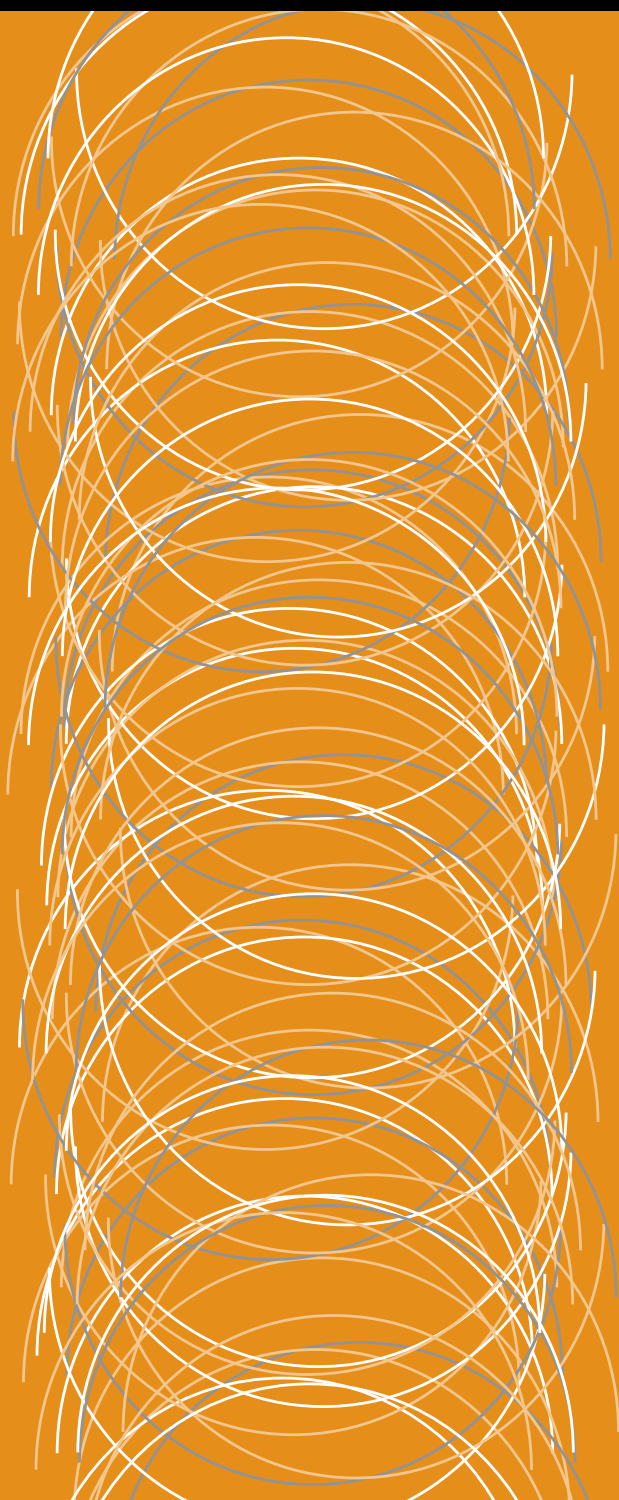


Australian Medical Council Limited

Accreditation of the
Monash University, Faculty of Medicine,
Nursing & Health Sciences 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 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 resources.

Accreditation 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 accreditation 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.

AMC Directors, at their 10 August 2023 meeting resolved:

- (i) that the Monash University, Faculty of Medicine, Nursing and Health Sciences and its medical program continue to meet the accreditation standards;
- (ii) to extend the accreditation of the Monash University, Faculty of Medicine, Nursing and Health Sciences and its medical program on the basis of the accreditation extension submission for four years to 31 March 2028; and
- (iii) that accreditation of the program is subject to meeting the following new condition and meeting the monitoring requirements of the AMC including satisfactory monitoring reports.

<i>To be satisfied by mid-2024</i>	
11	Develop, implement and monitor the Faculty's recruitment, training and support of Aboriginal and/or Torres Strait Islander [and/or Māori] teaching staff. (Standard 1.8.3)

2. Monash University, Faculty of Medicine, Nursing and Health Sciences

2.1 Accreditation history

The Monash University, Faculty of Medicine, Nursing and Health Sciences was first accredited by the AMC in 1993.

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

Accreditation history

Assessment Type	Findings against Standards	Outcome
1993: Accreditation	-	Granted accreditation of the six-year MBBS for a period of ten years to 30 June 2003
2001: Major change – introduction of five-year MBBS	-	Granted accreditation of the five-year MBBS for a period of six years to 31 December 2008
2003: Extension of accreditation	-	Granted an extension of accreditation of the six-year MBBS to 31 December 2006 to accommodate the teach out
2004: Follow up	-	The AMC confirmed the 2001 accreditation decision
2006: Major change – introduction of five-year MBBS at Malaysia	-	Granted accreditation of the five-year MBBS at Malaysia to 31 December 2012
2007: Major change – introduction of four-year MBBS at Gippsland	-	Granted accreditation of the four-year MBBS at Gippsland to 31 December 2013
2008: Follow up – Malaysia	-	The AMC confirmed the 2006 accreditation decision
2009: Follow up – Gippsland	-	The AMC confirmed the 2007 accreditation decision
2013: Comprehensive	MEETS	Granted extension of accreditation for four years to 31 December 2017
2015: Change of name – (Hons)	MEETS	The AMC is substantially satisfied that the MBBS (Hons) continue to meet the accreditation standards
2015: Minor change – transition to MD	MEETS	The AMC is substantially satisfied that the medical programs continue to meet the accreditation standards
2017: Reaccreditation	MEETS	MBBS - Granted accreditation for four years to 31 March 2022. BMedSci – Granted accreditation for six years to 31 March 2024.

2018: Year 1 Report on conditions	MEETS	Accepted
2019: Year 2 Monitoring submission	MEETS	Accepted
2020: Year 3 Monitoring submission	MEETS	Accepted – moved to biennial reporting
2022: Year 5 Monitoring submission	MEETS	Accepted
2023: Year 6 Extension submission	MEETS	Granted an extension of accreditation of the Monash University, Faculty of Medicine, Nursing and Health Sciences and its medical program, up to a maximum of four years, to 31 March 2028.

A copy of the Faculty's 2017 accreditation report can be found [here](#).

2.2 Accreditation extension submission

In its 2023 accreditation extension submission the Faculty 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 Faculty's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- description of the Faculty'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 Monash School of Medicine is over 60 years old and was opened in 1960 with the first graduating cohort in 1966. The course has grown in the last three decades to approximately 2500 students with approximately 500 in each year level and has a direct entry five-year course and graduate entry four-year Course. The co-developed, co-delivered Malaysia five-year course commenced in 2005 and now has over 500 students, up to 120 in each year level of the course. The medical course sits within a very large Faculty of Health and Health sciences, the Faculty of Medicine, Nursing and Health Sciences (FMNHS). FMNHS generates over 60% of the University's research income, and accounts for 28% of the University's Higher Degree by Research training. FMNHS is a leading provider of health care education in Australia and teaches 24% of the undergraduate and graduate coursework students at Monash. Monash is ranked 34th in the world in 'Clinical and Health' in the 2022 Times Higher Education World University Rankings by Subject, securing FMNHS's position as one of the top 50 medical faculties in the world.

The Monash Medical Course has had very strong preparedness for practice and course satisfaction in national graduating cohort data for the last several years. The Monash School of Rural Health (SRH) is 30 years old and is one of the largest rural clinical schools in Australia. Monash SRH has exceeded its rural origin commencing targets across both the direct and graduate entry programs in 2023. Monash SRH has expanded its flexible rural entry pathways to include a local pathway from the Bachelor of Biomedical Science at Federation University in Gippsland into the Monash graduate entry medical course and is in advanced discussions for a similar flexible pathway from Biomedicine at Latrobe University in the Mildura/Loden-Valley region. These initiatives further increase the access to students from these regions into the Monash medical course, with the view that training in the region will lead to these graduates staying in the region. Monash SRH is a member of the Murray Darling Medical School Network (MDMSN) with a formalised end-to-end graduate entry rural program. In reality Monash already has students who commenced in year A of the graduate program in Gippsland and continued rurally for their whole training. Becoming part of the MDMSN has formalised this and increased the numbers of students who have the opportunity to undertake a fully rural medical course. The Extended Rural Cohort has been in place at Monash for over 15 years wherein direct entry students undertake up to 70% of their training in a continuous longitudinal rural placement setting.

The Monash Medical School, like many medical schools, especially in Victoria, has been working to re-establish many of the usual processes that were disrupted by the pandemic. Equally, we have tried to utilise the impacts of the pandemic to drive and maintain positive change where we feel that it is in the best interests of the students' well-being and learning. The opportunities have been to strengthen and further embed competency-based assessment and strengthen whole-of-course back to-base offerings. The challenges have included student and staff well-being and connectedness, and the proliferation of online materials that require governance and quality overhaul.

At the time of the last report, the FMNHS restructure was in the planning phase with the proposed introduction of four sub-faculties. The implementation of this process is ongoing with the final two sub-faculties commencing in 2023. The sub-faculties are a mixture of functional synergies and/or geographical precincts. The Deans of the Sub-Faculty of Public Health and Translational Medicine and the Sub-Faculty of Biomedical Sciences have already been appointed. Deans of two new Sub-Faculties will be appointed in 2023. The medical course will be aligned with, and functionally sit within, the Sub-Faculty of Health Sciences alongside the Schools of Nursing and Midwifery, Primary and Allied Health Care and Rural Health. The positioning of the School of Rural Health in this Sub-Faculty is also expected to increase synergy with Nursing and Allied Health rural placements to support rural workforce development. The Head of the Medical Course will report to the newly appointed Dean of this Sub-Faculty, but will also report to the Executive Dean and retain the role of Deputy Dean (Medicine) in the FMNHS. Importantly the Medical Course budget will sit within the Faculty as a whole as it always has, rather than within this Sub-Faculty and the budget will continue to be managed by the Head of the Medical Course and the Medical Course Finance Manager, with oversight by the Faculty Finance Manager and the Executive Dean. This is because the Medical Course income is distributed across the entire Faculty and to clinical schools and departments which sit within the other Sub-Faculties. Prior to the Faculty restructure, the department of General Practice (DGP) moved from the School of Primary and Allied Health to the School of Public Health and Preventative Medicine (SPHPM). Physical co-location of the DGP to the SPHPM was completed in 2023. The motivation for this move was related to research alignment between the DGP and SPHPM.

The University and FMNHS (13 health disciplines) has also had to adapt to change and has introduced a range of processes, some of which will continue post-pandemic. Some of the centralised University processes including sessional timesheet management and alternative exam arrangements have had impacts on medical course staff and workload. The centralised special consideration process which caused disruption in 2021 and 2022 has been overhauled in 2023. This has allowed health professions courses to better manage student special consideration requests. As with many universities the pandemic has led in some cases to intensification of central processes which do not always align well with Health Professions regulatory requirements. The Deputy Dean Education, Associate Dean Learning and Teaching and Executive Dean have been able to advocate for special provisions for the Health Professions courses including Medicine.

The Malaysia Medical Council (MMC) major accreditation visit took place in February 2023 in Johor Bahru, Segamat and Kuala Lumpur, and a number of Australian-based staff participated including the Head of Assessment and the Head of the Medical Course. A new Pro-Vice Chancellor and Head of The Monash Malaysia Campus has been appointed and will commence in May 2023.

The Academic staffing profile is stable. Staggered retirement of some senior executive members has allowed recruitment of some new academic staff with long handover periods. The Deputy Head of the Medical Course has been a very welcome appointment and the appointee has made an outstanding contribution to date. An Australia-Malaysia senior staff exchange is planned for 2024. The professional staffing profile is quite stable. The new medical course specific E-learning team has been a critical change as has been the addition of a communications lead. The Malaysia campus site of the Medical School has experienced loss of some senior professional staff and professional staffing caps at the Malaysian campus. The Head of School is now mitigating these

vacancies. The professional teams, as well as academics across Australia and Malaysia, have worked very closely to support each other across the pandemic. There have been a number of cross campus visits since the pandemic and a number of the Malaysia Medical School staff, both academic and professional, are taking advantage of a new mobility program to visit the Clayton campus and strengthen connections.

The Medical Course was able to reinstate its annual Curriculum Conference in 2022 where students, academic and professional staff from all campuses were able to review curriculum innovations. In previous reports the mapping of Theme 4: Clinical Skills was presented. The current focus of major curriculum review is around Theme 3: The Scientific Basis of Medicine. The Theme 3 chairs comprising senior preclinical leads from Clayton, Rural and Malaysia have led a review and mapping of this curriculum which is ongoing and will recommend some re-sequencing of preclinical basic science teaching in the first two years of the direct entry and the first year of the graduate entry programs likely to commence in 2024. In the next few years the Theme 1: Personal and Professional Development theme will be reviewed with attention to a more clearly delineated vertical communication curriculum.

The medical school works closely with the Faculty Gukwonderuk Unit to develop and implement the Indigenous Health curriculum and assessment that has been guided by Indigenous Academics. In 2022 and 2023 the Medical School appointed three Indigenous medical graduates as teaching associates to support the Indigenous medical students but also to contribute to an Indigenous curriculum reference group. A current Indigenous student designed workshop will be incorporated into the preclinical program in 2023 and the current Faculty wide modules, which evaluated well, as presented at the last report, will continue. Opportunities for placement in Indigenous health services continue to be explored within the Rumbalara Agreement. This agreement is close to being finalised but Monash team visits to Rumbalara were paused in 2022 due to a COVID Omicron spike. SRH has existing Indigenous placement opportunities in both the Northwest and Southeast of Victoria within its rural footprint which were established before COVID. A teaching intensive Indigenous academic is being sought to support direct teaching of content to avoid cultural loading of the Gukwonderuk team.

An Assessment transformation workshop was held in November 2022 directly after the curriculum conference to facilitate participation of students and Academic and Professional staff from Malaysia. The purpose of this workshop was to review the program of assessment changes made during the pandemic and to make decisions about future assessment methods. Prior to the pandemic, the medical school had been moving towards non-graded (PGO; pass grade only) and clinical competency examinations for many units in the course. This has now been adopted for all units across the whole course. A weighted average mean (WAM) sits behind the PGO and can be accessed if required for scholarship or prize recommendation, but these will not be transmitted to the final academic transcript. The assessment workshop has led to a number of recommendations which are now being implemented in 2023. The most significant change is a move away from Observed Structured Clinical Examination (OSCE) in almost all year levels towards a more asynchronous competency style assessment called the Assessment for Progression Examination (APEX). APEX also has a strong focus on mitigating 'failure to fail' which can be seen when workplace-based assessments are the only observed tasks. At the same time the APEX is intended to take an assessment for learning approach with multiple attempts and feedback between attempts. A small 8-station OSCE will be retained only in year 4C in 2023.

This 'constant gardening' approach towards increasing competency assessments in all years of the course has been partially accelerated by the pandemic and state-wide changes in intern matching which have seen the Z-score ranking of Victorian graduates removed. Very few health services, if any, request academic transcripts or ranking given that the University of Melbourne and Deakin University Medical Schools have also moved to competency and PGO with no rank or grading on the final transcripts.

Since the last report, student support has been increased in the clinical years with a dedicated clinical-years student support professional staff and clinical lead alongside their preclinical equivalents. An approach to communicating the pathways to support has been developed with extensive student input. The Malaysian Medical Council accreditation team commended both the student support and Professional standards, Ethical Behaviour & Student Support framework (ProFESS) processes at the Malaysia Campus of the Medical School. Support for students in rural placement is regarded as very important. Each clinical school in SRH has student advisors who are networked to the clinical years support team. The international student support lead role has been critical especially during and after the pandemic when international students have faced a range of additional stressors. The ProFESS framework developed by the Associate Dean Professionalism working with all health disciplines in the Faculty continues to be embedded. Since 2021 the fitness to practice requirements have become a standalone hurdle and a small number of students who display behaviours that constitute serious lapses in professional behaviour can be referred for adjudication to a Faculty Fitness to Practice panel (FTP). Maintaining professional behaviour is a requirement for all units in the course. A small number of students have not progressed or been excluded on the basis of professionalism, even where other academic requirements have been fulfilled.

Course-wide evaluation and alignment with Faculty evaluation has strengthened since the appointment of an evaluation lead for the course. Three PhD scholars and a postdoctoral fellow have been resourced by the Faculty to support aspects of medical course evaluation. The focus of evaluation will be on the utility, cost and value of the 2023 assessment changes as well as continuing the preparedness for practice evaluation. The impact of the Theme 3 review and implementation and factors which support preclinical to clinical transition will be another key area in the evaluation strategy.

Overall course student load and commencing load is stable. Flexible admissions pathways for Indigenous students have seen a steady increase in commencing Indigenous students in the medical course. Scholarships and living support are available for these students as well as vertical cultural support. The medical course has graduated five to six new Indigenous doctors each year for the last five years and in 2023, seven new Indigenous medical students were enrolled in year one. Rural entry pathways are expanding with over 30% of the Monash medical student intake being of rural origin in 2023. Low SES bonuses are applied across the university including for commencing medical students. In 2023 three scholarships were given to low SES students to support living and travel.

The most significant new Infrastructure for the Monash Medical School is the excellent learning suite at the Victorian Heart Hospital located on the Clayton campus. There is a pressing need to address the lack of dedicated teaching infrastructure at the largest clinical school network which was a priority on the pre-pandemic capital plan but has now been delayed indefinitely with capital expenditure caps since 2021.

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 2023 (Including any requirements substantially met or not met)
1. Context of the Medical Program	Met	Substantially met. (Standard 1.8.3 substantially met)
2. Outcomes of the Medical Program	Met	Met
3. The Medical Curriculum	Met	Met
4. Learning and Teaching	Met	Met
5. Assessment of Student Learning	Met	Met
6. Monitoring and Evaluation	Met	Met
7. Students	Met	Met
8. The Learning Environment	Met	Met

3.2 Detailed findings against the standards

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

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

Standard 1: The Context of the Medical Program

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

Summary of accreditation status	2017: Met	2023: Substantially met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
<p>Changes in the Health Sector</p> <p>The Victorian Health Department has conducted a series of consultations since the pandemic to address ubiquitous workforce shortage particularly in the nursing workforce but also medical and allied health shortages. Large hospital expansions and new hospital developments in Victoria, which commenced even prior to the pandemic, have not been matched by a growth in junior doctors. This has led to increased intern employment of international graduates of Victorian medical schools as well as recruitment of approximately 70 percent of Monash Malaysia medical graduates. Moreover, many inner, outer metropolitan and rural health services depend on additional international medical graduate workforce. The growing deficit in primary health care has exacerbated reliance on hospital care. Rural shortages in Victoria continue and have been exacerbated by the pandemic and new hospital developments in metropolitan areas which tend to drain the regions.</p> <p>At the time of writing this report, discussions about final year medical students as physician assistants similar to the NSW Assistants in Medicine (AIM) are ongoing. Monash medical students have always been part of teams as student interns for a full year of placement and many of these are already supporting workflow and intern workload in many settings. Should the physician assistant role be created, this would need to be managed carefully to ensure that the broad general pre-intern learning of final year is not compromised. The other significant way in which the health sector changes have impacted the medical school is in rural GP placements in some regions. The quality of placements with staff changes and rapid turnover of locum GP in some parts of Gippsland have required close vigilance. Perversely this comes at a time when high quality GP placement experience is critical to foster interest in General Practice as a career, particularly in rural areas. In the next five years the Monash School of Medicine will continue to expand GP placement in the final year of the course, support the GPSN (GP student network) and involve GP leaders in all aspects of the program from preclinical to final year. General practice is ranked as the third choice of future career within the whole large Monash cohort (88% response rate) in Medical Dean's Graduate survey 2022. The ranking of General Practice as a future career choice has been rising in the last five years of Monash Graduating cohorts. The Monash Rural Training hub in Gippsland is strengthening ties with local Royal Australian College of General Practitioners training leads to facilitate easier and more visible local pathways into training. The Monash rural training hub sites have been very successful in setting up a rural paediatrics training network in south-east Victoria and have also made substantial progress towards a rural psychiatry training pathway in Mildura region.</p> <p>Malaysian Medical Council Accreditation</p> <p>Monash Medical School is unique in having a co-developed, co-delivered and co-assessed direct entry five-year medical program across two countries. The total Malaysian cohort is over 500 students with approximately 100-120 students in each year level. The course benefits from this diversity and rich interaction between staff in two countries as well as broad expertise in</p>

clinical disciplines and a number of co-developed teaching activities. Whilst placement of Australian students in Malaysia is more difficult due to non-English speaking patients in health services, the medical school is very pleased to reinstate the Monash Malaysia Medical School 12-week placement in Australia in the final year which was paused during the pandemic. This was important to re-commence given the large numbers of Malaysian Graduates (MUM) who were employed as Interns in Victoria in previous years with a dramatic increase in MUM doctors gaining employment in Victoria since the pandemic.

The Malaysia Medical Council accreditation visit took place in February 2023 in Johor Bahru, Segamat and Kuala Lumpur (submission can be provided on request). This was led by the Head of School and Medical Course Director and supported by a strong Malaysian Course leadership group. A number of Australian based staff participated including the Head of Assessment and the Head of the Medical Course. The initial findings identified several commendations, some recommendations and one area of concern. The draft report to the Medical School is at Appendix 1.1.4.

A new Pro-Vice Chancellor and Head of The Monash Malaysia Campus has been appointed and will commence in May 2023. The newly appointed Pro-Vice Chancellor is a Malaysian National, Monash Australia Alumnus and Infectious diseases physician. She is the outgoing Dean of the Medical School at University Malaya and has a significant national and international research and education profile. This appointment is expected to strengthen even further the relationship across the two sites of the course and also within the FMNHS and Malaysian Campus. In the next five years there are plans to strengthen research alliances across the two campuses in Planetary Health, Health Education, Ribonucleic Acid (RNA) technology and Public and Global Health. A number of these developments are likely to inform Medical education and curriculum in the combined transnational program.

Changes to Governance Structures in the Faculty of Medicine, Nursing and Health Sciences

At the time of the last report the Faculty of Medicine Nursing and Health Sciences (FMNHS) restructure was in the planning phase. The implementation of this is ongoing. Four sub-faculties will be established before the end of 2023. These are a mixture of functional synergies or geographical precincts. The Deans of each of the four Sub-Faculties will report to the Executive Dean of FMNHS and the senior management team of the University. The Medical Course will be aligned with, and functionally sit within, the Sub-Faculty of Health Sciences with the other health professions courses and the School of Rural Health (Figure 1.1). The Head of the Medical Course will report to the newly appointed Dean of this Sub-Faculty but will also report to the Executive Dean and retain the role of Deputy Dean in the FMNHS. Importantly the Medical Course budget will sit within the Faculty as a whole rather than within this Sub-Faculty and the budget will continue to be managed by the Head of the Medical Course and the Medical Course Finance Manager and be overseen by the FMNHS Finance Manager and the Executive Dean. This is because the Medical Course income is distributed across the entire Faculty and to clinical schools and departments which sit within other Sub-Faculties. This Faculty restructure is not expected to affect the autonomy of the medical course or its capacity to deliver the program.

Medical Course Governance

Medical course governance approach has been stable since the last review and report to the AMC. Within the medical course there have been no changes to the committee structures, terms of reference or reporting since the last review. The Deputy Head of the Medical Course has been a welcome addition and all key committee chairs, curriculum, assessment, pre-clinical and clinical years report to the Deputy Head as well as the Head of the Medical Course. In the next five years the course will continue its work to strengthen formal and informal reporting to the course executive leads in preclinical basic science departments and directors of education in

the clinical years across the very large geographical footprint of the Monash Medical School. Given the distributed governance of the health system in Victoria the pandemic imposed different pressures in different regions at discrete time points. There was enormous variability in site related placement experience and compliance requirements, for example, FIT testing. Each Health network worked closely with site Directors of Clinical Teaching (DCT) to involve students in different ways in the local pandemic response. Equally each of the DCT were very agile in negotiating and adapting to maximise educational opportunities in their own contexts. This was critical to ensure that the cohorts could progress through the system. In this case it was necessary for each clinical school to have its own sovereignty and a degree of independence to salvage learning opportunities and maintain workplace-based assessments that could be delivered in the pandemic context. In this way the whole of course governance processes were 'looser.' The post pandemic period has been about trying to reinstate the whole of course governance and bring the course back together whilst maintaining the autonomy of sites to deliver the best learning program they are able to in their context. This is an ongoing process as the Medical School returns to 'business as usual'. Since the pandemic the 'foundation' clinical school model has also strengthened. This has seen both year 3B and now year 5D have a particular clinical school as the 'home-base' to minimise moving between schools. The Monash Clinical schools are themselves networks of tertiary, community, public and private health and so being based at one clinical school still gives the opportunity for a range of experience. Year 4C remains a more mobile year given the need to access four different disciplines and community GP practice.

The Medical Course Senior Executive staffing is stable at all sites. Some of the Clayton based senior executives are approaching retirement or have retired and a long succession planning handover period is in train with Clinical Years, Pre-clinical years and Curriculum leadership. The Executive Dean has been extremely supportive of the longer handover approach which allows time for those coming into the roles to be supported over a year or more as the incumbents retire in a gradual step-down fashion. There has been some campus mobility of professional and academic staff between Malaysia and Australia and there is a plan for some more formal staff exchange in 2024 where this meets the functional requirements of each part of the program.

Health Service Relationships

The Monash School of Medicine continues to have strong relationships with a large number of networked health services across Victoria, rural and metropolitan regions and in Malaysia Segamat, Johor Bahru and Kuala Lumpur. These relationships were predominantly strengthened by the pandemic and are maintained through leadership in embedded clinical schools in Australia and through close relationships with Hospital directors and some embedded staff in Malaysia. The Executive Dean maintains a close relationship with the CEOs and Boards of all major hospital partners. The Head of the School of Rural Health has relationships with CEOs and local government and community, and the site directors at Gippsland, Bendigo, Mildura have very close relationships and/or clinical or leadership roles within partner health services. The relationship with many hundreds of general practices where Monash students are placed is maintained through key staff in the Department of General Practice (DGP). The Head of the Medical Course and some of the executive team have ongoing clinical appointments with some of the main hospital partners. The executive team travels to distributed sites in Australia and Malaysia across the year. The Head of the Medical Course meets regularly with the Chief Medical Officer in the Department of Health Victoria. The Head of School and Medical Course at Monash Malaysia meets regularly with the director general of Health and Education. Since the time of the last review the Central Clinical School (which places students in four distinct health networks Alfred Health, Cabrini Health, Epworth Health and Peninsula Health) has consolidated and moved the relatively small number of medical students who were placed at Epworth, Richmond Hospital back to Alfred Health and

has paused placement arrangements at this site. The Eastern Health Clinical School (EHCS), at the same time, is in discussions to place students at Epworth Eastern site which is geographically proximal to the main public hospital partner site.

Since the last report to the AMC, the Victorian Heart Hospital (VHH) opened in February 2023. The cardiac care services from Monash Health (Monash Heart) as well as cardiothoracic surgery services, outpatient cardiac imaging and a range of interventional services have all moved over to the VHH site which is on the University campus. The VHH is part of the School for Clinical Sciences at Monash Health SCSMH and year 3B and 5D students who were rotated into the cardiac medical and surgical units will be rotated from the nearby Clinical School (SCSMH site) to the wards at VHH. At any one time there will be 15-20 medical students on placement there and a new VHH clinical supervisor has been appointed who reports to the Monash Health Director of Medical student education. Preclinical students at the main Clayton Campus will also have access to the education facilities and infrastructure at this new site. There is enormous breadth and capacity provided by so many relationships with vast and distinct hospital networks. However, there is also complexity, and communication is always a challenge. In the next five years the Medical School will continue to consolidate its clinical school networks and has no plan to take on additional new health service partners. The communications lead for the course continues to work on strategies to improve communication and connection. The executive continues to work on strengthening course wide governance.

Activity against conditions from 2017 accreditation report

Condition:	Due:	Status:
1 Demonstrate that the medical programs' revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders. (Standards 1.1, 1.3)	2018	Satisfied
2 Implement Faculty development initiatives across teaching sites to enhance academic expertise to meet the needs of the program. (Standard 1.4)	2018	Satisfied
3 Report on any additional resourcing required to meet program requirements for the implementation of the BMedSci/MD program (including but not limited to managing the Scholarly Intensive Projects) and the School's plans to address these requirements. (Standards 1.5, 1.7)	2018	Satisfied

Activity against conditions from 2023 accreditation report

Condition:	Due:	Status:
11 Develop, implement and monitor the Faculty's recruitment, training and support of Aboriginal and/or Torres Strait Islander [and/or Māori] teaching staff. (Standard 1.8.3) (Set as a result of the 2023 accreditation extension submission)	Mid-2024	To be determined

Standard 2: The Outcomes of the Medical Program

Standards cover: purpose and medical program outcomes

Summary of accreditation status	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard

There have been no changes in the mission or graduate outcomes of the Monash medical course since the time of the last review and report. At the time of the last report one of the course outcomes was strengthened to reflect the specific requirement of Monash medical graduates to recognise and respond to the health equity gap faced by Indigenous Australians. In preparation for the six new AMC standards with an even stronger focus on Health Equity for Indigenous people the overall course graduate outcomes have been further strengthened in response to this standard.

The design of the themes and development of graduate outcomes was based on the AMC standards and the first iteration of the AMC Prevocational Framework at the time of the last major accreditation visit and review. The Monash medical course is monitoring the evolving (understandably delayed) roll out of the new AMC prevocational standards for the two-year internship model as well as the 'Entrustable' Professional Activities (EPA) and national portfolio plan. The Monash medical course benefits from the Head of the course also being the current chair of the board of the Post-Graduate Medical Council of Victoria (PMCV). The distributed health governance system in Victoria creates some problems for the co-ordinated roll out of the new intern model with varying levels of capacity and preparedness to adopt the model. The PMCV is working as closely as possible with the department of health and prevocational workforce teams and supervisors to assist with the co-ordination of longer, more general terms and the preparation of supervisors. The roll out of community terms in Victoria (similar to all jurisdictions) is hampered by the disconnected Federal-State health system responsibilities and the projected national shortfall in primary care practitioners.

Commonwealth developments, including strengthening Medicare, may see facilitation of supported supervision of junior doctors in community/general practice settings if consolidated supervision funding models similar to the Prevocational General Practice Placements Program (PGPPP) were re-established and if hospital staffing shortages do not prohibit the release of junior doctors. The two-year intern model in New Zealand has been partially effective in creating these community placements. It is fair to say that the next two years will probably see a gradual roll out of the model, but it may take some time for all graduates to access high quality community placement in the pre-vocational phase. In the meantime, in the next five years the Monash medical course will continue to work via extending its course offerings in general practice, maintaining its GP academic role models and supporting the linkage between medical graduates and our rural training hubs.

Activity against conditions from 2017 accreditation report

Nil conditions.

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	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard

The Medical Course was able to reinstate its annual Curriculum conference in 2022 where students, and over 100 academic and professional staff from all campuses were able to review the curriculum. The conference, collaboratively designed and convened by the Head of Curriculum, was well received with 116 registrations received from across all locations and more than 80 participants attending on the day. The conference was highly valued by participants with 84% of respondents giving a rating of 'definitely valuable'.

Comments on the most valuable aspects of the conference included:

- Opportunities to network with colleagues from across Australia and Malaysia.
- Quality of the invited speakers.
- Gaining insights into curriculum and assessment.
- Sharing knowledge and experiences around teaching and learning.

The overview of Curriculum Conference Abstracts and content is presented in Appendix 3.3a. The curriculum committee held six times per year has seen a return to scheduled roadmap review of discipline and theme areas after the pandemic. In previous reports the mapping and deeper documentation of Theme 4: Clinical Skills was presented. The current focus of major curriculum review is around Theme 3: The Scientific Basis of Medicine. The Theme 3 chairs comprising senior preclinical leads from Clayton, Rural and Malaysia have led a review and mapping of this curriculum, which is ongoing, and will recommend some re-sequencing of preclinical basic science teaching in the first two years of the direct entry and the first year of the graduate entry programs. This is likely to be presented to the curriculum committee late in 2023, with a view to implement in 2024 if possible.

Regarding Indigenous Health (IH) curriculum, we continue to work with the Faculty Gukwonderuk Unit to develop and implement curriculum and assessment that has been guided by local Indigenous Academics. In 2022 and 2023 we have appointed three of our Indigenous medical graduates as teaching associates to support our Indigenous medical students but also to contribute to an Indigenous curriculum reference group. A current final year Indigenous student has developed an extensive preclinical curriculum document as part of a scholarly intensive project (SIP) and designed workshops to support this curriculum. Although the curriculum and assessment approach is guided by the Gukwonderuk unit, the Medical School want to support this student initiated curriculum and a pilot workshop will be incorporated in 2023 into the preclinical program. The current Faculty wide IH modules, which evaluated very well in year 3B, at the time of the last report, will continue to be delivered. Additionally, the integrated IH curriculum learning outcomes in two of the Integrated Case learning (ICL) tutorials will continue. Opportunities for placement in Indigenous Health services continue to be explored within the Rumbalara Agreement. Gukwonderuk Unit advice on the risks and benefits of large-scale placement of students in Indigenous Health settings continues to be the

guiding principle for our approach. A teaching intensive Indigenous academic is being sought to support direct teaching of content to avoid cultural loading of the Gukwonderuk team.

In the next few years, the focus of curriculum review will be Theme 1: Personal and Professional Development which incorporates communication skills. The Monash Medical School is fortunate to have a shared clinical site with Deakin Medical School at Eastern Health Clinical School (EHCS). The Deakin Medical School has an outstanding and well documented vertical communication curriculum led by experts. Monash students at this site have benefited enormously from this co-location. Academics have also had rich learnings from the joint medical school and EHCS led symposia. Monash Medical School has a number of academics with communication teaching expertise involved in various parts of the program. There are some outstanding teaching activities occurring, but these are not necessarily purposefully or vertically articulated and nor are they consistent across sites in the clinical program. There are plans in 2023 to bring these experts together to form a short-term working group to better delineate the vertical build in communication curriculum and make it more visible to educators and students. This will then be presented to the Theme 1 committee and hopefully move to the whole of course curriculum committee for ratification. It is hoped that by 2025 the Medical School may be in a position to present and firmly embed the vertical communication curriculum to mirror the increasing expectation of learners in terms of assessment of communication.

The Compassion Training course was introduced in 2023 to final year students across the whole program in Australia and Malaysia. This carefully designed program (Monash Social Work and Monash Centre for Consciousness and Contemplative Studies) links with other aspects of curriculum in the preclinical program Health Enhancement Program and Mindfulness. The evidence behind these approaches in terms of assisting with self-regulation and patient safety is mounting apart from obvious benefits for wellbeing. In the case of compassion training emerging evidence is strongly supporting the adoption of these for health workers to mitigate burn out and empathic distress. Given the high acuity and increased stress and reduced staffing reported in the pandemic and post pandemic setting this is one approach to helping future doctors. This curriculum change will be evaluated from a quality point of view in 2023 and a deeper evaluation is planned as part of benchmarking the course introduction at both Monash and Warwick Medical School. Joint funding is being sought to prepare a co-evaluation and deepen the evidence base for this in undergraduate medical education.

Given the focus on prescribing safety and patient harm, the Monash medical course is committed to the Prescribing Skills Assessment (PSA). The Clinical Years Academic Directors are working with preclinical Theme 3 leads in order to map pharmacology principles to early and then pre-registration prescribing skills. The Pre-clinical Academic director is part of the ASCEPT working party which is working to contextualise the PSA items for the Australian setting. Regarding interprofessional curriculum, the curriculum Framework and embedded interprofessional learning opportunities of Monash medical students with Pharmacy, Midwifery, Nursing, Nutrition and Dietetics and Radiation science have been presented in previous reports and there is currently no plan to add more activities at this stage. They continue to be led by the Collaborative Care lead and the Head of Curriculum with the support of all relevant discipline staff in Australia and Malaysia.

Activity against conditions from 2017 accreditation report

Condition:	Due:	Status:
4 Develop and implement the Indigenous Health curriculum across all years of the program. (Standard 3.5)	2018	Satisfied

Standard 4: Teaching and learning methods

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

Summary of accreditation status	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
<p>The Monash Medical School utilises a broad range of learning and teaching methods in the pre-clinical including Integrated Case learning (ICL) an adaptation of Problem-Based Learning (PBL) predominantly in pre-clinical years, Online lecture content which is presented in smaller 'chunks', Clinical examination and procedural small group tutorials. The delivery of most of the basic science content in the preclinical setting is in large flat floor interactive workshops called 'active workshops.' Every few weeks a concept and consolidation session occur (previously known as 'digilabs'). These bring the basic science content of the previous few weeks from all of the Theme 3 disciplines together with a series of active tasks. Anatomy tutorials and dissection are delivered in the dissection facility within small groups. Gross anatomy, histology, basic radiology is delivered using mixed methods including virtual reality. Year A students in Gippsland travel to Clayton campus to experience some dissection. In Malaysia Anatomy is taught in a dedicated interactive facility with purpose designed technology to support Anatomy learning. Performance in anatomy assessments is equivalent across all sites.</p> <p>In the clinical years bedside and ward-based teaching, clinical procedural tutorials and content tutorials are delivered. Lecture delivery varies across sites, with some retaining online asynchronous content and others returning to face to face or a mixture of both. This variation in delivery is understandably a concern for students especially early in the first clinical year coming from the more structured campus environment. The Back to Base approach described below is hoped to begin to address this and try to bring the many sites together to contribute to a common program. Pathology teaching is online for the entire cohort. In the next few years there is a need to continue to overhaul online content as its quality is variable depending on the year level, discipline or department responsible for the content. As with curriculum governance in a large and distributed cohort, the governance of the quality of online materials is a challenge for the whole Faculty and also the medical course. One-hour long recorded lectures are not suitable as an enduring online learning approach. This is regularly emphasised in key committees including the curriculum committee. The Deputy Dean Education, Associate Dean Learning and Teaching will be working with all health courses in the next few years to help drive quality improvement and support upgrade of online content globally across the Faculty. This is an important area for attention in the next few years.</p> <p>The Clinical Years Directors continue to work on a back to base program for year 3B and to develop activities for the whole cohort teaching and touch-base to reassure year 3B regarding core content on the main Moodle site, as well as providing examples of core assessment. This back to base program has worked very well for year 5D. In year 3B the vast range of settings where students are placed all offer experience to support core curriculum learning. Students understandably perceive advantages or additional opportunities at other sites. This is often more intense at the beginning or in year 3B during transition and settles as students rotate around their clinical sites. There has never been any signal of disparate academic performance at a site. In general, the outer metropolitan and rural sites benefit from deeper clinical immersion and more access to medical and surgical team activities which often leads to more rapid development of year 3B clinical reasoning. Occasionally tertiary and quaternary sites may have specialist clinicians who teach in more depth in non-core areas. The Clinical Schools,</p>

Directors of Clinical Teaching (DCT) and clinical supervisors at all sites work very hard to ensure focus on core year 3B learning.

Activity against conditions from 2017 accreditation report

Condition:	Due:	Status:
5 Increase and embed interprofessional teaching and learning, linked to assessment, throughout the program and ensure ongoing and increased resourcing is available for interprofessional teaching and learning. (Standard 4.7)	2018	Satisfied

Standard 5: The Curriculum – Assessment of Student Learning

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

Summary of accreditation status	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
<p>There have been no changes to the assessment policy or principles since the time of the last review. There has been significant change in assessment methods in the Monash medical course. Prior to the pandemic the Medical School took a 'constant gardening' approach to gradually moving towards competency assessments in clinical skills. The 2013 AMC visit recommended a review of the workplace-based assessment (WBA) of the year 3B Monash Case record (MCR), largely in response to variability in numerical grading between sites for the eight summative assessments. Although the final outcome of combining all MCR marks for students resulted in a remarkably comparable final grade, the problem remained: there was too much variability and examiner training across five large clinical schools was challenging. The other significant issue, which is ubiquitous to many WBA, is 'failure to fail'. This was an important issue for a small number of students who could still progress with numerically 'borderline' grades.</p> <p>An evaluation of the MCR was undertaken in 2014 and recommendations to reduce the number of MCR and to use a competency non-grading approach. All significant educational change mandates a new acronym and the Monash Observed Clinical Encounter (OCE) replaced MCR in 2017. The move to a smaller number of clinical competency assessments occurred in year 3B and observed tasks in year 4C were renamed OCE. Three OCE were introduced in the final year in 2019. The first year of the pandemic at Monash led to increased reliance on these OCE, as end of year face to face OSCE were paused. The Monash Online Structured Clinical Examination (MONSCE) was adopted for end of year assessments focusing on history, information giving and clinical reasoning. The OCE were directed to focus on examination as this was impossible to assess in online formats. All clinical assessments were passing grade only.</p> <p>On this background and to 'take stock' after the pandemic, an Assessment Transformation Workshop was held at the end of 2022 to facilitate participation of students and academic and professional staff from Malaysia, rural sites and Clayton. The purpose of this workshop was to review the program of assessment changes made during the pandemic and help to decisions about future assessment evaluation of a 2022 final year competency style assessment called Safe Practice Assessment-Physical Examination (SPAPE) was presented at the workshop. Evaluation of the MONSCE was also presented. A high-level summary and the recommendations from this workshop are presented in Appendix 5.4.1.</p> <p>The workshop has led to a number of recommendations which are now being implemented in 2023. The most significant change is a move away from end of year OSCE or MONSCE in almost all year levels towards an asynchronous, face to face, flexible, competency style assessment called the Assessment for Progression Examination (APEX). APEX also has a strong focus on mitigating 'failure to fail' which can be seen when WBA are the only observed tasks. At the same time the APEX is intended to take an assessment for learning approach with multiple attempts and feedback between attempts. A smaller 8-station OSCE will be retained only in year 4C in 2023. This approach is hoped to enhance feedback following formal clinical assessments in all year levels. The addition of APEX assessments within each year 4C rotation is also intended to assess skills more proximal to the learning and reduce the considerable exam burden for year</p>

4C students which was presented very clearly by student representatives at the 2022 assessment workshop. The change is also aligned with the FMNHS assessment transformation process.

Prior to the pandemic, the medical school had been moving towards non-graded pass grade only (PGO) and clinical competency examinations for many units in the course and had adopted PGO for the first two years in 2018. This has now been adopted for units across the whole course including written exams, assignments and clinical examinations. A weighted average mean (WAM) sits behind the PGO and can be accessed if required for scholarship or prize recommendation, but these will not be transmitted to the academic transcript. Commendations can be given in clinical examinations.

This 'constant gardening' approach to moving towards competency assessments in all years has been partially enabled and accelerated by the pandemic and state-wide changes in intern matching which have seen the Z-score ranking of Victorian graduates removed as an intern selection method.

Another area of change in assessment since the last review, is the requirement within the medical course and all health disciplines in the Faculty, for professionalism standards to be met alongside academic standards in order to progress. This is in line with the professionalism standards required for the practice of clinical medicine as outlined by the recently developed Medical Board of Australia professionalism modules for medical students in Australia. The ProFESS framework (Standard 7) was introduced in 2022. This framework operates both independently, and in concert, with the assessment regime of the Monash medical course. Student behaviour of concern can trigger a direct referral through the system and result in a Quadrant 3 meeting, referral to an FTP panel (with the potential for exclusion or suspension). However, for Quadrant 1 (Support) and Quadrant 2 (Review and Remediation) academics (non-clinical and clinical) manage the student as their studies or their placements continue. Behaviours that fall into Quadrants 1 and 2 do not cause impact on progression but are tracked.

At the end of each academic year, the Directors (Year A, Years 1 and 2, and the Clinical Years Directors) can submit, to the Results Review (RR) committee, evidence that a student should not progress their year of study on the grounds of a serious and substantiated breach of professionalism or pervasive professionalism concerns that have not responded to remediation. A submission can be initiated by a Director of Clinical Training at a site, and if supported by the Clinical Years Academic Directors and the Chief Examiner, will be discussed at the relevant RR meeting. In 2022 five of seven submissions resulted in students being required to repeat the year of study, and another two had a substantial targeted educational intervention and were allowed to progress. A very small number of students have been excluded from the course on the basis of serious professionalism breaches irrespective of academic capability. The ProFESS and FTP process will continue to be monitored.

Activity against conditions from 2017 accreditation report

Condition:	Due:	Status:
6 Ensure that assessment of the Monash Case Record (MCR) is fit for purpose and consistent across clinical sites. (Standards 5.2, 5.4)	2018	Satisfied
7 Establish a process that includes ongoing monitoring of the MCR and Faculty development to support consistent delivery. (Standards 5.2, 5.4)	2018	Satisfied
8 Implement the process currently employed for providing feedback for the mid-semester assessments in Years 1 and	2018	Satisfied

2 to other written assessments in the program. (Standard 5.3)		
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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	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
<p>The appointment of the evaluation lead following the AMC recommendations in 2017 has had a substantial impact to consolidate a more course-wide strategic approach and helped to align medical course evaluation with the FMNHS overall evaluation strategy. The evaluation report is appended to all key committees and presented to the executive at each meeting and the curriculum committee. The evaluation lead for the medical course is a standing member of the MCSHE leadership group, the Medicine Executive and the Medicine Course Advisory Board. The evaluation lead presented at each of the curriculum and assessment conferences in 2022.</p> <p>The program of evaluation of the medical course has been strongly supported by the Executive Dean through the provision of two PhD Scholarships and a postdoctoral scholarship dedicated to medical course related scholarship and evaluation. The substantive program of evaluation is currently structured as follows:</p> <p><i>Pre-clinical Evaluation – Preparedness for clinical transition: PhD Scholar commencing 2023.</i></p> <p><i>Assessment methods Evaluation: PhD Scholar commencing 2023.</i></p> <p><i>Preparedness for Practice Evaluation: PhD Scholar Commenced 2022</i></p> <p>These scholars will be supervised by the evaluation lead, MCSHE Academics, Monash Education Research Quality (MERQ) academics and medical course academics. The preparedness for practice evaluation is part of a program of Evaluation being led by MCSHE initially commencing with evaluation across multiple health disciplines involving medical interns and other health graduates from Monash. A number of publications have arisen from this initial evaluation.</p> <p>There are a vast number of teaching quality surveys administered by staff autonomously at sites across Victoria and Malaysia. The Executive and Evaluation lead are working to try to reduce the survey burden on students wherever possible and consolidate but this remains challenging. The Medicine Executive reviews research proposals involving medical students prior to submission to the Ethics Committee. There are a steady number of discipline-related, site-initiated and academic-initiated projects that are reviewed for approval by the executive.</p>

Activity against conditions from 2017 accreditation report

Condition:	Due:	Status:
9 Clarify the overall governance, leadership and oversight of the evaluation strategy. (Standard 6.1)	2018	Satisfied
10 Provide a clear plan and purpose for the School evaluation strategy that will offer clear direction for the School, the Faculty and other stakeholders. (Standard 6.2)	2018	Satisfied

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	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
<p>Since the last report there has been no change to the admission policy or procedures. The admission process has retained the Zoom multi-mini-interview (MMI) for international, interstate and all domestic Victorian applicants. Flexible Indigenous access pathways are continuing and are having an impact. Rural commencing load has exceeded the commonwealth target. A new Admissions lead has been appointed in 2023. Student load is stable. There has been no change in attrition rates which are very small for both local and international students. Student support has been increased in the clinical years with a dedicated clinical-years student support professional staff and clinical lead alongside their pre-clinical equivalents. An approach to communicating the pathways to support has been developed with extensive student input. The international student support lead role has been critical especially during and after the pandemic when international students have faced a range of additional stressors. The ProFESS framework developed by the Associate Dean Professionalism working with all health disciplines in the Faculty continues to be embedded. Since 2021 the fitness to practice requirements have become a standalone hurdle and a small number of students who display behaviours that constitute serious lapses in professional behaviour can be referred for adjudication in a Faculty FTP panel. Maintaining professional behaviour is a unit requirement for all units in the course. A small number of students have not progressed or been excluded on the basis of professionalism even where other academic requirements have been fulfilled.</p>

Activity against conditions from 2017 accreditation report

Nil conditions.

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	2017: Met	2023: Met
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The Faculty provided an overview of the activities against the standard and reported on the following key developments.

Summary of developments relevant to this standard
The most significant new infrastructure for the Monash Medical School is the excellent learning suite at the Clayton Campus located at the Victorian Heart Hospital. There is a pressing need to address the lack of dedicated teaching infrastructure at the largest clinical school network which was a priority on the capital plan pre-pandemic but has now been delayed indefinitely with capital expenditure caps since 2021. Monash Malaysia Campus has had a significant learning infrastructure upgrade in the past five years with new flat floor teaching spaces.

Activity against conditions from 2017 accreditation report

Nil conditions.

