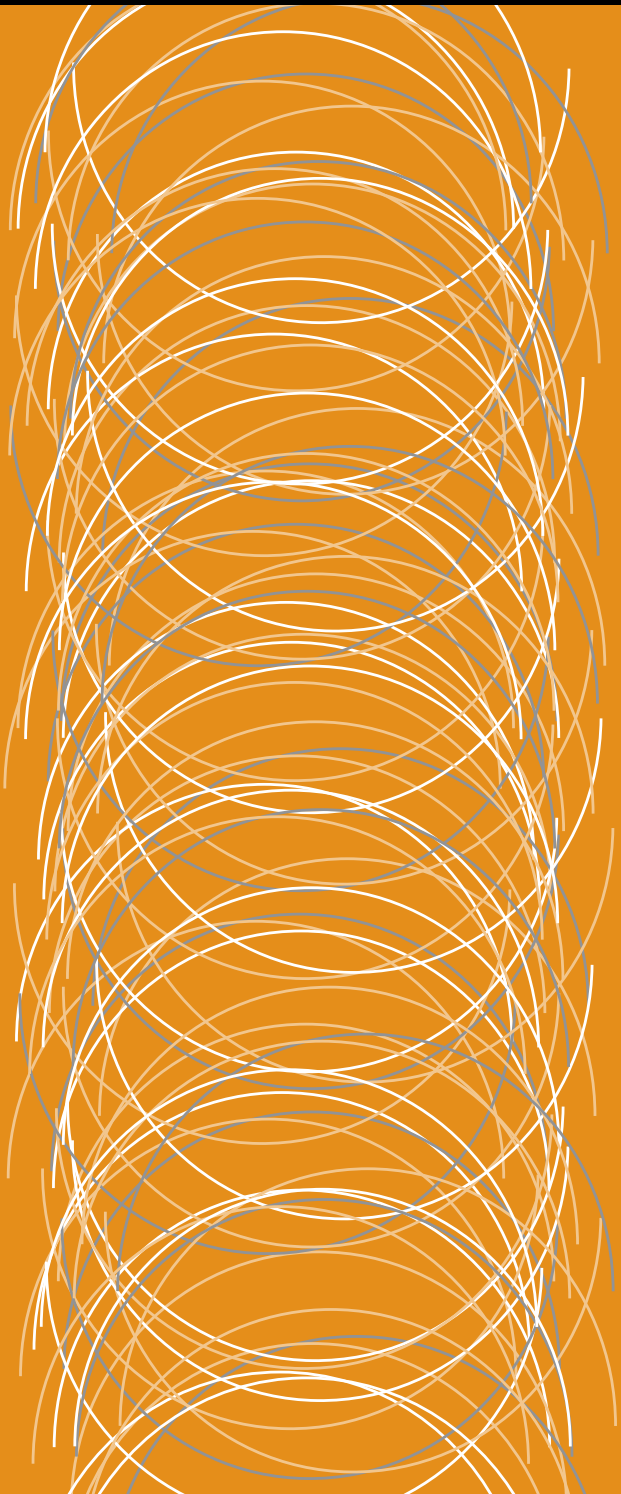


Australian Medical Council Limited

Accreditation of
Medical Program of the Macquarie University
Faculty of Medicine, Health and Human Sciences

AMC



Medical School Accreditation Committee
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Digital

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Acknowledgement of Country

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

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

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

1. Introduction

1.1 The process for accreditation extension submission for extension of accreditation

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, describes AMC requirements for accrediting primary medical programs and their education providers.

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

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

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

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

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

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

1.2 Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

- (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or

- (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

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

AMC Directors, at their 8 December 2022 meeting resolved:

- (i) the Macquarie University, Faculty of Medicine, Health and Human Sciences and its four-year Doctor of Medicine (MD) medical program continue to meet the accreditation standards;
- (ii) to extend the accreditation of the Macquarie University, Faculty of Medicine, Health and Human Sciences' four-year Doctor of Medicine (MD), on the basis of the accreditation extension submission for two years to 31 March 2025; and
- (iii) that accreditation of the program is subject to the conditions in the report, a follow up assessment in 2024, and meeting the monitoring requirements of the AMC.

The extension of accreditation for two years aligns with a follow-up assessment that is being scheduled for 2024, and will include review of arrangements in Apollo Hospital Hyderabad, India and of the clinical experience for Years 3 and 4 students in Australia (which were not in place at the time of the last assessment). A further extension of two years would then be available.

2. Macquarie University, Faculty of Medicine, Health and Human Sciences

2.1 Accreditation history

The Macquarie University, Faculty of Medicine, Health and Human Sciences was first accredited by the AMC in 2017.

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

Accreditation history

Assessment Type	Findings against Standards	Outcome
2015: Stage 1	-	Submission did not demonstrate that the program is likely to satisfy the accreditation standards. The AMC requested a resubmission.
2016: Stage 1 - revised	-	Invited the provider to advance to a stage 2 submission for accreditation.
2017: Accreditation	MEETS	Accreditation granted for five years to 31 March 2023
2018: Progress monitoring	MEETS	Accepted
2019: Follow up assessment	MEETS	Accreditation confirmed to 31 March 2023
2020-2021: Progress monitoring	MEETS	Accepted
2022: Accreditation extension submission	MEETS	Granted accreditation for two-year to 31 March 2025.

A copy of the Faculty's 2019 accreditation report can be found [here](#).

2.2 Accreditation extension submission

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

The following was to be addressed for each standard:

- 1. Analysis of strengths and challenges, and significant developments undertaken or planned. This includes any activity against accreditation recommendations for improvement.**
 - identification and assessment of factors that could influence the achievement of the school's goals over the next five years
 - a short summary of major developments since the last accreditation assessment
 - description of the school's development plans for the next five years, and significant milestones for their implementation

- Any matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

2. Activity against AMC conditions (as required)

2.3 Executive summary

Macquarie University was established in 1964 and identifies itself as a university of service and engagement. The University has over 40,000 students and employs more than 3,000 professional and academic staff members. The location of the campus at North Ryde, within close proximity of what is now Australia's largest high-technology precinct, Macquarie Park, New South Wales, facilitates industry partnerships in research and innovation.

The University is comprised of four faculties:

- The Faculty of Arts
- The Macquarie Business School
- The Faculty of Science and Engineering; and
- The Faculty of Medicine, Health and Human Sciences.

The Macquarie University medical program is a four-year graduate-entry Masters Degree leading to a Doctor of Medicine (MD) qualification.

Macquarie does not seek any medical Commonwealth Supported Places for its MD students.

The Macquarie medical program is distinctive in Australia as a significant component of learning occurs in a university-led and operated not-for-profit private teaching hospital and clinics. The Program aims to provide medical students with a quality assured international education, recognising the value of learning experiences outside Australia. To that end, the Program includes core clinical placements at the Apollo Hospital in Hyderabad, India, and selective opportunities with a number of international clinical partners.

The Apollo Hospital in Hyderabad is a private multi-specialty hospital, which is part of the larger Apollo Hospitals group. The hospital has approximately 470 beds and has accreditation from the USA-based health care organisation, the Joint Commission International (JCI). The hospital is located on a large health city campus that includes two hospitals (one private, one public), a maternity hospital, a large rehabilitation facility, several related medical services, and student and staff accommodation.

The core clinical placements at Apollo will occur in Year 3. Including orientation and assessments, students will spend a total of between 13 to 22 weeks in India.

The architecture of the Program is set around individual years, and each year has a distinct focus and purpose.

Year 1: Foundation of Medical Practice Year 1 is held on the university campus and is composed of coursework units in medical science, social aspects of health, professionalism, and foundations of clinical practice.

Year 2: Integrated Clinical Learning. This year has three 11-week blocks of integrated clinical studies that cover the areas of medicine and surgery (including several subspecialties), primary care and mental health, which are largely practised at the Macquarie University Hospital and Clinic. A nine-week block focusing on critical care, patient safety and quality, and research is also included in this year.

Year 3: Core Clinical Placements. This year includes experiences in the core clinical disciplines of medicine, surgery, paediatrics, obstetrics and gynaecology and primary care.

Currently, students undertake 22 weeks of all core clinical placements in Australia and 22 weeks at the Apollo Hospital in Hyderabad, India, inclusive of orientation, induction and assessment.

Year 4: Advanced Clinical Practice. Students must complete eight weeks of placements in Australia (eight weeks in each of emergency medicine/critical care and mental health), 8 weeks of selective placements, and eight weeks of elective placements in Australia or in a global health setting.

The Macquarie Medical School and Faculty have been satisfied with the first five years of implementation of the Doctor of Medicine (Macquarie MD).

In this Executive Summary, some highlights of achievements and/or updates since 2019 are extracted and distilled, ending with a reflective self-assessment of the Macquarie MD's strengths and challenges, and a high-level summary of future priorities.

Priorities for next five years

- Full reactivation of the Apollo campus for Year 3 clinical placements is important to ensure that our students have the desired opportunity to experience clinical practice in a culturally different health system. At the time of writing, the initial reactivation with year 4 student electives currently underway has been positive, and the very strong institutional commitment from the Apollo Hospital leadership and clinical staff to welcome back students is most encouraging. Planning is already underway for year 3 placements to resume in 2023 as originally planned and implemented in 2020. However, students will be offered an opt-out option for this cohort only given ongoing uncertainty surrounding the COVID-19 pandemic.
- Continue to expand opportunities for clinical experiences with Aboriginal peoples. Whilst proud of the way our Indigenous academic (Dr John Hunter) has embedded culturally safe experiences of Aboriginal history, learnings, and understandings in the Macquarie MD, progression with creating more clinical experiences with Aboriginal patients is a priority. The Faculty has formed an Aboriginal-led working group to guide a range of research and learning and teaching matters within the faculty, including coordination of relationship development with Aboriginal communities and clinical services treating Aboriginal clients to ensure that partnerships are formed in a culturally safe and respectful manner.
- Formalise and develop the MQ Health Clinical School and ensure clarity of responsibilities between it and the broader Macquarie Medical School (MMS).
- Realise the benefits and opportunities which the University's Professional Services Transformation aims to achieve both in professional staff who support the MD and MMS, but also in the new central Service Connect shared services centre currently being developed.
- Evaluate the risks and benefits of an increase in the MD student intake up to a maximum of 80.
- Transition the Course Director role. Options under consideration are an engaged clinical academic within MMS with the appropriate leadership capabilities, or a senior member of the professional staff.
- Continue to build the relationship with NSLHD/RNSH.
- Ongoing professional development and training of clinical educators and supervisors particularly in the MD assessment system and entering data into the online assessment portfolio (MAP).

3. AMC Findings

3.1 Summary of findings against the standards

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

Standard	Finding in 2017 (including any requirements substantially met or not met)	Finding in 2019 (including any requirements substantially met or not met)	Finding in 2022
1. Context of the Medical Program	Substantially met	Met 1.4, 1.8 are substantially met	Met
2. Outcomes of the Medical Program	Met	Met	Met
3. The Medical Curriculum	Substantially met	Met	Met
4. Learning and Teaching	Met	Met 4.7 is substantially met	Met
5. Assessment of Student Learning	Substantially met	Met 5.2 is substantially met	Met
6. Monitoring and Evaluation	Met	Met	Met
7. Students	Met	Met	Met
8. The Learning Environment	Substantially met	Met 8.3 is substantially met	Substantially met 8.3 is substantially met

3.2 Detailed findings against the standards

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

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

Standard 1: The Context of the Medical Program

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 1

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

- Restructures within the University over 2020 and 2021 have consolidated all health-related academic activities at Macquarie University into a new Faculty of Medicine, Health and Human Sciences (the Faculty) and created within the Faculty, a Macquarie Medical School which now has accountability for delivery of the Macquarie MD (Standard 1).
- The MD sits within a strong research-intensive environment with the research performance of the Faculty and the Medical School continuing to grow (Faculty and Medical School's 2021 total external research income of ~\$41 million and ~\$25 million respectively) (Standard 1).
- Twenty-one new staff (9.95 additional FTE) that teach within or support the Macquarie MD have been appointed over the past 4 years, mostly in or associated with our clinical partner facilities (Standards 1 and 8).
- Governance of the Macquarie MD remains a strength with chairs of key committees and heads of clinical sites having membership of the peak MD Executive and Curriculum Committee (MDECC), and progress has been made to expand student membership into both Stage 1 and Stage 2 governance committees (Standard 1).

Strengths

- *Governance:* - The robust academic governance structures, and the authentic implementation of these structures, remains a strength of the Macquarie MD. The system of committees provides a comprehensive forum for discussion and decision-making, as well as a mechanism to bring together key stakeholders to ensure communication and shared direction. This was especially evident over the past 18 months where the complexities of COVID-19 were navigated. The governance structures are well supported by professional staff, allowing for well-organised agendas, minutes and follow up of agreed actions. Involvement of students in the Stage 1 and Stage 2 governance committees has worked well.
- *Health sector interactions:* - COVID-19 accelerated the establishment of the Northern Beaches Clinical School (NBCS) to create greater local capacity and broaden the scope of clinical learning opportunities for Macquarie MD students. The relationship with the NBCS is exceptionally strong, built on a foundation of shared values, mutual benefit and sustainable relationships at the various levels: organisational leadership, clinical leadership and administration.
- The Faculty report the establishment of a large number of formal agreements with NSLHD, Healthscope NBH and other partners. An important one is with NSLHD to enable our Paediatric lead to undertake clinical practice in the Bungee Bidgel Aboriginal clinic which enables MD placements.
- *Recruitment of new staff especially using our innovative clinician educator models:* – Unlike traditional approaches of employing clinical academics who typically are recruited because of their strong research training and achievements, the Faculty has deliberately pursued an approach of appointing clinician-educators as key academic staff leading delivery of the MD,

using three approaches; (a) appointment to the Teaching and Leadership job family if employed as a University academic; (b) allocating non-clinical/academic fractions into the work-time for MQ Health employed clinicians; or (c) providing funding to clinical partners to employ staff specialists who take on teaching leadership roles in partner hospitals. The Executive Dean has been invited to present this approach and his experience at the 2022 MDANZ Annual Conference.

- The approach is especially relevant to involvement of general practitioner educators in the MD (year 1 clinical skills tutors, Stage 1 lead being a GP), and the degree of general practice placements and experiences in the MD (clinical placements in years 2, 3 and elective/selectives in year 4 – which were predominantly retained during COVID-19 shut-downs). This is enabled by using MQ Health-employed GPs to incorporate academic parts of their employed FTE to participate in the Macquarie MD. It augers well that many MQ MD graduates may enter General Practice careers.

Challenges

- *Input from EAB:* - Reconvening the External Advisory Board (EAB), mainly due to COVID-related restrictions and the competing priorities of the members. A successful meeting was recently held on June 30, 2022.
- *Staff turnover and change leading to short-term staffing shortages:* - Temporary disruption to professional staff support model during University-wide PST organisational change has stretched our dedicated professional and academic MD staff. We are optimistic that the new model will deliver superior service to the Macquarie MD once implemented, but it has been challenging to negotiate this past 6-9 months.
- Turnover of academic and professional staff has lost some corporate memory and is also providing short-term challenges.

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
1 Develop a structure for the Apollo clinical school which details the interface with the Australian based governance structures, and specifies the teaching, training and assessment expectations, funding, student indemnification and services commitment. (Standard 1.1)	2018	Satisfied 2018
2 Confirm a formal agreement with Northern Sydney Local Health District (NSLHD) to support effective partnerships for delivery of the program, specifically clinical placements. (Standard 1.6)	2018	Satisfied 2019
3 Provide the structure of clinical leads for each discipline in the Apollo clinical school, as well as at Royal North Shore Hospital to illustrate the interaction of clinical school leads with Macquarie University. (Standard 1.8)	2018	Satisfied 2019

Activity against Conditions from 2019 accreditation report

Condition:	Due:	Status:
23 Demonstrate that the time allocation that is available to the Senior Lecturer, Indigenous Health Education is adequate to meet current and future program needs. (Standards 1.4, 1.8, 3.5 and 7.3)	2020	Satisfied 2020

24 Appoint clinical leads for Year 4 (Standard 1.8)	2020	Satisfied 2020
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Standard 2: The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 2

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

- Based on the first graduating cohort, Macquarie MD graduates have demonstrated an impressive level of capability across the four capability domains and a satisfactory level of trust to undertake key clinical tasks required of medical interns, as set out in the EPA Framework for the Macquarie MD.
- The Faculty will continue to monitor the outcomes of its graduating cohorts and respond to results and findings, as appropriate.

Strengths

- Curriculum design to achieve outcomes.
- The outcomes-based design of the Macquarie MD with a strong capability framework that is constructively aligned with assessments and learning activities through the online assessment portfolio (MAP). The innovative use of EPAs indicates the MD will link well with the new AMC-developed Prevocational Training Framework for JMOs.
- Our approach of a capability framework has been recognised at a University-level through its inclusion and recognition in the development of the 'MQ Way for Education and Employability (MQ Way)'. While still in draft, the MQ Way is positioned as the University's quality framework to promote outstanding education and employability outcomes. It embeds a capability development framework for all, centred around four capabilities; Scholar, Practitioner, Citizen and Professional – reflecting the existing capability framework embedded in the Macquarie MD.
- Initial evidence of successful achievement of the desired outcomes: - Successful graduation of the first cohort with 46 graduates entering internship (44 in NSW including 9 who have secured places in the Rural Preferential Recruitment (RPR) pathway – an excellent result given we are not funded to run a rural clinical school).
- An evaluation of the MAP dashboards of the first graduating cohort shows >90% are at, or above, the level expected of a medical intern.

Challenges

- Investment in staff training needed.
- Implementation of the Macquarie Assessment Portfolio (MAP) requires ongoing investment in both the allocation of dedicated professional staff resources, and through required training requirements for clinical teachers. Noting the analytical and data visualisation enhancements that this tool brings when analysing and reviewing the attainment of the Macquarie MD outcomes and assessment framework - the Macquarie MD remains committed to MAP. Through the Educational Services portfolio, the Faculty will continue to iteratively improve and enhance MAP to ensure that it remains a sustainable tool.

Activity against Conditions from 2017/2019 accreditation report

Nil conditions set for this standard at the time of the assessments.

Standard 3: The Medical Curriculum

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 3

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

- At the time of the last comprehensive submission in 2019, the Faculty was delivering Stage 1 and planning for Stage 2. Three years later, Stage 1 (years 1 and 2) is an established mature component of the MD curriculum that has worked well and has undergone minimal structural changes since 2019 (Standards 3 and 4).
- The initially planned Year 3 commenced but was substantially disrupted in March 2020 by the COVID-19 pandemic and international travel restrictions resulting in suspension of clinical placements at Apollo Hospital, Hyderabad. Nevertheless, all students were able to experience a redesigned year 3 and complete their placements in the core clinical disciplines in Australia [at MQ Health and Northern Sydney Local Health District (NSLHD)] without significant loss of experience in any clinical discipline. The reimagined year 3 model was continued in 2021 with additional placement capacity provided at the Northern Beaches Hospital (NBH) but has now reverted to the structure originally proposed in our 2019 submission albeit with NBH replacing the placements planned for Apollo (Standards 3 and 4).
- Year 4 has been successfully delivered from 2021 onwards including clinical placements in mental health and clinical and acute care (including emergency medicine) at NSLHD and NBH, plus a selective and an elective. Some Macquarie students have and are being employed by NSW Health as Assistants in Medicine (AiMs) substituting for their elective terms which initial evidence suggests works well for intern preparedness (Standards 3 and 4).
- The MD research project program (situated across years 2-4) has been successfully delivered for two cohorts with impressive outcomes achieved by each cohort (Standards 3 and 4).
- Learning about Aboriginal history, culture and perspectives within the curriculum (including experiential learning) has been strengthened. An innovative example is the introduction of the Gathering of Traditional Owners (GOTO) Health methodology, which has been embedded in the Mental Health block of year 4. The GOTO Healing approach aims to establish cultural interventions for historic intergenerational trauma (Standard 3).

Strengths

- *Process for reactivation of the Apollo campus:* - Mindful of the ongoing uncertainty about the COVID-19 pandemic, the School has been engaged in thoughtful planning, close liaison with the student body, and involvement with Apollo partners to craft a sensible and phased reactivation of the Apollo campus for year 3 and 4 clinical placements.
- *Indigenous culture learning:* - Following the recruitment of Dr John Hunter (Aboriginal Senior Lecturer), a review of Indigenous learning content and activities was undertaken. As a result, MD students have been able to experience additional teaching and learning activities and experiences with Aboriginal peoples to enhance their understanding of Aboriginal perspectives and development of cultural safety. A particular innovative example in year 4 Mental Health rotation is introduction of the Gathering of Traditional Owners (GOTO) Health methodology, which aims to establish cultural interventions for inter-generational historic trauma Standard 3.5.

- *The transition to the Primary Care and Community Care model* in Stage 2 has proven a successful model. It is expected that this combined with the stage 1 experiences, will over time serve as a positive component of the student's exposure to positive GP clinical educators and role models.

Challenges

- *Addressing COVID-19:* - Maintaining clinical placements during COVID-19 has caused challenges, including the interruption of the planned clinical placements in India. The Faculty has responded by reimagining the structure and conceptual placement model for year 3 to manage twice the anticipated student numbers for Australia-based placements. The changes have been reflected in a refined clinical capability development model across the course, specifically capturing the reimagining of year 3 and to align with the development of the year 4 curriculum.

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
4 Provide specific learning objectives for Year 1. (Standard 3.4)	2017	Satisfied 2017
5 Provide the finalised MD Program Handbook. (Standard 3.4)	2017	Satisfied 2017
6 Provide an update on Year 3 placements in Paediatrics, and Obstetrics and Gynaecology. (Standard 3.2)	2018	Satisfied 2019
7 Provide specific learning objectives for Year 2. (Standard 3.4)	2018	Satisfied 2018
8 Provide a curriculum map for the Indigenous Health content. (Standard 3.5)	2018	Satisfied 2018
9 Provide further detail on the selective and elective terms in Year 4. (Standard 3.6)	2018	Satisfied 2021

Standard 4: Teaching and learning methods

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 4

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

- Since our previous accreditation, no major developments have impacted the overall course duration, however modifications to the settings within which the experiential learning hours of the course are undertaken were reported.

Strengths

- *Developing learning autonomy and reflective practice:* - The Macquarie MD Assessment Portfolio (MAP) is a strong driver for development of reflective practice and learning autonomy. When looking at the MAP dashboards, it is evident that students have self-initiated more work-based formative assessments than are required or recommended, evidence that students have been particularly strong with Standard 4.2 (taking responsibility of own learning).
- *Involvement of GPs from year 1 onwards:* - A feature of the Macquarie MD is deep involvement of GPs as educators through all 4 years: - most of year 1 clinical practice tutors are GPs who not only are good generalists to teach foundation skills but are also role models. GP placements occur in year 2 in MEDI8200, in year 3 as a 20-week longitudinal placement, with the student-led clinic in the community placements, and in year 4 selectives. In addition, the Stage 1 Lead (Dr Janani Mahadeva) is a GP, and dedicated Primary Care Discipline Leads have been appointed.

Challenges

- *Sustainability of HAWC:* - Resourcing the Health and Wellbeing Collaboration (HAWC) program and continuing it through COVID-19 has been, and continues to be, challenging. While the program now focuses on transitioning back to being fully face-to-face, the Faculty intends to monitor the availability of volunteer patients to ensure the sustainability of the model which is delivered as an interprofessional activity across both Macquarie MD and Doctor of Physiotherapy programs.

Activity against Conditions from 2019 accreditation report

Condition:	Due:	Status:
25 Embed opportunities for interprofessional learning in Stage 2 of the Program. (Standard 4.7)	2020	Satisfied 2021

Standard 5: The Curriculum – Assessment of Student Learning

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 5

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

- The course-level and outcomes-based assessment framework and system were reviewed in an interdisciplinary workshop with student representation at the end of 2021. Modifications to reduce the assessment load and fine-tune processes within the MD Assessment Portfolio (MAP) were implemented. Overall, the MAP has delivered successfully to achieve the vision of creating a course-level dashboard view of each student's development in the 8 capability aspects and various entrustable professional activities (EPAs) to monitor learning and drive reflective practice (Standard 5).
- A review of the first graduating cohort's performance across the 8 capability aspects and 9 Stage 2 EPAs as evidenced by the MAP dashboards show excellent development of competency and intern preparedness in >90% of graduates (Standards 5 and 6).

Strengths

- *Overall approach:* - The assessment framework which assures the development of course-level capabilities are mapped to standards required of Australian medical graduates.
- *EPAs* - The incorporation of EPAs into the assessment framework with clear guidelines of performance standards required for the React level of supervision.
- *MAP portfolio system:* - The implementation of the Macquarie MD Assessment portfolio (MAP) where all assessment data is collected online at the point of assessment, mapped to relevant capability aspects and EPAs, quality assured and accessible to students and staff 24/7 as a dashboard for self-reflection on progress.
- *Quality assurance of assessment outcomes:* - Governance processes established for the MD assures coherent course and assessment design as well as appropriate development and enhancement.
- Rigorous quality assurance and quality enhancement processes as part of the University curriculum lifecycle policy suite enable iterative enhancements to assessment design.
- *Benchmarking:* - Benchmarking examinations with other medical schools with inclusion of AMC questions in the Stage level integrated examinations.

Challenges

- *Staff training for consistency:* - Monitoring assessment standards across settings with reactivation of Apollo and expansion into new clinical partnerships.
- Staff training associated with new sites and the movement of staff within sites.
- Recognising this challenge, we have commenced formal staff training in form of Foundations in Medical Education to improve staff perception of their knowledge, skills and confidence in clinical supervision and work-based assessment.
- *Staff competency in entering data into the MAP:* - Ensuring redundancy in staff who can support the Macquarie MD Assessment portfolio. In addressing this challenge, a dedicated

professional staff role has been established to support the administration of MAP and identify process improvements for users (students and staff).

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
10 Provide an update on the implementation of Entrustable Professional Activities (EPAs) in capability based assessment in the medical program. (Standard 5.2)	2017	Satisfied 2018
11 Provide evidence that work is progressing on the Stage 2 assessment strategy. (Standard 5.2)	2017	Satisfied 2017
12 Provide the Stage 2 assessment blueprint. (Standard 5.2)	2018	Satisfied 2018

Activity against Conditions from 2019 accreditation report

Condition:	Due:	Status:
26 Provide the Entrustable Professional Activities (EPA) framework for each clinical term. (Standard 5.1)	2020	Satisfied 2020
27 Employ validated methods of standard setting. (Standard 5.2)	2020	Satisfied 2020

Standard 6: The Curriculum - Monitoring

Standards cover: monitoring, outcome evaluation and feedback and reporting

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 6

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

- The MD Evaluation and Enhancement Committee (MDEEC) is actively undertaking a research-based approach to monitor and evaluate the quality of the MD. Recent evaluation of the quality of the MD shows 90% of year 1-4 students in 2021 were satisfied or very satisfied with their experience using an internal MedSEQ instrument that assesses students' experience across 5 aspects. The results align very closely with the 2021 national QILT scores that show 86.2% of students rate the quality of their overall educational experience positively (Standard 6).
- The first 46 Macquarie MD graduates completed their studies in 2021 and are now all employed and working as interns (44 in NSW hospitals, 2 interstate), with 9 graduates admitted to the Rural Preferential Recruitment (RPR) pathway (Standard 6).

Strengths

- *Overall evaluation and enhancement approach:* - The Evaluation and Enhancement Framework developed for the Macquarie MD aligns well with the University Quality Assurance, Enhancement and Improvement Framework and Curriculum Lifecycle policy suite, ensuring that the Framework is sustainable and that iterative enhancements to the Macquarie MD are institutionally supported.
- *Embedding research/scholarship into the evaluation process:* - Robust processes to gather consent and withdraw consent from students to use demographic and educational data for quality assurance and research purposes. We have ethical approval for several ongoing, high-value evaluation projects.
- *University prioritisation of data analytics:* - Institutional commitment to developing analytically capable dashboards which incorporate national QILT data and provide enhanced and accessible data visualisation to support evaluation.

Challenges

- *Data collection systems:* - Developing systems to track alumni to ensure our ability to monitor graduate success over time.
- University changes to the processes associated with the Learner Experience of the Unit (LEU) data may impact our students' response rates and ability to use tailored surveys for placement units.
- *Sustainability and resourcing:* - Ensuring staff and/or students continue current evaluation projects and continue to gather data from subsequent cohorts.

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
13 Provide information on the implementation of monitoring and evaluation, specifically plans for the evaluation of the first year cohort. (Standard 6.1)	2017	Satisfied 2018
14 Provide updates on the operational aspects of monitoring and evaluation of the program. (Standard 6.1)	2018	Satisfied 2018

Standard 7: Implementing the Curriculum - Students

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

Summary of accreditation status	2019: Met.	2022: Met
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Developments against Standard 7

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

- Since commencement in 2018, 306 students (88% domestic) across five cohorts have been admitted. Domestic applicants use the national GEMSAS system, where there has been a year-on-year increase in applicants who include Macquarie as a high (1st to 3rd) preference institution (43 in 2018 to 518 in 2023). Mean GPA (6.8) and GAMSAT scores (68) for admitted domestic students are comparable to national benchmarks (Standard 7).
- Ranking to inform admission of applicants was changed for the 2021 and onwards intakes to 50% GPA and 50% MMI interview score with GAMSAT used to inform selection for interview only (Standard 7).
- Student support is a priority given COVID-19 and other stressors, but due to the small cohort size and very active student society our staff have good connections with students, but it has been strengthened with appointment of a Faculty Student Wellbeing Medical Advisor role, and an MD Student Support Lead (Standard 7).

Strengths

- *High student demand for admission to the Macquarie MD:* - The increase in domestic student applications for a place in the MD via the GEMSAS system, and high academic quality (GPA and GAMSAT) show that the Macquarie MD has strong value in the domestic market. Significant increases in international applications also mirror this perception internationally.
- *Small cohort size and active student society creates a strong culture of support:* - Macquarie University Medical Society (MUMS) is a highly organised and active student society and represents a positive component of the student experience at Macquarie. Combined with a small student cohort, and clear Faculty processes of support and Fitness to Practise, there are good mechanisms in place to support students through the stresses of modern medical education.
- *Admissions process:* - The admissions process is fair, equitable and effective in selecting students who demonstrate merit in UG academic performance and interview. GAMSAT performance is an important contributor to selecting students for interview. Running the MMIs via Zoom has proven effective during COVID years and we will continue for 2022.
- Many examples of genuine response to student feedback and a commitment to co-design.
- *Strong and meaningful student representation:* - The involvement of students in governance of the MD has been progressively expanded with student members in both the Stage 1 and 2 Committees. The Faculty developed a clear nomination process and induction program for student committee members which includes a mentor initiative.

Challenges

- *COVID-19 stresses:* - We have had only one student stranded overseas mid-course, but we managed her continuation remotely. However, COVID has caused some other students to defer, and additional support has been needed. Transferring MMIs to on-line format was challenging but the result was a very smooth and positive experience for both applicants, interviewers and robust for our admission process.

- *Student support:* - Following the loss of the position of Lead, Student Professionalism due to a redundancy, the Faculty has needed to review and rebuild its student support systems using existing resources. In consultation with students, we have created 2 new roles, an MD Student Support Lead (Prof John Cartmill) and a Faculty Student Wellbeing Medical Advisor (Dr Sue Knott). These roles interface with the Educational Services team. We will continue to monitor the effectiveness of these roles.

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
15 Provide evidence that the draft fitness to practice policy has been approved through the appropriate University processes. (Standard 7.4)	2017	Satisfied 2018
16 Provide further detail on student indemnification and insurance agreements, particularly for the Apollo Hospital and elective rotations. (Standard 7.6)	2017	Satisfied 2017

Standard 8: Implementing the Curriculum – Learning Environment

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

Summary of accreditation status	2019: Met.	2022: Substantially met
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Developments against Standard 8

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

- In 2021, a new clinical school was established at the Healthscope Northern Beaches Hospital (NBH) resulting in additional year 3 and 4 clinical placements in all key clinical disciplines. The new School has been a resounding success (Standard 8).
- The Apollo Hospital campus is currently being reactivated with 8 year 4 students undertaking an 8-week selective term (June-August 2022), and advanced planning to recommence year 3 placements in 2023 which will include an opt-out option for that year. Apollo-based clinical leaders remain engaged and have continued to deliver teaching remotely during 2020, 2021, and 2022 (Standard 8).
- Clinical placements in Paediatrics, Obstetrics & Gynaecology, Neonatology, Emergency Medicine and Mental Health are being delivered at a combination of Royal North Shore Hospital and affiliated facilities, and at NBH (Standard 8).
- The planned longitudinal 20-week General Practice (GP) placements for year 3 have been delivered successfully for the past 3 years and have been augmented by a student-led clinic within the MQ Health GP service. Over time, exposure to GP clinical educators (years 1-2) and GP placements (years 2-4) is becoming an emerging strength of the Macquarie MD (Standard 8).
- Experiences of clinical care delivered to Aboriginal peoples remains a work-in-progress but has progressed with placements established at the Bungee Bidgel clinic at Hornsby Hospital during the year 3 community care placement stream. Planning to recruit a new, and additional, senior academic Aboriginal leader is underway (Standard 8).
- A student exchange partnership with the University of NSW Rural Clinical School has allowed motivated Macquarie MD students to undertake rural clinical placements in year 4 at Coffs Harbour as a selective option and at other regional/rural locations during electives (Standard 8).
- The University has invested in significant new physical teaching facilities. These include a Clinical Education Building adjacent to Macquarie University Hospital (opened in mid-2020), a student hub on the Apollo campus (opened early 2020), a student and staff hub at the NBH (opened early 2021), and additional cadaveric anatomy teaching facilities on the main campus (opened July 2022) (Standard 8).

Strengths

- *Physical Teaching Facilities:* - Macquarie MD students now have excellent physical facilities to develop their capabilities both on campus and at their clinical placement facilities. This was listed as a challenge in 2017 but as an example of institutional support, this is now a clear strength.
- *Information Technology:* - The University has invested significantly in digital education and education support and is committed to expand this as part of its Operating Plan. The appointment of a new DVC (Academic), (Prof Rorden Wilkinson) who has deep experience in

digital transformation is seen as a positive development. Development of the MD Assessment Portfolio IT system is an example of this strength.

- *Northern Beaches Clinical School:* - Establishment of the NBCS has been a resounding success in expanding our clinical placement capacity, but also in creating an excellent environment for clinical learning. Key success aspects have been appointment of excellent local clinical teachers, a physical hub for students, and excellent relationship with the NBH leadership.

Challenges

- *Experiences with Aboriginal health placements:* - Progress has been made so that now virtually all MD students have experiences in the Bungee Bidgel clinic during their year 3 Paediatric placement. We are close to augmenting these with GP experiences at the KRMC at Blacktown. We are currently planning recruitment of an Indigenous medical academic.
- *Royal North Shore Hospital Campus:* - In contrast to the success at NBH, creating a similar clinical school model at the RNSH campus has proven much more challenging and represents a continued work-in-progress. Despite significant investment by the University in LHD staff, the creation of a physical student hub has not yet been possible. The LHD leadership have insisted on clinical administration staff being employed by the University of Sydney and this remains a work-in-progress model of clinical administration support. Despite this challenge, our student's experience of clinical learning at RNSH has been excellent, particularly in Paediatrics and O+G. The University-funding clinical midwifery educator role has been particularly successful leading to a commitment by the School to extend funding for a further five years after the initial two years.

Activity against Conditions from 2017 accreditation report

Condition:	Due:	Status:
17 Confirm the availability of appropriate accommodation for students while undertaking placements at Apollo Hospital. (Standard 8.1)	2018	Satisfied 2018
18 Confirm the physical facilities available to medical students at Apollo Hospital. (Standard 8.1)	2018	Satisfied 2018
19 Develop opportunities beyond MQ Health for general practice experience. (Standard 8.3)	2018	Satisfied 2020
20 Confirm opportunities for rural clinical experiences. (Standard 8.3) in 2020 this condition was found to be not progressing and was merged with condition 32.	2018	Merged
21 Develop opportunities for students to have experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples. (Standard 8.3)	2018	Progressing 2022
22 Provide the plans to ensure well trained clinical teachers and supervisors at Apollo Hospital for the first cohort of students in 2020. (Standard 8.4)	2018	Satisfied 2020

Activity against Conditions from 2019 accreditation report

Condition:	Due:	Status:
28 Evaluate the student and Faculty experience of the accommodation in Hyderabad. (Standard 8.1)	2020	Progressing 2022
29 Confirm the arrangements to support mental health/psychiatry clinical learning. (Standard 8.3)	2020	Satisfied 2020
30 Confirm the arrangements to support emergency medicine clinical learning at Royal North Shore Hospital. (Standard 8.3)	2020	Satisfied 2020
31 Confirm that an adequate number of appropriate general practices have been confirmed as a site for learning in primary care. (Standard 8.3)	2020	Satisfied 2020
32 Confirm the availability of rural and regional selectives and electives for 2021. (Standard 8.3) - Confirm opportunities for rural clinical experiences. (Standard 8.3) – condition 20	2020	Satisfied 2022
33 Confirm that adequate resourcing is available to continue to develop relationships with Aboriginal health services. (Standard 8.3)	2020	Satisfied 2020

