a day of clinical work at the hospitals which is designed to allow them to practise their communication and physical examination skills. However, students gave very mixed feedback about this both in their written submission and in their meetings with the AMC team. The concerns centre on the variability of bedside tutorials, and a perceived lack of direction, role and purpose in their ward attachment.

There is a program of formal teaching of essential procedural skills before students enter the clinical setting and this is a hurdle assessment. Some students raised concerns about the limited number of procedural skills they had been taught prior to their hospital attachment and also a significant lag time between being formally taught the skills and then being in a position where they might potentially perform that skill. Additionally, there was some feedback from students across years requesting further procedurals skills teaching within their programs.

The Clinical Scope of Practice Guidelines for Years 4-6 outline clearly the expectations and roles of students and are designed as a guide to define what activities and tasks students are allowed to undertake and the necessary training or competence that they are required to demonstrate before attempting the various tasks. Despite the comprehensiveness of this document and the very laudable aims of their use, it appeared that in practice these are not used by students nor well known by clinical supervisors and the often-junior doctors the students are working with on a daily basis.

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.

Students have a variety of clinical placements, mainly across tertiary hospitals in the city which provide the opportunity to develop their clinical skills with increasing participation in clinical care as they proceed throughout the medical program.

Supervised involvement with patients commences with the one day per week in the clinical setting in the Year 3 clinical practice program. Clinical placements in Year 4-6 have a nominated a supervisor though there are varying approaches to supervision, ranging from consultants observing students through to peer supervision by senior students.

Increasing degrees of independence and expectations of students' skills and participation in clinical care are outlined in the scope of practice documents. However, students report that at the ward level there is variable knowledge of these documents by staff. Students did feel comfortable in speaking up if they were asked to undertake tasks they felt were beyond their level of competence and confidence.

The Adelaide Rural Clinical School embraces and supports supervisors and students to undertake parallel consulting. The students and supervisors with whom the AMC team met regard this as a very positive way of developing students' independence in all aspects of the consultation.

The Year 6 preparation for internship program is very well regarded by staff, clinicians and graduates as preparing students for more independent work. In particular, the simulation block is very highly regarded and again reflects the excellence of the Adelaide Health Simulation facility and the important role it plays.

4.5 Role modelling

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

The School states that "role modelling is the most prominent form of learning method within the clinical placements". Initiatives to enhance role modelling include the new series of research seminars for Year 1 which showcase the inquisitive clinician researcher, modelling by clinical academics of the value of research, and the use of Year 6 peer mentors and junior doctors in education delivery and career development.

It was noted that students have been removed from specific units in response to instances of poor role modelling and placements have been withheld until unit improvements are made. The School is commended on this proactive and student-focussed strategy to protect the quality of training and wellbeing of students.

There was evidence of recent work to re-engage clinical titleholders and the School is encouraged to prioritise strengthening relationships with academic titleholders to ensure the quality of learning and teaching for medical students is preserved. As noted by academic titleholders consulted during the accreditation assessment, transparency in governance and having a sense of where they "fit in" is significantly lacking currently.

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 concepts of patient-centred care and collaborative engagement run as a value underpinning the curriculum, particularly in the MBBS domains of clinical practice and medical professionalism and personal development, and in the BMD domains of clinical practice and professionalism in leadership.

It is noted these values are expressed not only in the Adelaide Medical School but are also value statements of the Schools' clinical partners.

The concepts of patient-centred care and collaborative engagement are introduced early in the program. Particular innovations include scenarios and simulations that involve multiple team members who collaborate on the care of individuals. Clinical assessments incorporate patient centeredness and collaborative decision making as part of the assessment.

4.7 Interprofessional learning

There has been substantial work within the Faculty and the School on the development of interprofessional learning (IPL), with the establishment of a Faculty IPL community of practice. There is a well-developed framework of interprofessional learning based on the 8 IPL competencies, and a scorecard has been developed to measure IPL activities and progress.

Learning about IPL in the program starts with learning about the roles and responsibilities of other healthcare professionals and is included in early scenario-based simulations. The Community Action Poverty Simulation, which requires students to assume roles in diverse family settings where poverty is a systemic barrier to healthcare, is innovative and impressive. There are also plans to establish Indigenous health IPL activities. This enhanced teaching is part of the new BMD program and given that the MBBS still has a number of years of teaching out, it may be useful to include some of the planned and activities that are being developed for the BMD. Feedback from students indicated enthusiasm for interprofessional learning activities.

There are currently single IPL activities in Years 4 and 6, which apparently have not been run recently due to COVID-19 but were highly regarded and are being reintroduced. Although there are opportunities on the wards for meaningful IPL, students feel that these are not always well utilised. In the community settings of the ARCS, students work specifically with members of the healthcare team, particularly practice nurses and Aboriginal health workers.

The IPL team is planning a relaunch of the IPL program and the AMC looks forward to details of the relaunch.

5 The curriculum – assessment of student learning

5.1 Assessment approach

5.1.1 The medical education provider's assessment policy describes its assessment philosophy, principles, practices and rules. The assessment aligns with learning outcomes and is based on the principles of objectivity, fairness and transparency.

5.1.2 The medical education provider clearly documents its assessment and progression requirements. These documents are accessible to all staff and students.

5.1.3 The medical education provider ensures a balance of formative and summative assessments.

Documents describing the program's current assessment and progression requirements are available to students and staff. Details of these requirements are available through the University's Course Outlines. These cover the MBBS and the first part of BMD.

The MBBS program documentation indicates there is clear alignment of assessment with learning outcomes.

The BMD program is under development, with documentation in place for the early part of the program. There is an intention to adopt a more strategic approach to assessment and a draft Assessment Framework is being developed. The School recognises that the draft Assessment Framework document needs to be finalised as a priority. Finalisation of the document so that whole-of-program assessment planning informs more detailed assessment implementation is important. This is crucial if there are key shifts in assessment philosophy (such as, for example, towards programmatic assessment), or if the School needs appropriate exemptions or policy responses. The distinction between whole-of-program assessment design versus the adoption of a programmatic assessment approach (as one possible example of a whole-of-program design) will be important to inform the work moving forward. Finalisation of the Assessment Framework will also be needed so that communication with students and other stakeholders about changes can progress in advance of implementation.

Students reported some lack of clarity about the consequence of failure to progress and this needs to be addressed for both programs. Remediation/repeat pathways in the new BMD would benefit from analysis to enable appropriate progression possibilities (either through remediation or repeat courses) and minimise any additional workload on teaching staff. Clear documentation of all assessment and progression requirements will be able to be developed by staff following the finalisation of the Assessment Framework.

Both formative and summative assessments are incorporated into the programs. It will be important for the BMD design to make explicit connections between formative and summative assessment design, and this should be considered as part of the whole-of-program assessment planning to guide feedback opportunities before summative decision-making.

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.

There is a range of assessment methods used in the program and these align appropriately with assessment of application of knowledge, skills and behaviours, and these include, for example, written assessments, OSCEs and Workplace-Based Assessments (WBAs). Blueprinting at course level is in place, however, blueprinting at the whole-of-program level for the BMD is needed to

account for student progress across semesters and years. This will be possible immediately following the finalisation of the Assessment Framework which will set the strategic direction for assessment at whole-of-program level. Appropriate blueprinting approaches at examination level were described.

There was clear evidence of a shift to more contemporary integrated approaches to assessment within the program and further detail needs to be developed for the clinical years of the BMD. This shift towards integration is appropriate. Assuming this is also adopted in the BMD clinical years, this will be a welcome change from the historical structure of separate exams. The approach to non-compensatory mechanisms across four curriculum domains, within an integrated semester-based course, are fit for purpose. Careful consideration of sampling within each domain will be needed to inform this design for the BMD moving forward.

There is an opportunity to review and redesign the WBAs for the BMD in keeping with contemporary design and use of collective and holistic judgements of sets of WBAs, with consideration of sufficient sampling (rather than the single assessor, single judgement approach) to inform decisions about student performance.

The careful and systematic approach to assessment standard setting methods and associated practices is commended. The strengths of the preferred standard setting method for the written examinations was clearly articulated and the benefits of the School's commitment to educator engagement in setting the standards, curriculum and stage of learning expectations were clearly demonstrated. This important and clearly beneficial standard setting work is time-consuming and it was clear that the academic capacity is stretched in achieving this.

There was clear evidence of a lack of sufficient professional staff resourcing to support assessment requirements including very limited capacity for psychometric analysis of assessment items. The medical education context is unique within universities in that assessment integrity and competency standards are inextricably linked with patient safety, and staff-specific training and experience is essential to ensure them. This is to minimise risk to assessments that need to be highly defensible for pass/fail decision-making that may impact patient safety. The quality assurance processes prior to, during, and post assessment require support from both professional and academic staff with specific training and capability in medical education context. There is academic expertise in assessment available in the program, but additional capacity (time and workload) is needed to support the development of assessment within the BMD.

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 University's Academic Progress by Coursework Students Policy sets out the criteria for identifying students at risk and the process for managing and supporting progress. However, it was not clear that this policy was always effective in the medical school programs, particularly given the lack of assessment software that may automatically collate performance and identify patterns or risks. The School recognised this limitation and identified approaches within the developing assessment framework that would support early assessment and identification of development needs. However, without IT system support this would remain a considerable and high-risk manual exercise.

The feedback students receive varies in usefulness for learning; some assessments provide only scores or numbers as feedback, and some have no or limited actionable feedback. The School will need to review feedback points within the BMD courses as part of development work. More immediately, a review of written feedback reports currently provided to students and development

of a plan for more detailed, useful feedback reports at individual student level would provide beneficial ground work for the new BMD and improve students' learning within the program in teach out. There are opportunities for the School to investigate automated approaches using appropriate software so that feedback is both useful for students and efficient to produce. The adoption of suitable assessment management software will benefit students by providing more detailed feedback to students to inform their learning, while not adding an additional burden to staff workload, thus increasing effectiveness and efficiency.

Student cohort performance is discussed at committee level and examination and item statistics are included in the review. The adoption of assessment management software will enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently.

There is an opportunity to build on these committee discussions by developing systematic processes and mechanisms to engage with educators and clinical supervisors on cohort performance review, sharing any specific knowledge/skills/behaviours gaps, along with overall strengths and weaknesses. Relatedly, there is a need for ongoing communication with clinical supervisors about assessment processes as these develop.

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.

As noted above, as part of the BMD development processes, the School is undertaking a full review of assessment.

There are also various quality assurance processes in place for assessments in the MBBS and early years of the BMD (including some psychometric data review), however, there would be benefit in an overall plan that outlines the systematic and regular approach to reviewing assessment practices. This would demonstrate alignment of different analyses of assessment data to generate validity evidence related to quality and fit-for-purpose aspects of assessment in the University of Adelaide and medical program context.

Analyses of standards across teaching sites should be part of a comprehensive evaluation plan. Use of assessment management system software will enable data collection and extraction for use in analyses of cohort and site performance. As part of this process, it will be important for staff to understand what conclusions may be warranted (and what conclusions are not supported by the data), based on commonalities across different assessment administrations of the same method (i.e. an OSCE that shares a blueprint but not station design) versus common assessments that a whole cohort undertakes. These evaluation data and analyses would also be an opportunity for improved medical education scholarship and research opportunities.

6 The curriculum – monitoring

6.1 Monitoring

6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.

6.1.2 The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.

6.1.3 The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.

The School's Programs Board performs the duty of reviewing the effectiveness of the program as represented in the annual performance reports and other data. These data include internal reports of examination results, course pass rates and university-wide Student Experience of Learning and Teaching (SELT) survey data.

Courses within the medical program are reviewed systematically, with each course being reviewed at least once in a five-year period. Course reviews are also triggered if key indicators on SELT surveys fall below defined University Expectation Standards. Courses that do not meet the University Expectation Standard of at least 82% broad agreement in response to the SELT statement: *"Overall I am satisfied with the quality of this course"* are reviewed using a custom in-depth review template.

Course and program review functions have been externally audited by Ernst & Young and progress on the audit recommendations is being monitored by the University's Risk Committee. However, it was clear to the AMC team that the ongoing, regular evaluation required for a medical program, which includes significant data analysis, feedback from students, staff, employers and stakeholders was not in place. This is necessary to ensure the medical programs are graduating students who are safe and have the skills, knowledge and behaviours that communities need. The intensity of the evaluation activities required, increased when developing and implementing a new program.

Administrative support for the course review process has been provided by the Faculty Learning, Quality and Innovation Committee. However, professional support for course and program reviews has recently been consolidated centrally within the Educational Quality unit. The AMC team was not able to identify staff with the requisite expertise, responsibility or time in their job descriptions for the range of evaluation activities required for a medical program.

The university standardised SELT Survey provides information about student satisfaction. The University threshold standards indicate most courses in the medical programs are above or near the threshold. However, these surveys include items that are difficult to apply to medical programs and response rates can be low, limiting their usefulness. Additionally, the survey does not address evaluation needs for ensuring the graduation of safe medical practitioners.

There is student representation on all committees, which provide a forum for direct student feedback. Students were generally positive about this arrangement; the rural students in particular highlighted this as an effective feedback process and were satisfied that ARCS was receptive and responsive to feedback. The Adelaide Medical Students' Society (AMSS) also conducts surveys of the student experience and provides reports to the School.

Discipline leads receive feedback from the teachers about program issues and communicate this to the School executive. Since commencing in the role, the Dean of Medicine has had a focus on actively communicating with clinicians and receiving feedback about the program which was reported very positively by those interviewed by the AMC team. The proposed new roles of clinical deans are likely to enhance this communication.

The School collaborates as a member of the Australian Medical Schools Assessment Collaboration (AMSAC) and ACCLAiM Collaboration. It is anticipated that this participation will continue in the BMD. A local collaboration with Flinders University allows sharing of multiple choice questions. Some clinical academic staff engage with national medical education groups for their specialty.

The School has conducted an in-depth review of the MBBS curriculum to inform the development of the BMD. This included curriculum mapping to ensure the proposed BMD curriculum has Course Learning Outcomes that align with AMC and University of Adelaide graduate outcomes. This review of curriculum content could provide the foundation for longitudinal curriculum monitoring and evaluation in the BMD.

The transition from the MBBS program to BMD program now offers a unique opportunity for the School to evaluate the new program from inception. A systematic approach to monitoring and evaluation as the BMD is sequentially rolled out would allow visibility of curriculum content and alignment, identification of curricula gaps, and provide data for informing future curriculum updates. Ongoing evaluation data could also be used to enhance the scholarship of learning and teaching within the School. Academic staff involved in the BMD program reported that evaluation was considered an important facet of the program's implementation but one that was yet to be planned in a meaningful way. This was attributed to the workloads placed on the academic team in the first year of the BMD. To operationalise an evaluation strategy without increasing academic staff workloads, the School may wish to consider creating an evaluation officer position.

Several students in the MBBS cohort expressed concern that monitoring of and investment in their program might diminish in favour of the new BMD. The School is encouraged to communicate its commitment to a high quality teach-out of the MBBS, including arrangements for those students who need to repeat a year or take leave of absence.

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 monitors student assessment and performance outcomes at the relevant Year Committee and Programs Committee. There do not appear to be specific analyses comparing outcomes between clinical sites, except for ARCS. The ARCS conducts evaluations of the specific teaching sessions and the student experience in each rural site, and the assessment outcomes are then compared to the metropolitan/non ARCS Year 5 outcomes.

The School monitors course outcomes using the Joint AMC - Medical Board of Australia Preparedness for Internship Survey and the Medical Students Outcomes Database provided by MDANZ. The Chief Medical Officer reported that he felt Adelaide Medical School graduates were prepared well for the intern role. There is no process of sharing of data between the School and SA Health, which is the largest employer of graduates.

There was evidence of the reporting of performance and attrition by student characteristics to Year and Programs Committees. The School described a plan to evaluate the data from the (delayed) introduction of the Multiple Mini Interviews (MMIs) in the selection process in relation to student assessment outcomes. However, the implementation of this evaluation appeared to be dependant of the success of a grant application. Acknowledging that understanding graduate destination can be challenging, consideration of available data sources to understand graduate destination could be included as an extension of this proposal.

6.3 Feedback and reporting

6.3.1 The results of outcome evaluation are reported through the governance and administration of the medical education provider and to academic staff and students.

6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes and considers their views in continuous renewal of the medical program.

The outcomes of the university survey on student experience are discussed at the Programs Board with subsequent review and response sought from the course coordinators. These results are also reviewed at the relevant university committee.

The School has a feedback process to students via the learning management system, although it was not clear if this feedback goes to the cohort that provided the feedback or the incoming cohort for that course. The student society accesses information on outcome evaluation via student representation on the Program Board.

Broader dissemination of evaluation data to other stakeholders was not evident.

7 Implementing the curriculum – students

7.1 Student intake

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

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

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

The School has defined its student enrolment to ensure it matches its capacity to provide teaching, secure clinical placements and provide student support. It takes between 165-170 students each year and reported no plans to increase the cohort size.

There is a defined pathway for the admission of Aboriginal and Torres Strait Islander students. The School has set a quota of four, which it reported can be expanded. However the AMC team heard different understandings of flexibility/inflexibility of this quota and whether it was creating a barrier to entry. In 2022, the intake included six Aboriginal students (not necessarily selected through the defined pathway) and there were 19 overall in the program.

The School is converting a room within the Adelaide Health and Medical Sciences Building for use as a culturally safe place for Aboriginal students. A similar room exists within the Helen Mayo complex and also in the Schulz Building where Wirltu Yarlu student support services are situated. Early support for Aboriginal students includes an ARCS-hosted weekend camp focusing on Aboriginal Health and opportunities in the health system and an Indigenous Medical Mentoring Scheme, which is a joint initiative with Flinders University. The key support services for Aboriginal students (and staff) during the program are provided through the Yaitya Purruna Indigenous Health Unit in the Faculty of Health and Medical Sciences, in collaboration with the Wirltu Yarlu Education Unit, which has a university-wide remit. The AMC team heard that there had been a reduction in capacity in the Yaitya Purruna Indigenous Health Unit and reports from staff and students indicated that support services for Aboriginal students need to be strengthened. The School acknowledges this and described early plans for improvement in both recruitment and retention of Aboriginal students. The AMC looks forward to reports on the implementation of these plans and hearing student feedback on their experiences.

There were 39 Government funded bonded rural medical positions within the 2022 intake and this number has been relatively consistent over the last five years.

Although enrolments decreased during the COVID-19 pandemic, there were 36 fee-paying international students enrolled in the 2022 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.

The student selection procedures and processes are outlined in the 2022 Bachelor of Medical Studies and Doctor of Medicine Admissions Guides. The selection criteria takes account of academic performance, University Clinical Aptitude Test (Australia and New Zealand) score, application and interview. The defined pathway for Aboriginal students provides an exemption for the University Clinical Aptitude Test and includes an Aboriginal community member on the interview panel.

The Medical Admissions Committee reports to the Faculty Admissions Committee, which in turn reports to the Faculty Leadership Group, which is the decision-maker.

In 2021, interviews were conducted using video conferencing due to travel restrictions. The feedback was reported by the School to be positive, noting that video conferencing interviews facilitated participation of applicants with travel limitations, thus improving equity and access. There were no appeals with this format. The School will continue with video conferencing interviews in 2022

There are plans to transition to a Multi Mini Interview format, which is a structured format involving a greater number of interviewers. This will require significant monitoring and evaluation. These activities are worthwhile but are demanding of staff and are resource intensive.

The School is working to increase the number of Indigenous students admitted, and the establishment of an Aboriginal and Torres Strait Islander panel for the selection of Indigenous students is a welcome initiative.

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, through the university infrastructure, provides a suite of support services for students including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs. However, students on placement may not be able to access the university services if they are remote from the Adelaide hub. The AMC team noted the strong pastoral approach of the staff at rural and remote locations and their effort to provide appropriate support services in those locations.

Each clinical site has a precinct officer for the university's health professions students that provide a range of administration and student support functions such as onboarding, orientation and clinical placement requirements. They do not cover student wellbeing concerns.

At School-level, for each year of the MBBS there is an appointed year advisor who is the first port of call for enquiries and advice for students who may find themselves in situations of difficulty, or require assistance. These leads often have assessment role and students reported reluctance to share difficulties or concerns given their roles.

The School has recently appointed a Student Welfare academic for Years 1-3 who is an experienced doctor who is also undertaking psychiatry training and has no role in assessment. Her role is not therapeutic, it is to guide students in gaining the support they need.

There is no identified support lead at clinical sites, other than for rural placements, which is of concern to students and recognised as a deficit by the School. The current arrangements in the clinical years are recognised to be complicated, and the conflict between support and academic assessment/progression roles is generating risk for students and the School. The School and the student society have agreed on the implementation of the Escalation of Student Concerns Process (which provides access to the School leadership team) as an interim measure. The School described plans to appoint Clinical Deans at placement sites. As articulated by the School, these appointments would lead to clarity in support processes and improve information transfer for both students and clinical teachers. Funding to support this initiative had not been agreed at the time of the assessment.

The recruitment of the pre-clinical health and wellbeing support role is a very positive step, and the planned equivalent appointment into the clinical years is urgent.

The university has adopted the Medical Deans of Australia and New Zealand approach to the identification and support of students with a range of disabilities. The university website provides documentation on policies and highlights accommodations available. Students with a Disability Access Plan are allocated to clinical placement sites separately, according to their needs.

The AMC team also heard that there is a process for separate allocation of students with particular needs such as those with caregiver roles to support them in these roles.

The university adopts the South Australia Health policies with regards to infectious diseases and immunisation.

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.

The School maintains a Code of Conduct that applies to student behaviour, which defines a range of expected and inappropriate behaviours. The Code sits alongside the University's Student Misconduct Policy. The Code states that instances of misconduct can be referred to the Dean or Director Medical Programs, and sanctions may include withdrawal from clinical placement, with consequent impact on progression.

Cases of student misbehaviour are initially heard by the relevant program coordinator in conjunction with the Dean in the form of a face-to-face meeting with the student (and a support person if they wish). Discussions are then held with the Student Conduct Tribunal and an appropriate sanction is determined. Ahpra is consulted if it is thought that the student's actions are in breach of the guidelines.

The School sets aside dedicated time at Year 1-3 and Year 4–6 Subcommittee meetings to identify and discuss students who are struggling with the course. The School has recognised that issues around professional behaviour are not adequately addressed by the School's Code of Conduct for students, nor by the University's misconduct processes.

The development of the domain of Professionalism and Leadership within the new BMD is a welcome development and may assist in the identification of students whose behaviour may raise concerns about their professionalism and the School acknowledges the need to review processes in light of this. The School is examining models for the management of professionalism issues in other medical programs. The AMC looks forward to the development of a whole of program

systematic approach to the support and management of students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.

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.

The School has a commendable level of student representation on its decision-making bodies and clearly values the student voice. There was evidence of a high level of formal engagement of senior members of the School's management team with the student body, and the regular informal interactions between the AMSS and senior staff.

7.6 Student indemnification and insurance

7.6.1 The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.

There was evidence that the School ensures that medical students are adequately indemnified and insured for all education activities.

8 Implementing the curriculum – learning environment

8.1 Physical facilities

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

Due to impacts of the COVID-19 pandemic, the assessment did not include in-person visits to the physical facilities on campus and at clinical placements as planned. However, the AMC team heard from students and staff that the School has access to a suite of excellent facilities in which to conduct its programs.

The Adelaide Health and Medical Sciences Building is located in the Adelaide Biomed City, adjacent to South Australian Health and Medical Research Institute and the Royal Adelaide Hospital. The Adelaide Dental School and the Adelaide Nursing School are co-located in this building. The Adelaide Health and Medical Sciences Building was purpose built in 2017 and has teaching facilities for case-based learning, simulation and Interprofessional Learning. The skills-based learning environments include specialist high-fidelity spaces with advanced simulation capabilities. The Adelaide Health Simulation facility, located across two sites (the Adelaide Health and Medical Sciences Building and the Helen Mayo South building) is a world class resource with a large pool of professional simulated patients is a superb resource for the entire medical program.

Student Hub facilities on the North Terrace Campus provide student space for group and personal study. Students are also able to book several meeting rooms within the Adelaide Health and Medical Sciences Building.

The School has recently identified a room to be developed as a culturally safe space.

At clinical placement sites there are allocated spaces for Precinct Officers, offices for academic staff, study and common room areas for students, access to library facilities. Notably, at the Lyell McEwin Hospital, there is also a dedicated simulation facility. There are plans for refurbishment of some of the older facilities, including at Modbury Hospital, and a new building for The Queen Elizabeth Hospital. It is planned that the Women's and Children's Hospital will be rebuilt adjacent to the Royal Adelaide Hospital, and the University is looking to be engaged at an early stage to ensure that appropriate education facilities are not overlooked.

A surprising exception was the Royal Adelaide Hospital, where the AMC team heard from staff and students that university presence at the site is not prominent and, while there are teaching spaces, there are no specific student study areas or areas for precinct officers. This will be explored by an AMC accreditation assessment team in a follow up in-person assessment.

The rural placement sites were reported by students and staff to provide very good facilities for students and, notably in the case of Port Pirie, there is a well-appointed simulation centre, that serves as a site for rural assessments.

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.

All the teaching environments are reported to have adequate connectivity so that students are able to access learning and reference material during all clinical placements.

The School has established an eLearning Design Team with the brief to work with academic staff and students to support, as much as possible, an integrated blended learning approach. The program content is supported by the university's CANVAS learning management system MyUni and students have been involved in the development of blended learning content.

The university's decision to centralise information technology services may result in a mixed outcome for the School. There will be increased standardisation and potentially economies of scale, but there may be reduced flexibility in the choice of IT solutions available and their suitability for a complex medical program. There is a need for improved IT systems to support curriculum mapping, assessment, and longitudinal management of student professionalism with appropriate controls.

There is a range of software required by medical programs to ensure baseline functions are possible. Examples include management of assessment, curriculum mapping, client relationship software for placements, and portfolio systems. The School is urged to investigate and plan their implementation as appropriate for enhanced effectiveness and efficiency.

The Library staff interviewed were well informed regarding the status of the current MBBS program and the Information Management requirements of that structure. It will be important to ensure that the Library staff are involved in the planning of the rollout of the BMD program, particularly with its increased emphasis on research. Students valued the services provided by the Library and the 24/7 availability of many 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 delivery of the clinical curriculum is organised centrally, with the many formal teaching sessions delivered from a central site, with online video opportunities to allow students to join. The exception is the Adelaide Rural Clinical School, which facilitates remote clinical placements during Years 4 to 6 and oversees delivery of the curriculum for approximately 25% of the cohort in the fifth year of the program.

There are a wide range of hospital based clinical learning environments that offer sufficient patient contact to achieve the programs' clinical learning outcomes. These include the Royal Adelaide Hospital, The Queen Elizabeth Hospital, Women's and Children's Hospital, Lyell McEwin Hospital and Modbury Hospital.

The School extensively uses the Royal Adelaide Hospital facilities for clinical placements. However, there appeared to be a sense of disconnection from the university resulting in complexity and challenges in academic support and information transfer.

Students on metropolitan clinical placements have very limited exposure to Aboriginal health care, either clinically or academically. Students undertaking clinical placements within the Adelaide

Rural Clinical School have a variety of well-planned activities designed to further their understanding of the issues facing Indigenous patients and their communities.

The clinical environment and programs provided by the Adelaide Rural Clinical School (ARCS) at its sites were reported by students, staff and clinicians to be impressive. The relationship between the School and ARCS was reported as functioning well, but some students did report prolonged delays in receiving feedback and the results of assessments.

The AMC team noted that there has been a reduction in the teaching capacity at Port Augusta and consequently, a loss of direct access to the many hospital patients. Doctor numbers have reduced significantly, and several general practitioners are close to retirement. It was not clear how the reduction in the medical workforce would be addressed. This is a significant risk to the delivery of the program in Port Augusta and the School is encouraged to engage with the health services and the South Australia Department of Health in developing proposals to support continued teaching opportunities when considering responses to the health workforce issues.

Aboriginal Health services exist in Broken Hill, Port Augusta, Port Pirie, Port Lincoln and Ceduna, and students in these sites get the opportunity to work with Aboriginal Health Services. In the ARCS, there is strong engagement with local Aboriginal communities with learning about healthcare and wellbeing needs through placement at an Aboriginal health clinic, community interactions, and "clinical yarning". There did not appear to be established or structured opportunities for students based in metropolitan centres to develop skills and experience in the provision of culturally safe care to Aboriginal and Torres Strait Islander peoples.

General practice, aged care and community-based healthcare settings are included within the program across metropolitan and rural pathways though the School acknowledged that increased experience in these settings (which is planned for Year 3 of the BMD program) would provide a more rounded experience of health service delivery and increase responsiveness to the health needs of local communities.

There was evidence of faculty-wide engagement, for example the clinical title-holders review described in 8.4, that considered the various needs of the health professional programs in clinical placements in a holistic way.

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.

Clinical teaching is performed by a mix of clinical academics, titleholders, and other staff with no formal attachment to the university. The enthusiasm and dedication shown by each of these groups was impressive.

Students reported positive experiences of clinical placements and supervision although the one day per week clinical placement in Year 3 of the current MBBS program was reported by students to be suboptimal. They perceived a lack of planning with little feedback other than in student-organised bedside tutorials. There is an opportunity to improve this important early clinical experience.

Students in their final year were confident that the program prepared them well for internship, a sentiment echoed by recent graduates and clinicians interviewed by the AMC team.

The progressive reduction of university funded professional support staff was reported to have placed an increasing load on clinical staff, with a subsequent reduction in their teaching availability. There was evidence in some teachers of a loss of morale associated with the perceived university "withdrawal" via staffing reductions. As noted under Standard 1 and identified in the Faculty's review of engagement with clinical titleholders, there are opportunities for improvement in the orientation and development of clinical supervisors. The AMC team heard evidence of feedback to clinical supervisors derived from student feedback on their placement experiences.

During the accreditation assessment, there was no the opportunity to meet with metropolitan general practitioners who teach into the program, nor with students currently undertaking general practice placements due to a change in schedule and moving meetings online in response to the impacts of the COVID-19 pandemic. Meetings with these staff and students will be scheduled for the subsequent face-to-face follow up visit.

Appendix One Membership of the 2022 AMC Assessment Team

Professor Stephen Trumble (Chair) *MBBS (Mon), MD (Mon), FRACGP*
Head, Department of Medical Education, University of Melbourne

Professor Sandra Kemp (Deputy Chair) *BHMS(Ed), MA, PhD*
Director, Learning and Teaching, Curtin Medical School, Curtin University

Professor Stephen Tobin *MBBS, FRACS, FRCS, GradCertClinEd, MSurgEd (Melb)*
Associate Dean & Professor of Clinical Education, Western Sydney University

Professor Karen Adams *BHSci Nursing, MAE, PhD*
Director Gukwonderuk, Indigenous Unit, Monash University

Dr James Fraser *MBBS, MSpMed, MHEd, FACRRM*
Associate Professor of Medical Education, Griffith Health Centre, School of Medicine, Griffith University

Associate Professor Christopher Wright *MBBS, FRACP, FCICM, GradDipSc (Physics)*
Academic Director, Clinical Programs Faculty of Medicine, Nursing and Health Sciences, Monash University

Professor Amanda Barnard *BA (Hons) (ANU), BMed Hons (Newcastle), FRACGP*
Interim Associate Dean of Rural and Indigenous Health, and Head of Rural Clinical School, The Australian National University

Dr Tereza Stillerova *OccThy (Hons I), MD*
Resident Medical Officer, Cairns and Hinterland Hospital and Health Service

Mr Glenn McMahon
Manager, Medical School Assessments, Australian Medical Council

Ms Rebecca McKee
Program Support Officer, Australian Medical Council

Appendix Two Groups met by the 2022 Assessment Team

Meeting	Attendees
Monday, 1 August 2022	
Video Conferencing	
Acknowledgement of Country and Welcome	Head of School and Dean of Medicine Director, Medical Programs School Business Manager
Governance	Head of School and Dean of Medicine Director, Medical Programs MBBS Year 4 to 6 Coordinator MBBS Year 1 to 3 Coordinator BMD Curriculum Development Lead
Curriculum	Director, Medical Programs MBBS Year 1 to 3 Coordinator MBBS Year 4 to 6 Coordinator BMD Domain Lead, Health & Society BMD Domain Lead, Clinical Practice Year 5 Advisor/Course Coordinator Year 6 Advisor/Course Coordinator Year 2 Advisor/Course Coordinator Course Coordinator BMD Curriculum Development Lead
Indigenous Strategy – Faculty	PVC Indigenous Engagement Head of School and Dean of Medicine Director Adelaide Rural Clinical School Director, Medical Programs Senior Lecturer, Yaitya Purruna Indigenous Health Unit, UoA
Student Support	MBBS Year 4 to 6 Coordinator Medical Programs MBBS Year 1 to 3 Coordinator Year 1 to 3 Pastoral Care and International Student Support Academic Precinct Officer (TQEH) Academic Precinct Officer (LMH)
Assessment	Assessment Lead, Medical Programs Chair, Clinical Assessment Committee MBBS Year 1 to 3 Coordinator BMD Curriculum Development Lead Lead, Clinical MCQ Committee Education Lead, ARCS Adelaide Medical School Students Society, Vice-President, Education Adelaide Medical School Students Society, Pre-clinical Education Officer
Executive Dean and Faculty Executive Director	Faculty of Health and Medical Sciences Executive Dean Faculty of Health and Medical Sciences, Executive Director
Vice Chancellor & President	Vice-Chancellor and President
Admissions	Chair, Adelaide Medical School Admissions Working Group

Meeting	Attendees
	Deputy Chair, Adelaide Medical School Admissions Working Group Lecturer Lecturer Senior Lecturer Director ARCS Lecturer School of Psychology Admissions Operations Coordinator
Resources and Organisational Sustainability Project	Chief Operating Officer Chief Finance Officer
Information Technology	Learning Designer & Product Lead Learning Designer Learning Designer Senior Lecturer, ARCS ARCS Online Learning Coordinator Senior Faculty Operations Manager ITDS Liaison Manager
Adelaide Medical School professional staff	School Business Manager Faculty Admin Coordinators
Tuesday, 2 August 2022	
<u>Video Conferencing</u>	
Adelaide Medical School Executive	Director, Medical Programs Discipline Lead, Acute Care Medicine Discipline Lead, Paediatrics Discipline Lead, Psychiatry Discipline Lead, Obstetrics & Gynaecology Discipline Lead, General Practice
President of Academic Board	Head, School of Public Health and President of the University Academic Board
Student Services	PVC, Student Learning Associate Director, Educational Quality and Compliance Executive Director, Student Experience Director Student Engagement and Success Academic and Student Engagement Service Partner Director of Education Quality
Indigenous Strategy – School of Medicine perspective	PVC, Indigenous Engagement Lecturer, Yaitya Purruna, Indigenous Health Unit, University of Adelaide Senior Lecturer, Yaitya Purruna, Indigenous Health Unit, University of Adelaide Grant Funded Researcher Aboriginal Health Theme Lead
Teaching and Learning (MBBS Focus)	MBBS Year 1 to 3 Coordinator MBBS Year 4 to 6 Coordinator Year 5 Advisor/ Course Coordinator Year 6 Advisor/Course Coordinator Year 2 Advisor/Course Coordinator

Meeting	Attendees
	Course Coordinator
Course Developers (BMD)	BMD Curriculum Development Lead, Medical School MBBS Year 1 to 3 Coordinator Foundations of Medicine, Year 1 Coordinator, School of Medicine Foundations of Medicine, Year 1 Coordinator (Sem 2), Medical School Course Development Lead, Medical Studies 3 (Medicine throughout the lifespan), School of Biomedicine
Lunch with Students	Year 1 BMD Students Year 2 and 3 MBBS Students Indigenous Students
Interprofessional Learning Curriculum	Senior Lecturer in Medical Education Lecturer, Adelaide Nursing School Lecturer, Adelaide Nursing School Lecturer, Adelaide Nursing School Timetable and Planning Team Leader
Research in the Curriculum	Consultant Gastroenterologist, Royal Adelaide Hospital Course Coordinator, Research Project Convenor, BMD Curriculum Development Lead Director, Medical Programs
Simulation	Director, Adelaide Health Simulation Grant Funded Researcher, Simulation Centre
Faculty Support Staff	Placement and Precinct Team Leader Curriculum Services Officer Academic Precinct Officer, The Queen Elizabeth Hospital Timetable and Planning Team Leader Team Leader, Student Success Academic and Student Engagement Service Partner Academic and Student Engagement Service Partner
Biomedicine Staff	Acting Interim Head, School of Biomedicine Head Translational Neuropathology Lab Senior Lecturer, Medical Sciences Senior Lecturer, Medical Sciences Senior Lecturer, medical Sciences Chair of Anatomy
Wednesday, 3 August 2022	
<u>Video Conferencing</u>	
Breakfast with Whyalla Students and Interns	Year 4 Medical Students Year 5 Medical Students Year 6 Medical Students Interns
Academic ARCS Team, Rural GP Supervisors	Whyalla Clinical Academic Supervisor Whyalla GP Supervisors
ARCS Academic Staff	Director of ARCS ARCS Head of Education

Meeting	Attendees
	Year 5 Rural Coordinator
Aboriginal Health	Practice Coordination GP Supervisor
DCT	Director of ARCS Manager, Trainee Medical Officer Unit – Rural Support Service APIC Course Coordinator ARCS Senior Project Officer – Rural Health Workforce Strategy, EFNLHN Manager, Medical Workforce, FUNLHN
Kulpi Minupa 2nd Years program	Kulpi Minupa Program Lead
Rural Clinical Supervision and Placement	PA Clinical Academic RFDS Supervisor
5th Year Student Experience, APIC SIM	Year 5 Medical Students
Indigenous Curriculum	Aboriginal Health Theme Lead Grant Funded Researcher, Nukunu Elder
Student Experience Kulpi Minupa 2nd Year Students	Year 2 Medical Students
Pika Wiya Health Service Aboriginal Corporation	Director of ARCS Supervisor CEO Acting Practice Manager
Royal Adelaide Hospital – Executive Staff	Executive Director, CALHN
Royal Adelaide Hospital – RAH/ CALHN Medical Education Unit	Medical Lead, Director, Postgraduate Education (acting), CALHN MEO Intern, RAH Administration Interns, RAH MEO General Trainees DCT, Interns, RAH DCT, General Trainees, RAH DCT, Surgical RMOS, RAH DCT, TAPP, Glenside Simulation Tech Medical Education Registrar Medical Education Registrar Administration RMO and BP, RAH
Royal Adelaide Hospital – Students	Year 3-4 Medical Students
Royal Adelaide Hospital – Academic Staff and Clinical Titleholders	Head of the Rheumatology Unit, RAH Endocrinologist, RAH Professor of Medicine, Renal Transplantation GP Consultant Infectious Diseases, RAH
Royal Adelaide Hospital – Junior Medical Staff (Interns, PGY2)	Post Graduate Year 1 Post Graduate Year 1

Meeting	Attendees
	Post Graduate Year 2
Queen Elizabeth Hospital – Clinical Academics and Titleholders	MBBS Year 4 to 6 Coordinator Clinical Director of the Aged & Extended Care Services Year 5 Course Coordinator, CALHN
Queen Elizabeth Hospital – Students	Year 4 Medical Students Year 4 Medical Students Year 4 Medical Students Education Representative for Student Society
Queen Elizabeth Hospital – Junior Medical Staff (Interns and PGY2)	Intern Intern
Flinders University, College of Medicine, and Public Health	Acting Director, Medical Program Senior Lecturer
Women's and Children's Hospital – Executive Staff	Acting Chief Operating Officer Chief Executive Officer Executive Director, Medical Services (Workforce, Education and Partnerships)
Women's and Children's Hospital –Students	Year 6 Medical Student Year 5 Medical Student Year 5 Medical Student Year 5 Medical Student
Women's and Children's Hospital – Academic Staff and Clinical Titleholders	Head, Discipline of Paediatrics Senior Lecturer, WCLHN Paediatrician, WCLHN Medical Unit Head, Paediatric Haematology and Oncology Senior Obstetric Consultant
Lyell McEwin Hospital – Executive Staff	Acting EDMS Medical Admin and Medical Education Registrar of Northern Adelaide Local Health Network
Lyell McEwin Hospital – Medical Education Unit	Medical Admin and Medical Education Registrar of Northern Adelaide Local Health Network Medical Education Registrar
Lyell McEwin Hospital – Clinical Academics and Titleholders	Chair of Medicine, Adelaide Medical School Professor of Palliative Medicine, Adelaide Medical School GP, Adult Internal Medicine
Lyell McEwin Hospital – Students	Year 5 Medical Student Year 5 Medical Student Year 5 Medical Student
Lyell McEwin Hospital –Junior Medical Staff (Interns, PGY2)	Interns Interns
Thursday, 4 August 2022	
<u>Video Conferencing</u>	
Additional Assessment Meeting	Assessment Lead, Medical Programs Chair, Clinical Committee, Committee MBBS Year 1 to 3 Coordinator Convenor, BMD Curriculum Development Lead

Meeting	Attendees
	Lead, Clinical MCQ Committee
SA Health Meeting	Chief Medical Officer, DHW Representative
Additional Student Meeting - WCH	Year 5 Medical Student Year 5 Medical Student Year 5 Medical Student