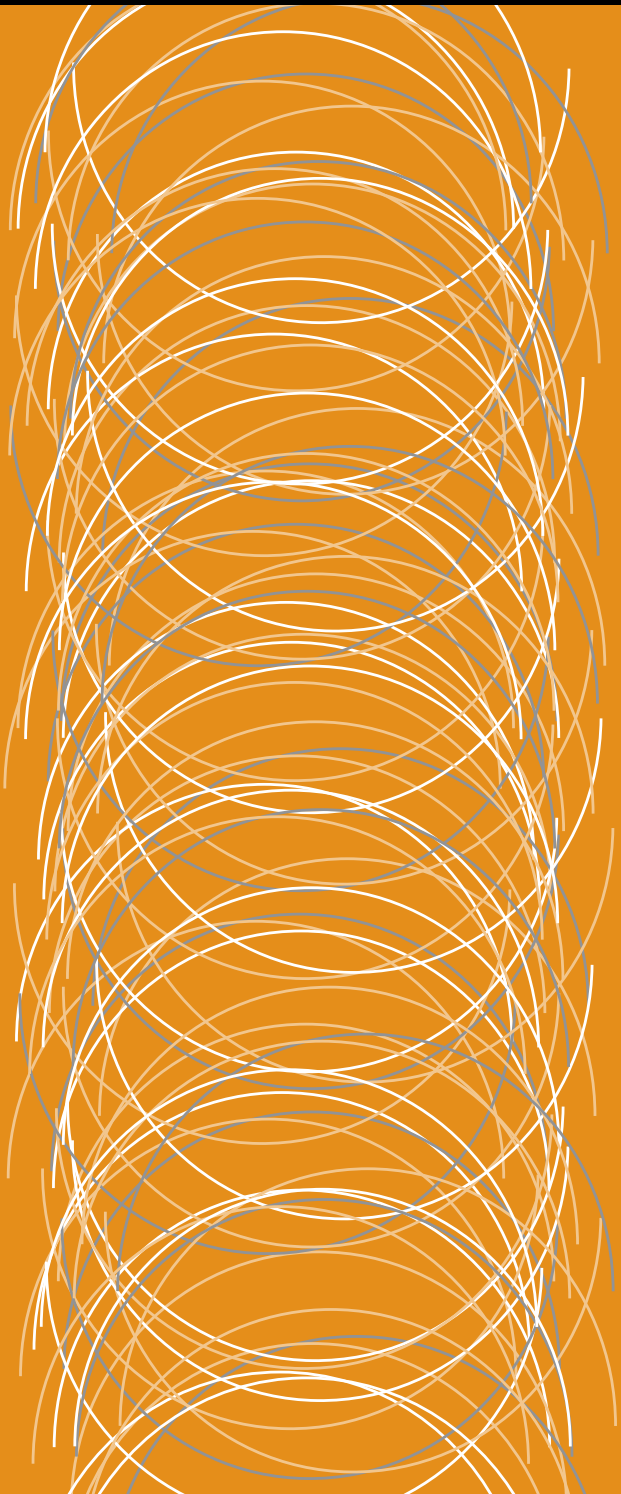


Australian Medical Council Limited

Accreditation of
University of Wollongong
Graduate School of Medicine medical program

AMC



Medical School Accreditation Committee
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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges the Aboriginal and/or Torres Strait Islander Peoples as the original Australians, and the Māori People as the original People 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 an accreditation extension submission

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

In the last year of an accreditation period based on an assessment visit, the AMC can consider a request for an extension of accreditation via an accreditation extension submission. In submitting an 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 resources.

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

The AMC considers the submission from the medical students' society along with the education provider's extension submission.

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 education provider and its programs undergo a reaccreditation assessment.

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

1.2 Decision on accreditation

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

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

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

At their 8 December 2022 meeting, AMC Directors resolved:

- (i) that the University of Wollongong, Graduate School of Medicine and its medical program ***substantially meets*** the accreditation standards and
- (ii) to extend accreditation of the University of Wollongong, Graduate School of Medicine and its medical program for two years to **31 March 2025**.

2. University of Wollongong, Graduate School of Medicine

2.1 Accreditation history

The University of Wollongong, Graduate School of Medicine was first accredited by the AMC in 2006.

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

Accreditation history

Assessment Type	Findings against Standards	Outcome / Notes
2006: Initial accreditation	-	Granted accreditation of the four-year MBBS to 31 December 2012
2008: Follow-up	-	Confirmed the 2006 accreditation decision
2009-2010: Progress monitoring	-	Accepted
2011 Comprehensive	-	Extension granted to 31 December 2016
2012-2015: Progress monitoring	-	Accepted
2015: Major change – MBBS transition to MD	-	
2016: Reaccreditation	Meets	
2017-2019: Progress monitoring	Meets	Accepted (moved to biennial reporting in 2019)
2021: Progress monitoring and further information request	Substantially meets	The areas of concern included the sustainability of the University's finances, leadership changes and reduction of staffing and resources to support the medical program. The medical program was found to now substantially meet the accreditation standards.
2022: Accreditation extension submission	Substantially meets	Granted accreditation for two years to 31 March 2025

A copy of the School's 2016 accreditation report can be found [here](#).

2.2 Accreditation extension submission

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

The following was to be addressed for each standard:

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

2.3 Executive summary

The University of Wollongong's Graduate School of Medicine maintains a strong mission and vision to graduate excellent medical practitioners who have the capabilities, competencies and intention to contribute to the improvement of health care for patients, particularly those in regional, rural and remote communities. The school continues to successfully meet its mission and achieve strong educational outcomes, with 60% of all graduates (to date) employed outside capital cities. Of graduates who have completed fellowship training, 71% are within General Practice, and almost half of these graduates are working in RA2-5 settings with 20% in regions designated priority areas for GP recruitment.

Under the leadership of the University of Wollongong's Vice Chancellor and President, Executive Dean of the Faculty of Science, Medicine and Health, the Deputy Vice Chancellor (Health and Sustainability) and a new Dean (appointed August 2022), as well as the growing contribution of medical student alumni and local communities, the Graduate School of Medicine is well-positioned to build on the strong success in producing graduates who provide healthcare for underserved populations.

The next five years will see the Doctor of Medicine (MD) program continue to grow and strengthen, with the establishment of new educational roles for the School, an implementation of the recommendations from the 2021 external review, recruitment of Indigenous staff, ongoing work on strengthening processes of honorary clinical appointments, and a continued focus on building on the strong connections between the Health Service and the School. The School will be investing in developing a research strategy, developing opportunities which lead to a distinct impact on regional and rural healthcare, with strong support from the Faculty of Science, Medicine and Health, and aims to significantly bolster its national rural research standing over the next five years.

The University of Wollongong Graduate School of Medicine MD program is a graduate entry four-year program, which continues to be strongly aligned to the Australian Medical Council graduate outcome statements in the domains of science and scholarship, clinical practice, health and society, and professionalism and leadership. There is a matrix of course and subject learning outcomes in the curriculum themes for the MD program and these are Medical Sciences, Clinical Competencies, Research and Critical Analysis, and Personal and Professional Development.

The MD program has a well-developed strength in the basic and clinical sciences and a strong medical sciences team. The clinical skills program is comprehensively embedded throughout the program, with the Graduate School of Medicine regularly receiving commendations on the quality of graduate preparedness for intern work. Student learning about research is well-integrated into the program and was included in the Medical Deans Australia and New Zealand (MDANZ) first annual volume of research case studies. A key component contributing to the success of the MD program is that it is conducted on multiple sites across the four years of the program, from two main campuses - Wollongong and Shoalhaven - with strong connections to remote, rural and regional clinical education sites in Broken Hill, Forbes, Grafton/Maclean, Lismore/Ballina, Milton/Ulladulla, Mudgee, and Murrumbidgee Southern Highlands, where all students engage in a year-long integrated placement in a clinical setting. A substantial number of students are able to do their training end-to-end in rural/regional training sites. Clinical supervision across the clinical disciplines is robust and well-regarded. The School is continuing to enhance important areas in the curriculum such as simulation and interprofessional education, and areas such as assessment continue to follow established design and implementation. Minor adaptations to teaching, learning and assessment implemented in response to the COVID-19 pandemic have generally returned to established mechanisms. The School continues to work together with students to enhance the student learning experience, including areas such as ongoing work on online resources to support different curriculum themes as well as research, and learning in clinical placements. The School continues to meet the Rural Health Multi-Disciplinary Training (RHMT) funding requirement for enrolling students from a rural origin and is strongly supported by student scholarships available to students.

In summary, the Graduate School of Medicine has a well-established MD program and this is testament to the dedicated staff, clinical partners and community partners. The vision of the university and support for the mission of the School is strong. Over the coming years, the School plans to continue to provide and enhance quality education focused on preparing medical practitioners for healthcare in regional, rural and remote communities.

3. AMC Findings

3.1 Summary of findings against the standards

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

Standard	Finding in 2016 (including any requirements substantially met or not met)	Finding in 2022
1. Context of the Medical Program	Met	Substantially met Standards 1.1, 1.8.1 and 1.8.3 are substantially met
2. Outcomes of the Medical Program	Met	Met
3. The Medical Curriculum	Met	Met Standard 3.5 is substantially met
4. Learning and Teaching	Met	Met
5. Assessment of Student Learning	Met	Met
6. Monitoring and Evaluation	Met	Met
7. Students	Met	Substantially met Standard 7.2.3 is substantially met
8. The Learning Environment	Met	Met

3.2 Detailed findings against the standards

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

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

Standard 1: The Context of the Medical Program

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

Summary of accreditation status	2016: Met	2022: Substantially met
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Developments against Standard 1

Summary of developments relevant to this standard
<ul style="list-style-type: none">• The appointment of a new Dean of Medicine for the Graduate School of Medicine (GSM) who took up the position on 1 August 2022 and an Interim Dean for GSM who was appointed in February 2022.• An Advisory Panel Chair has been appointed by the Vice Chancellor who is an Executive Director of Medical Services & Clinical Governance, Illawarra Shoalhaven Local Health District (ISLHD).• A new Clinical Associate Dean has been appointed who will replace the previous Director of Teaching at Wollongong Hospital.• The RHMT Standard Grant Agreement between the Commonwealth Government and UOW has recently been renewed until December 2024.• Development of a specific recruitment and promotion mechanism for clinical academic conjoint appointments (fixed-term academic appointments), in accordance with current sector standards, was one of the key recommendations from the External Review of GSM. The University and ISLHD are now discussing the appointment of conjoint employees as part of the MOU's upgrading process. The new Dean will have an appointment with both the University and ISLHD and the conclusion of this strategy will facilitate the approach that will be used for new discipline heads, such as a Professor of Medicine.• The discipline of Indigenous Health is currently located in the new School of Medical, Indigenous and Health Science (MIHS) inside Faculty of Science, Medicine and Health (SMAH). The fundamental goal of this change is to concentrate on developing a critical mass of Indigenous academics embedded in a research and educational organisation that can advance Indigenous health.• A Lecturer/Senior Lecturer, Indigenous Health role was created and advertised by the GSM. This role is responsible for overseeing the MD program's teaching and learning of Indigenous Health. The job posting received a small number of responses, and interviews were conducted May 2022.• An Indigenous Recruitment and Marketing Coordinator is being hired to improve the intake of Aboriginal and Torres Strait Islander people into the MD program. This person will create and implement marketing and communication plans as well as initiatives aimed at attracting and retaining Aboriginal and Torres Strait Islander medical students. To ensure that this work begins as soon as possible, Woolyungah is moving forwards with a short-term consulting arrangement with a suitable individual.• The GSM organised a cross-Faculty working group with the addition of Woolyungah to foster ties to get ready for the AMC submission. The working party's specific focus on AMC accreditation issues is expected to lay the groundwork for a structure within SMAH and the University that further promotes Indigenous health, especially in relation to drawing

Aboriginal and/or Torres Strait Islander students to the University's various health-related disciplines.

- Funding will be provided through the 2022–24 RHMT budget submission for the hiring of academic personnel based in rural areas, including a Senior Lecturer: Public Health (now filled), Senior Lecturer: Indigenous Health, and a Rural Admissions and Marketing Officer (now filled).
- To carry the clinical teaching and related activities for the GSM, the University is looking to appoint up to five Clinical Fellows (0.2 to 0.4FTE) from diverse hospital disciplines. These Clinical Fellows are expected to be experienced trainees or brand-new consultants with appointments at the Wollongong or Shoalhaven Hospitals who are interested in research and/or teaching. The Clinical Fellows will be able to contribute to the MD program thanks to these appointments. This program will help with succession planning and will support the development of a new set of clinical academics. The first of these Clinical Fellows is anticipated to start working in May 2022, with the remainder commencing by the middle of the year.
- In April 2021, the University launched 'One-UOW,' a new professional services operating model. This move led to a loss in 3.0FTE professional services workers at the School of Medicine who were committed to offering the Graduate Medicine program direct support, particularly for the MD assessment process, Objective Structured Clinical Exam (OSCE) coordination, and Admissions.
- New professional and technical positions were created by the Faculty in March 2022 to support the GSM.
- A commitment to support 0.4FTE to review and recommence the rural clinical honorary process was noted.
- Additionally, the Faculty created the job of Operations Manager, GSM. This new position will oversee the administrative and operational services for the entire school, guaranteeing the provision of high-quality services.
- The number of publications each year for academic personnel at the GSM has been gradually rising since the last AMC accreditation. Almost 50% of these publications are published in journals that are considered to be in the top 25% for their field.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
1 Demonstrate that the Faculty's and School's revised governance structures and functions are operating effectively (Standard 1.1).	2017	Satisfied 2018
2 Implement the proposed mechanism to consult relevant groups, including community members, on key issues relating to the purpose, curriculum, graduate outcomes, and governance (Standard 1.1).	2017	Satisfied 2018
3 Provide evidence there are appropriate senior discipline leads to deliver the medical program, specifically in surgery, pathology, clinical epidemiology, and metabolic medicine (Standard 1.8).	2017	Satisfied 2017

Activity against conditions from 2021 monitoring submission

Condition:	Due:	Status:
5 Provide evidence that the revised governance structures being implemented 1 January 2022 for the Graduate School of Medicine are operating in an effective manner (Standard 1.1).	2022	Progressing 2022
6 Provide the recent external review report of the Graduate School of Medicine (GSM) and the GSM response. (Standard 1.1.3).	2022	Progressing 2022
7 Ensure vacancies identified in the Graduate School of Medicine's 2021 progress report (Dean, Academic Leads) are filled (Standard 1.8.1).	2022	Progressing 2022
8 Report on the implementation of the planned Discipline of Indigenous Health within the School of Medical, Indigenous and Health Science including the recruitment of discipline Indigenous academic staff (Standards 1,8.1, 1.8.3 and 3.5).	2022	Progressing 2022

Standard 2: The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

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

Summary of developments relevant to this standard
<ul style="list-style-type: none">• There has been no change to the purpose, or graduate outcomes of the UOW MD program.• 75% of the 2021 graduating cohort's interns are now working in either a rural or non-rural, non-capital city area, with 19% undertaking their internships in NSW Rural Preferential Hospitals (NSW and interstate). All cohorts of graduates who finished the medical degree between 2010 and 2021 (n=924) are still being followed by the GSM. In 2021, the GSM received over 120 individual research project suggestions after they made an appeal to clinicians associated with the MD program seeking research projects. Clinicians were paired with a GSM academic staff member and the suggested projects were advertised to the Phase 3 medical students for selection as the research project to undertake during 2021/2022.• To improve on its student placements and increase research capacity in the rural hubs, the GSM actively revised its research strategy in 2022. The five-year GSM Research Strategic Plan concentrated the GSM on coordinating and maximising the performance of its community and hospital-based research networks, strategic research partnerships, and rural research capacity building.• UOW has sought to develop a strong Indigenous Health discipline within the newly created School of MIHS (commenced 1 January 2022). The intent of establishing the discipline was to strengthen the GSM's ability to provide culturally responsive, safe, and relevant learning around the delivery of health care to Aboriginal and/or Torres Strait Islander people, as part of the GSM's commitment to regional and rural health.• The GSM continues to demonstrate strength in its engagement with regional, rural, and remote communities across NSW, by embedding students into these communities through clinical placements.

Activity against conditions from 2016 accreditation report

Condition:	Due:	Status:
4 Ensure that the purpose of the Graduate School of Medicine and the medical program addresses Aboriginal and Torres Strait Islander peoples and their health (Standard 2.1.2).	2017	Satisfied 2017

Standard 3: The Medical Curriculum

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

Summary of accreditation status	2016: Met	2022: Met
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Developments against Standard 3

Summary of developments relevant to this standard
<ul style="list-style-type: none">• In response to the COVID-19 pandemic, adjustments were made to the content, delivery, and assessment approaches in response to the challenges that impacted the Personal and Professional Development (PPD) Theme. The COVID-19 pandemic also offered exceptional chances to thoroughly analyse and develop the PPD Theme's procedures and content according to a new blueprint.• The plan for a refreshed PPD Theme specifically covers all suggestions from the following reviews:<ul style="list-style-type: none">○ (1) the Theme's internal review from 2018○ (2) MDANZ recommendations for the professionalism and professional identity of our future doctors; and○ (3) the external review of the medical program. The MDANZ and UOW recommendations that have already been adopted.• The Faculty appointed a Senior Lecturer: Public Health at the end of June 2022 who will be accountable for the growth and delivery of the population health curriculum as it relates to Domain 3.• The Master of Public Health program is being reviewed by UOW which will offer medical students with further opportunities. A joint MD Master of Public Health (MPH) might be offered in the future by the GSM which will have an emphasis on rural health as that has a key appeal in a dual degree, as observed in large graduate numbers who finished postgraduate MPH.• Programs in Inter-Professional Education (IPE) are also being developed by the School. Students are exposed to other health professionals and students throughout the program through lectures (Phase 1), online resources (Phases 2 and 3), clinical placements (Phases 1, 2, and 3), and the simulation environment (Phases 2 and 3).• Initial steps have been taken to expose students to interprofessional care in the two years before the pandemic, such as having a registered nurse play the role of "triage nurse" during several CBL Introduction sessions where academics acted out the assessment and management of critically ill patients. Another example is medical students attending advanced life support training sessions with nursing students.• A group of academics from six health disciplines at UOW collaborated to create and offer an online interprofessional workshop in October 2021. A total of 150 students (25 from the GSM) took part in a variety of activities while working in small groups to form relationships and share knowledge. The workshop received a resoundingly positive evaluation: 95% of participants said they would suggest it to their fellow students, and 84% said the chance to work on a case study with an interprofessional team was the best part of the workshop.• Work is currently underway on a project to create an IPE curricular framework that will be used by all UOW's health disciplines. Academics from the GSM and other health fields are

likely to be very interested in IPE, but systemic obstacles like timetabling will need to be removed.

- The General Practice Academic Unit has also committed to creating new Phase 3 pharmacology resources. These tools, which are based on the rational prescribing concepts, will supplement other pharmacology instruction in the MD. From Phase 1's emphasis on mechanism of action through Phase 2's hospital-based treatments to Phase 3's rational prescribing, there will be good vertical integration. For example, Phase 1 medical students are instructed about the various pharmacological drugs' mechanisms of action (e.g., asthma medication & cholesterol lowering medications). The use of these pharmacological agents in a hospital context is covered by the students in Phase 2, and in Phase 3 they are taught how to rationally prescribe these drugs in a community/general practise setting.
- The UOW has committed to establishing Indigenous Health as a subject inside the new School of MIHS to address a possible risk area for the MD program. The Faculty and University have both committed to the hiring of three Indigenous Health academics who will serve as the foundation of this new discipline, as noted in Standard 1. The Academic Lead for the Discipline of Indigenous Health (within MIHS) has already been appointed. Recruitment for both a Lecturer/Senior Lecturer: Indigenous Health (Level B/C, MIHS, supported by UOW) and a Lecturer/Senior Lecturer: Indigenous Health (Level B/C, GSM, financed through RHMT) is in train. The MD program's Indigenous Health component will fall under the purview of the GSM position.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

Standard 4: Teaching and learning methods

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

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

Summary of developments relevant to this standard
<ul style="list-style-type: none">• Proposed enhancements to Research and Critical Analysis (RCA) content delivery: In 2023, the GSM plans to add several introductory modules and workshop activities centred on fundamental research skills to boost student confidence in RCA skills.• Case-based learning (CBL) Tutorial Group Sessions: In 2021, the majority of CBL Tutorial Groups saw an increase in group size from 8 to 12. This adjustment was made as a result of the loss of academic staff and the secondment of certain clinical skill staff to the COVID-19 response. These small groups are once again comprised of 8 students each as of 2022. To achieve the highest learning results, students in year 2 and above will be given priority when they return to campus for face-to-face CBL tutorials.• Students have participated in an intense learning and competency assessment program with a focus on physical examination and procedural skills since slowly returning to campus in early February 2022. Early April saw the successful conclusion of the 2021 Cohort Phase 1 OSCEs, marking a significant turning point in this timeline.• Teaching Resource Development: The requirement to switch to an online delivery mode has resulted in the creation of teaching resources to assist the delivery of online curricula. With Phase 1 and Phase 2 students in mind, the Clinical Skills team has created an online video library with over 37 films of exams and procedures. All medical students have access to the videos through the Moodle website, and future cohorts will continue to benefit from them.• Simulated Patient (SP) program: The dedication of the SPs allowed for a successful shift in the delivery of history-taking and communication sessions from in-person to online. A poll of SPs involved in online delivery indicated an overwhelming appreciation of the process and valuing of the chance to interact with students in this way. In addition to clinical skills, the GSM has been successful in involving SP program participants in CBL sessions and OSCEs.• Small Group Tutorials: In 2022, face-to-face small group tutorials have also been reinstated after switching to online tutorials in 2020 and 2021. These have typically had 6–8 students each group, however some of the rotations currently have larger groups.• Student Grand Rounds: After switching to an online format for the majority of 2020 and 2021, Student Grand Rounds are now conducted in person. Students now seem more interested in the process. Mid-2022 will see a number of doctors retire, therefore during the second half of 2022, new staff will facilitate student grand rounds.• Curriculum revisions: The Phase 2 curriculum has been updated in response to comments from the Phase 2 students (Standard 6). The last 12 months have seen a thorough revision of the curricula for Maternal and Women's Health, Surgery, and Child and Adolescent Health. The cohort seems to be accepting of the adjustments. The online curriculum will also be updated in 2022 to ensure that it is consistent with the freshly created curricula for these fields.

- **Campus based clinical skills:** For the first four weeks of Phase 2 starting in July 2022, a clinical skills intensive will continue to be held on campus.
- **Virtual Reality (VR) teaching of clinical skills:** An analysis of the use of VR in the teaching of arterial blood gas collection was undertaken by the Clinical Skills team in collaboration with an external company. The successful outcomes and the enthusiastic response from the students have prompted plans for expanded cooperation as well as research into the use of VR technology as an additional instrument in the delivery of the clinical skills curriculum.
- The number of students electing to do their Pre-internship (PRINT), Elective, or Selective assignments in a rural area has increased because of the essential switch from international to domestic placements for the Elective terms of 2020 and 2021. There are now roughly twice as many Phase 4 student weeks in ASGS-RA2-5 settings.
- **Developments in simulation:** The GSM has liaised with Illawarra Shoalhaven Health Education Centre (ISHEC) regarding the viability of creating Virtual Reality-based teaching tools to supplement face-to-face teaching or, if face-to-face teaching is not possible, to replace it (e.g., exacerbation of pandemic, on-site facilitator not available in a rural hub).
- The creation of two Phase 4 medical student scholarships in simulation at ISHEC is a recent development. Students will receive experienced and supervised simulation training during a six-week assignment, and will collaborate with ISHEC clinical professionals to provide simulation training to hospital staff and medical students. Additionally, they will do a capstone project that has been agreed upon by the UOW instructors, the students, and the ISHEC director.
- The School foresees a considerable expansion in the involvement of the rural campus in the teaching of simulation following the recent renovation of the Clinical Skills facilities on the Shoalhaven campus and the proposal to buy new Simulation equipment.
- **Review of the Emergency Medicine Curriculum:** The GSM has plans to review and improve its Emergency Medicine (EM) curriculum. While there are elements of an undergraduate EM curriculum, EM is not a separate discipline, and therefore instruction in this area is not effectively integrated across the course. Changes will include a study of the current EM curriculum from Phase 1 to Phase 4 (both practically and theoretically), as well as coordination between the Phases to ensure establishment of a thorough and pertinent curriculum for teaching and evaluation. The review is scheduled for the second semester of 2022 with a view to implementing in 2023.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

Standard 5: The Curriculum – Assessment of Student Learning

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

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

Summary of developments relevant to this standard
<ul style="list-style-type: none">• To meet with the UOW COVID-19 standards, several changes were made to the written exams in 2020 and 2021. Phases 1 and 2 were moved online in 2020 via a Moodle question delivery system from the UOW-supervised (in-person) environment. The Phase 3 exams continued to be administered in person during 2020 using a paper-based invigilated format.• The performance of students in the written exams was positively affected by these modifications to the format. Student performance in the 2020 written exams for both Phase 1 and Phase 2 was better than their performance over a five-year period (2017 to 2021). It was suggested that this was due to the exams effectively being "open-book" given they were online and not invigilated. This modification was not kept in place in 2021, when the tests were still taken online but were administered by Proctorio software in a computer lab on campus. The same variations in student performance were not present in Phase 3, where the exams were administered as typical closed-book, invigilated papers. Over a five-year period, student performance for Phase 3 has been consistent.• UOW has decided to keep the online model for written exams with Proctorio invigilation starting in 2022. All of the MD formal written exams will be scored using this method (including Phase 3). Based on the data collected in 2021, the School is confident in using this online invigilation strategy. Extended-Matching Questions and Situational Judgment Questions can be reintroduced to the Phase 3 written examinations using the online model.• The model of standard setting used by GSM to establish the minimum passing score for written exams was modified in 2020 and 2021. The Cohen technique of standard setting was chosen since it is employed by many other medical schools in Australia and New Zealand. Cohen was similarly suitable for standard setting, according to an earlier study on the AMSAC (Australian Medical School Assessment Collaboration) questions.• The COVID-19 pandemic facilitated the GSM's transition to a progressive OSCE for all phases of the MD, which was one of its benefits. Prior to this, the GSM had only conducted a Phase 1 progressive OSCE.• The GSM implemented a Progressive OSCE for all 3 cohorts in 2021 due to the Progressive Hybrid OSCE's success in 2020.• The GSM intends to expand the present Workplace-Based Assessment (WBA), conducted during placements, beginning in July 2022 by adding more official assessments of the procedural skills anticipated of junior doctors upon graduation. Students will be able to keep track of their procedural skill development from initial exposure in the clinical skills unit's simulated setting (using models) to professional observation during clinical placement, to opportunities to carry out those procedures under supervision, and finally to formal assessment of those skills.• Two RCA evaluation tasks have been reinstated in Phase 1 since the last monitoring submission (November 2021). The School has been able to re-implement the Social Determinants of Health (Indigenous Health) literature review due to the upcoming

employment of an Academic Lead: Indigenous Health. The sustainability of reintroducing the POEM essay has also been secured by the return of a staff member (0.4FTE) from secondment and the 0.4FTE backfill of other RCA positions due to retirement.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

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	2016: Met	2022: Met
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Developments against Standard 6

Summary of developments relevant to this standard

- A thorough evaluation of the MD curriculum is one of the recommendations made by the external review, and is slated to take place in 2022 and 2023.
- **Clarity of expectations:** Students reported trouble navigating the Moodle site's information and were unsure of the expected learning that was necessary for each rotation. The Phase 2 Committee decided to provide improved rotation instructions for each clinical field in response to this feedback. The updated instructions give greater direction regarding the anticipated learning outcomes, and the learning opportunities and resources that are worthwhile. The survey respondents that participated in the 2022 assessments praised the new rotation guides for the minor disciplines, particularly Paediatrics and Obstetrics & Gynaecology.
- Revision of the Phase 2 Medicine curriculum will be one of initial responsibilities of the incoming Professor of Medicine.
- **Clinical skills intensives:** Students were asked to rate the clinical skills intensives with the clinical abilities being graded as excellent or very good by nearly all students (99%). The fact that all the procedural skills are taught before the beginning of the hospital placements received particularly excellent feedback from the students. The group of students, who had spent the final 10 weeks of Phase 1 away from campus, were also appreciative of the opportunity to return to the clinical skills lab and hone their abilities on "real patients" before being fully immersed in the hospital setting.
- Based on this feedback, the GSM has decided to begin Phase 2 with a clinical skill intensive (as mentioned in Standard 4).
- **Workplace-Based Assessment (WBA):** The Clinical Examination (CEX)/Student Performance review (SPR) assessments will be moved online (using the online placement system - SONIA) by the GSM in collaboration with the SMAH placement team to increase the provision of constructive feedback. It is anticipated that the new online WBA submission process will be available starting in July 2022.
- **Online environment:** Phase 2's online learning environment is currently being updated. The Moodle site will be updated once the new discipline learning guides are finished to enable even more cohesion and synergy between the online environment and the hospital learning environment.
- **Professional staff support:** A strategic plan for reallocating placement team members and GSM administrative assistants from Campus has been developed in collaboration with the Faculty, ensuring that (after the COVID-19 restrictions are lifted) professional staff will be based at the hospital on a daily basis to assist with tasks like answering student questions, and supporting hospital-based clinicians/guest clinical lecturers for the delivery of formal tutorials (setting up labs, etc.).
- The school was particularly happy to see that the student assessments for preceptor mentorship received excellent marks.

- **Online resources:** An Aboriginal clinician who works for the GSM has examined all Aboriginal CBL cases from all phases. To ensure that all students have access to specialised instruction, the GSM also reviewed the delivery of online lectures (All Hubs) and decided that they should be delivered as video modules instead. To guarantee a platform for student feedback, the GSM continued to convene an online All Hubs meeting with a focus on administrative information.
- With a focus on rural health, the GSM created a series of video modules to augment the online resources. These videos have already been published on Moodle, and the GSM hopes that they will be useful after the COVID-19 pandemic. In conjunction with case-based learning, the GSM is now creating multidisciplinary education modules for students that include the perspectives of psychologists, physiotherapists, nutritionists, and podiatrists.
- **Clinical skills:** The School has addressed concerns highlighted by students regarding the requirement to revise clinical guidelines throughout 2020–2021. All hubs will have access to the simulation cases, and certain locations have received brand-new simulation tools. A set of clinical skills videos have also been created by the clinical skills team headquartered on campus. These will be put into Moodle along with lesson plans.
- **Research and Critical Analysis:** The GSM will start gathering research evaluation data (both pre and after) from Phase 3 RCA students in June 2022 (this was previously collected but had lapsed). The self-reporting Research Spider evaluation instrument, which gauges level of research experience, will be utilised as a survey tool. Academic staff can evaluate improvements in students' research skills by gathering pre- and post-test data. Any gaps can then be filled by creating and giving the students access to more resources. The RCA team will investigate implementing a comparable self-assessment for students in Phase 4.
- A new evaluation assignment based on clinical clerking and case discussion was added by the GSM to Phase 4 in 2021.
- A positive finding was that the Phase 4 capstone subject's learning experience was unaffected by the Assistant in Medicine (AIM) (but rather, appeared to enhance it by allowing students to further develop skills as valuable members of the medical and healthcare team during very challenging times). The students' level of satisfaction with their experience of working and studying at the same time was notable and matched the Local Health District (LHD) authorities' favourable comments.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

Standard 7: Implementing the Curriculum - Students

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

Summary of accreditation status	2016: Met	2022: Substantially met
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Developments against Standard 7

Summary of developments relevant to this standard
<ul style="list-style-type: none">• There was a lot of interest in the 2022 starting cohort throughout the second part of 2021. 36 candidates were interviewed after UOW received 66 applications for the MD program, and 22 offers were given for the school's 15 available spots. Applicants from several nations, including India, Hong Kong, Canada, Thailand, Papua New Guinea, Vietnam, Indonesia, and Taiwan, received offers.• The overall written assessment performance throughout the program showed a positive link with GPA and GAMSAT scores (ANOVA GPA $r=0.343$, $P0.0001$; GAMSAT $r=0.226$, $P0.0001$).• A professional staff person was required by the School and Faculty to assist the MD admissions procedures; therefore, an admissions and marketing officer was hired who started working for the School in March 2022 and is stationed in the hub in Bowral.• The Head of Students (HOST) performed other tasks to assist students throughout the COVID-19 pandemic, such as:<ul style="list-style-type: none">○ At the start of online learning in March 2020, engagement tracking (student login frequency to the online learning environment) was started. All other Faculty HOSTs used the Learning Analytics tool that UOW created. However, due to the structure of GSM's four-subject curriculum, the platform was not appropriate for the GSM;○ For COVID-19-related difficulties, students had constant mobile phone access to the HOST; and○ The HOST additionally implemented student tracking and exposure processes and flowcharts, which worked in conjunction with the Public Health Unit recommendations and the Public Health Orders with relation to travel and mobility restrictions, to enable a quicker reaction to COVID-19 exposure. Given that the UOW MD program is delivered throughout 11 locations in NSW, the HOST additionally implemented a travel protocol.• UOW COVID-19 response – Student Support Services (Wellbeing): During 2020–2021, all UOW student support services (such as counselling, disability services, and student support advisors) were transferred online. For the duration of the COVID-19 pandemic, UOW's Northfield Psychology Clinic provided all telephone and online consultations at no cost in acknowledgement of the continuous and growing needs of the community (ongoing).• UOW COVID-19 response – Student Academic Support: The following policies were temporarily modified by UOW in 2020 and again in 2021 to benefit students.<ul style="list-style-type: none">○ Student Academic Consideration Policy – In consideration of the fact that access to GP and Allied Health care providers continued to be limited because of the COVID-19 pandemic, the requirement for supporting documents was waived. Applications from Phase 1 students in 2021 were reduced as they were away from campus and required activities were either moved online or postponed. Student applications for clinical

placements (Phase 2, 3, and 4) rose to their greatest levels ever with 106 applications received in the first session of 2022 (Yearly total 2019: 63, 2020: 104, 2021 59). The spread of COVID-19 to regional and rural hubs is responsible for the rise in clinical placement.

- Course Progression Policy – For 2020, downward progression to exclusion was halted. Students on limited status who did not meet the requirements for progression were exempted from exclusion status but were obliged to attend remedial courses and retake the necessary phase of study. In 2020, no GSM students advanced through the course progression status in reverse; two students did so in 2021 because of academic failure.
- **UOW COVID-19 response – Student Financial Support** In 2020, UOW introduced several fresh initiatives and made changes to student support services. The following programs were open to applications from all medical students:
 - Fees Instalment plans – UOW changed the terms of instalment plans to give students who were struggling financially more flexibility. Reverted to original policy in 2021.
 - Census day for the Autumn session was postponed so that students could experience remote online delivery and put off paying their course fees. Reverted to original policy in 2021.
 - In acknowledgement of the fact that many of support services were inaccessible to students studying remotely and online, UOW waived the student services and amenities fee for the first half of 2020. Reverted to original policy for the 2020 Spring Session.
 - UOW implemented a fee subsidy in 2021: domestic full fee payers received a 10% discount, and international offshore students received a 20% discount.
 - NSW International Student COVID-19 Crisis Accommodation Scheme: International students at UOW were directed to this program if they had lost or were in danger of losing their housing.
- With fewer students from January to June 2021, eligible students received a one-time payment based on one week's travel. Additionally, the allowance considered student carpooling.
- The GSM offered Phase 3 students travel and lodging help in July 2021 so they could go to their hubs two weeks before the start of their placements. This was done to allow students to fulfil "stay at home orders" in accordance with COVID-19 Public Health Orders of the time, which required them to travel from Greater Sydney to a regional area.
- In 2020 and 2021, the GSM provided financial support for students to remain in their Phase 3 rural training hub for Phase 4 clinical placements (where placements could be supported) to reduce needless travel and maintain support for rural health services at that time:
 - The GSM enhanced scholarship funding available to Phase 4 students completing PRINT, elective, or selective assignments in rural areas (RA2+).
 - Over 50% of students in Phase 3 rural hubs stayed on for Phase 4 training.
- There are a number of scholarships available to students enrolled in the MD program.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

Activity against conditions from 2021 monitoring submission

Condition:	Due:	Status:
9 Provide a monitoring and evaluation report of the plan to streamline the selection of Indigenous MD students at University of Wollongong (Standard 7.2.3).	2022	Progressing 2022

Standard 8: Implementing the Curriculum – Learning Environment

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

Summary of accreditation status	2016: Met	2022: Met
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Developments against Standard 8

Summary of developments relevant to this standard
<ul style="list-style-type: none">• The creation of COVID-safe plans has been a significant development in office, educational, and housing buildings both on and off campus since the last reporting period. To reduce the risk of COVID-19 to employees and children, these plans included QR tags for buildings (which are no longer required), capacity restrictions for indoor space, enhanced PPE supplies, increased cleaning schedules, signs, and other precautions. The recent work to upgrade the clinical skills teaching facilities at the Shoalhaven site is a second phase.• Lecture theatre: The GSM lecture theatre was renovated by UOW IT support in December 2020. Information Management & Technology Services (IMTS). The upgrade provided improvements to outdated infrastructure by enabling "Dual Delivery," which allowed the use of the Webex platform to deliver lectures between Wollongong and Shoalhaven, as well as the ability to support students dialling in from personal devices from wherever they are located. This offers the GSM the chance to transition away from its dependency on specialised videoconference facilities and towards desktop web conferencing.• The UOW Learning and Teaching Division and the anatomy faculty invested a lot of effort and money into creating technology-enhanced learning (online anatomical resources). This was necessary in part because of the COVID-19 pandemic and distance learning online. The GSM's goal is to continue integrating these tools into next teaching opportunities after evaluation. Academics use the new online resources to present lecture content, in Q&A sessions, and to provide access to students through the "Virtual Anatomy Laboratory".• To improve student learning at the Shoalhaven site, additional anatomy tools, including anatomical models and software, were purchased in late 2021. These will be integrated with clinical skills and CBL instruction.• At the conclusion of 2019, updates were made to the Shoalhaven Campus's Learning Centre and Lecture Theatre. Unfortunately, this improvement did not interface with the lecture hall on the Wollongong Campus because it was made before the technology was available to allow "Dual Delivery" of lectures. In early 2022, the Shoalhaven lecture theatre received further renovations to enable "Dual Delivery" of lectures from either the Wollongong or Shoalhaven campus which was a very positive improvement for the GSM.• Significant amounts of remote online learning have taken place while under stay-at-home orders over the previous two years. The Student Learning Centre has continued to be open to students throughout this time in accordance with COVID-safe plans, which include QR codes.• The Shoalhaven region's current staffing profile is also being considered. To better align with the rural mission of the school and to establish the critical mass of staff at this location to take advantage of the opportunities that the Hospital upgrade will bring about, GSM is looking to redirect several vacant staffing positions to be based at this location (see details below in: Clinical Teaching Sites). The suitability of current office space to accommodate anticipated needs will also be assessed as part of this strategy.

- The number of students in the Clinical Skills lab groups was expanded from 8 to 12 because of the university's COVID-19-related funding measures. The GSM has also put off buying or replacing some clinical skills equipment for the Wollongong Campus due to COVID-19-related financial restrictions.
- The Shoalhaven Campus needed a larger clinical skill teaching area to accommodate the increased student enrolment per group and the concurrent need for one person per 4m² in the labs. A proposal to renovate a portion of the GSM facilities at the Shoalhaven Campus to include a second, larger clinical skills lab was taken into consideration in late 2021. The GSM has collaborated with the UOW's Facilities Management Division to alter some of the existing space within the GSM site at Shoalhaven to establish a second multi-functional dry laboratory for teaching, with an area of 72m², using financial assistance from RHMT funding.
- Changes were made to the GSM's online resources in response to the COVID -19 pandemic with the switch to remote online learning in 2020 to support remote teaching and student access to information. To accommodate the growing demand for online delivery, this entailed creating recorded video resources for Clinical Skills and Anatomy as well as making additional changes to the Learning Management System (Moodle).
- In 2021, the GSM collaborated with the Legal Services Unit on a template to formalise sessional student placements in general practice for first-year students during Phase 1 of the MD program, where some placements had previously taken place by informal agreement. This is currently being put into practice.
- In preparation for the formal involvement of Indigenous community immersion program partners for teaching activities during Phase 1 of the MD program, the GSM is collaborating with the Legal Services Unit on a Student Placement Agreement (SPA) template starting in 2022.
- Preceptors are supported in their work by preceptor guides, and other materials in addition to SPAs. To oversee clinical placements, Regional Academic Leaders, Discipline Leads, Phase Chairs, and other GSM academic personnel will also offer one-on-one support, site visits, or direction to placement providers and preceptors.
- **Clarence Health Service:** UOW's presence in the area and its cooperation with Clarence Health Services have expanded since the Regional Training Hub was established in 2017. In 2021, UOW's Clarence Valley Regional Training Hub collaborated closely with the hospital administration to upgrade the clinical skills equipment available in the on-site simulation centre to support the instruction of both medical students and postgraduate trainees. Since 2019, UOW has further sponsored the creation of both Grand Rounds Journal Club programs, which the hospital will deliver and which students and doctors in the area can access in person or online. Additionally, UOW and the hospital are working together to explore potential sites for future housing developments for students and healthcare professionals close to the hospital.
- Phase 4 placements have increased from three rotations in 2019 to 16 and 11 respectively in 2020 and 2021, in part due to a new Clarence Valley Phase 4 Scholarship launched in 2020 and strong word-of-mouth about the quality of training supplied for the region.
- **Ballina District Hospital:** The GSM has been collaborating with Hub employees and the hospital to seek office and educational space for program activities in the Ballina area because of an increase in student clinical placement activity. New computer equipment has been installed, and the Regional Academic Leader and Placement Facilitator are now based out of Ballina Hospital monthly. Midway through 2021, UOW and Ballina Hospital entered negotiations to support an addition to the hospital's learning centre.

- **Other affiliated Hospitals:** Many of the GSM's primary associated teaching hospitals have accepted additional students for Phase 4 placements over the past two years because to the inability of students to complete abroad or some interstate electives and selected during the pandemic. The Assistants in Medicine (final year) jobs were implemented by UOW's teaching hospitals in close collaboration with the university in 2020 and 2021, with great results. Throughout the pandemic, a few affiliated teaching hospitals have occasionally only taken medical students in their last year and the GSM has established teaching and learning methodologies as practical, to account for this.
- **Partner Medical Practices:** The last year that training activities in Murwillumbah could be supported under the Rural Health Multidisciplinary Training (RHMT) Program was 2021 due to the reclassification of Murwillumbah's rurality from RA2 to RA1 in 2019. When the Phase 3 Academic Year began in July 2021, five medical student positions that were part of RA2 were moved from the Murwillumbah Hub to the Lismore/Ballina Hub.
- **Indigenous and Community Placements:** Phase 1 community placements in Indigenous Health or community settings have continued in spite of the COVID-19 pandemic. To reduce unnecessary student travel and relieve burden on rural health services and employees, the opt-in "Rural Taster" two-week experience in Phase 1 was cancelled in 2020 and 2021.
- **SONIA - Online Placement System:** The Faculty Placements Team has collaborated closely with the GSM staff since 2019 to prepare for the SONIA system's rollout, which will support management and reporting related to clinical placements. Midway through 2019, work commenced on preparing the system's hierarchy and sites. In September 2020, Phase 2 began using the technology for the first time.

Activity against conditions from 2016 accreditation report

Nil conditions set at the time of the last assessment.

