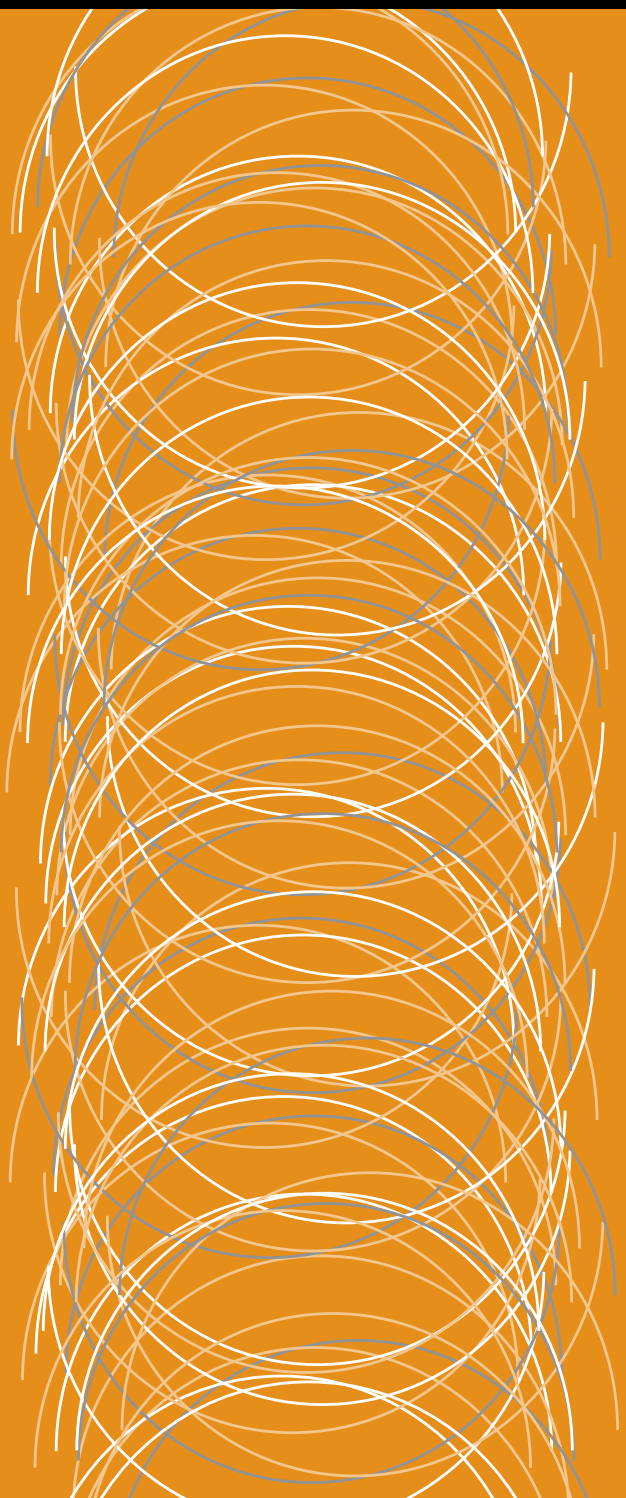
Australian Medical Council Limited

Accreditation of University of Adelaide Faculty of Health and Medical Sciences Adelaide Medical School medical programs

AMC



Medical School Accreditation Committee
December 2023

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Acknowledgement of Country

The AMC acknowledges the Aboriginal and Torres Strait Islander peoples as the original Australians, and the Māori as the original people of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live and work, and their ongoing connection to the land, water and sky. The Australian Medical Council offices are on the land of the Ngunnawal and Ngambri Peoples, and the main campuses and many of the sites of the Adelaide Medical School are located on the lands of the Kaurna People.

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

Executive summary

Accreditation process

According to the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council (AMC) 2022*, accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission and visits the provider and its clinical teaching sites.

Accreditation of the Bachelor of Medicine/Bachelor of Surgery (MBBS) and Bachelor of Medical Studies/Doctor of Medicine (BMD) programs of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School (AMS; the School) was due to expire on 31 March 2023.

An AMC team completed the reaccreditation assessment. It reviewed the School's submission and the student report. The AMC had planned a team visit to the main campus in Adelaide and associated clinical teaching sites for the week of 1 August 2022 but, due to the timing of the reaccreditation assessment and the circumstances of the COVID-19 pandemic, the assessment was conducted remotely, via videoconference.

Following the 2022 assessment, the AMC granted accreditation of the programs and provider for two years, to 31 March 2025. Accreditation was subject to meeting the conditions, following the monitoring requirements of the AMC and undertaking a follow-up assessment in 2023 or 2024 that includes clinical sites where the programs are delivered.

2023 Follow-up assessment

In October 2023, a subgroup of the AMC assessment team that conducted the reaccreditation assessment undertook a follow-up assessment to:

a) review the delivery of programs across the School's physical facilities and clinical teaching sites

b) assess progress towards meeting the conditions remaining on accreditation

c) determine whether the current accreditation of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School should be extended to the maximum period (six years since the original accreditation assessment).

This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards

and the imposition of conditions will ensure the program meets the standards within a reasonable time.

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

Findings

The AMC's finding is that the medical programs of the University of Adelaide substantially meets the approved accreditation standards.

AMC Directors, at their 8 February 2024 meeting resolved:

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

(ii) to extend the accreditation of the six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School by four years to 31 March 2029;

(iii) to extend the accreditation of the six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School by four years to 31 March 2029; and

(iv) that accreditation of the programs is subject to the outstanding conditions from the 2022 reaccreditation assessment and the following new condition, and to the monitoring requirements of the AMC.

To be satisfied by 2024
27. Evaluate if the physical facilities at the Royal Adelaide Hospital achieve the outcomes of the medical program and, depending on the findings of the evaluation, work with the Royal Adelaide Hospital to identify a solution, as to: o whether the student spaces at the Royal Adelaide Hospital shared with hospital staff (many of whom are not affiliated with the medical program) meet student needs o whether the location of the physical offices of the Precinct Officer and anticipated Clinical Dean enable them to effectively work with students, staff and clinical titleholders. (Standard 8.1.1)

Key findings

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

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

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

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

Note: The conditions below are remaining from the 2022 reaccreditation assessment, plus the new condition from the 2023 follow-up assessment (condition 27). The original numbering has been retained. The recommendations and commendations have not changed from the 2022 reaccreditation assessment.

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

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

Conditions

1. Implement processes that ensure the expertise of First Nations' peoples guides the development and management of the program. (Standard 1.4/2024 1.4.4 and 5.2.4) by 2023
2. Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically:
    - Demonstrate adequate levels of administrative support for the program, including clear resources and lines of responsibility for supporting the Adelaide Medical School academic and corporate governance committees, curriculum development and delivery, student clinical assessment, health service and community stakeholder engagement and program monitoring and evaluation activities. (Standards 1.5.2, 1.8.2 and 6.1.1/2024 1.4.1, 5.2.2 and 6.1.1) by 2023
    - Demonstrate adequate statistical support for the implementation and evaluation of both the program of assessments and the increasing research components of the BMD. (Standards 1.5.2 and 1.8.2/2024 1.4.1 and 5.2.2) by 2024
3. Engage with local communities and individuals in the Indigenous Health sector in metropolitan centres to promote relevant medical training and increase the medical program's responsiveness to the health needs of these stakeholders. (Standard 1.6.2, 2.1.2 and 2.1.3/2024 1.2.3, 1.1.4 and 1.2.1) by 2024
4. Implement development processes for staff and clinical title holders. (Standard 1.9/2024 5.3) by 2025

Recommendations

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

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

Commendations

- The appointment of a Director of Medical Education and Head of the Discipline of Medical Studies which recognises the importance of medical education and the delivery of the whole medical program, whilst developing the new BMD. (Standard 1.2)
- The strategic relationships with local and federal government in collaboration with local health services that has resulted in innovative initiatives supporting medical research and research education. (Standard.1.6)

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

Standards 2.1 and 2.2 are substantially met

Conditions

5. Define the research project expectations across the BMD and in particular the approach to be taken for the Year 6 work and the consequential impact on preparation for practice. (Standard 2.1/2024 1.1.1, 1.1.2, 1.1.4 and 1.2.1) (by 2024).
6. Demonstrate, through mapping and assessment, that comparable outcomes are achieved across sites in metropolitan and rural programs. (Standard 2.2.2/2024 2.1.2) by 2025

Recommendations

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

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

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

Commendations

- The detailed and impressive work on curriculum design and mapping of outcomes for the BMD. (Standard 2.2)
- The comprehensive Year 5 longitudinal year for the 30% of students who attend the ARCS. This includes comprehensive learning experiences related to Aboriginal people and their health. (Standard 2. 2)

3. The medical curriculum	**Substantially Met**

Standards 3.2 and 3.5 are substantially met

Conditions

7. Build on the design work for the BMD and the increased focus on community needs by expanding opportunities for both MBBS and BMD students to experience healthcare delivery and health advocacy outside the hospital setting, including in general practice and other primary care settings. (Standard 3.2/2024 2.2.8) by 2024
9. Review and update the Indigenous Health curriculum, including;
    - addressing concerns related to the inadequacy of teaching about genocide and intergenerational trauma. (Standard 3.5/2024 2.2.2 and 2.2.3) by 2023

- increasing experiences for students in the metropolitan (rather than ARCS) pathway. (Standard 3.5/2024 2.2.2 and 2.2.3) by 2026

10. Implement the planned professional development for non-Aboriginal staff to support teaching in Indigenous Health. (Standard 3.5/2024 2.2.2 and 2.2.3) by 2025

Recommendations

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

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

Commendations

- The focus on preparation for internship in the MBBS, which is valued highly by clinicians and recent graduates. (Standard 3.1)
- Clinical simulation using both high-tech resources and high-fidelity actors as standardised patients, which allows excellent opportunity for students to rehearse clinical activities in safety and with confidence. (Standard 3.2)
- The Yaitya Purruna's Indigenous Cultural Safety Curriculum Framework, which provides a strong guiding curricular document and a solid basis for further development of the Indigenous Health Curriculum. (Standard 3.5)
- The involvement of Aboriginal general practitioners in the Adelaide Rural Clinical School. (Standard 3.5)

4. Teaching and learning	**Substantially Met**

Standards 4.3 and 4.7 are substantially met

Conditions

11. Review the consistency and quality of teaching in the Year 3 clinical placements and address student concerns that further and more timely procedural skills teaching is required before these clinical placements. (Standard 4.3/2024 2.3.4) by 2023

12. Confirm the details of the relaunch of the interprofessional learning program. (Standard 4.7/2024 2.3.3) by 2023

Recommendations

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

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

Commendations

- The innovative coaching and mentoring program in Year 6, which is well regarded by students. (Standard 4.2)
- The well-structured simulation training delivered at excellent facilities at Adelaide Health Simulation. (Standard 4.3)
- The School's strong response to incidents of poor role modelling that demonstrates a proactive and student-focussed approach to protecting student wellbeing and teaching quality. (Standard 4.5)
- The Year 6 preparation for internship program that is regarded by staff, clinicians and graduates as preparing students well for more independent work. (Standard 4.6)

5. The curriculum – assessment of student learning	Substantially Met

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

Conditions

13. Finalise assessment arrangements for the BMD program. This includes:
    - The Assessment Framework. (Standard 5.1.1/2024 2.2.5,3.1.1 and 3.1.2) by 2023
    - progression requirements across all years of this program. (Standard 5.1.2/2024 3.1.1) by 2023
    - plans for improving the early identification of and support for at risk students. (Standard 5.3.1/2024 3.2.2) by 2023
15. Demonstrate sufficient and sustainable professional and academic staff resources, including psychometric capacity, to support the conduct of assessment and quality assurance processes specific to the medical program. (Standard 5.2 and 5.4.1/2024 3.1.3, 3.14 and 3.3.1) by 2023
16. Work with students in both programs to address concerns that some assessment feedback does not help students understand what actions are required to improve performance. (Standard 5.3.2/2024 3.2.1) by 2024

Recommendations

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

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

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

Commendations

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

6. The curriculum – monitoring	Not Met

Standards 6.1, 6.2 and 6.3 are not met.

Conditions

17. Develop and implement a specific monitoring and evaluation strategy for the BMD program demonstrating that evaluation results are reported, responded to and shared with students, staff and other stakeholders. (Standard 6.1 and 6.3/2024 6.1, 6.3 and 3.2.3) by 2025
18. Demonstrate through evaluation and responsiveness to feedback, the School's commitment to maintain the quality of the MBBS program and ensure that it continues to meet the accreditation standards. (Standard 6.2/2024 6.2) by 2025

Recommendations

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

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

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

7. Implementing the curriculum – students	Substantially Met

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

Conditions

19. Develop and implement the plans and resources to improve support and retention of Aboriginal and Torres Strait Islander students. (Standard 7.1.3/2024 4.1.3) by 2024

22. Confirm the revisions to the policies and processes for identification and management of students whose behaviours raises concern about their professionalism and fitness to practise that respond to the development of the Professionalism and Leadership domain in the BMD. (Standard 7.4.1 and 7.4.2/2024 4.3.1 and 4.3.2) by 2024

Recommendations

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

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

Commendations

- The pastoral support on rural clinical placements provided by dedicated clinical staff. (Standard 7.3)
- The level of student representation on the School's decision-making bodies which clearly demonstrates its valuing of the student voice. (Standard 7.5)

8. Implementing the curriculum- learning environment	Substantially Met

Standards 8.1.1, 8.2.1, 8.3.2 and 8.3.3 are substantially met

Conditions

23. Implement information technology systems to improve management of the program. The areas requiring further support are:
    - software to support curriculum mapping and blueprinting, by 2024
    - assessment management software to enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently, by 2024
    - tracking of student progression and early identification of concerns, by 2024
    - longitudinal management of student professionalism with appropriate controls. (Standard 8.2.1/2024 5.1.4) by 2024

25. Engage with local communities to expand opportunities for metropolitan based students to develop skills and knowledge in providing culturally safe care to Aboriginal and Torres Strait Islander patients. (Standard 8.3.3/2024 5.4.2) by 2024

26. Confirm the expanded clinical placements arrangements in general practice, aged care and community health settings that is planned within the BMD. (Standard 8.3.2) by 2026

27. Evaluate if the physical facilities at the Royal Adelaide Hospital achieve the outcomes of the medical program and, depending on the findings of the evaluation, work with the Royal Adelaide Hospital to identify a solution, as to:

- whether the student spaces at the Royal Adelaide Hospital shared with hospital staff (many of whom are not affiliated with the medical program) meet student needs
- whether the location of the physical offices of the Precinct Officer and anticipated Clinical Dean enable them to effectively work with students, staff and clinical titleholders. (Standard 8.1.1) by 2024.

Recommendations

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

Commendations

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

Introduction

The AMC accreditation process

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

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

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

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

The AMC appoints an accreditation assessment team (the AMC team) to complete a reaccreditation assessment. The medical education provider's accreditation submission forms the basis of the assessment. The medical student society is also invited to make a submission. Following a review of the submissions, the AMC team conducts a visit to the medical education provider and its clinical teaching sites. This visit may take a week. Following the visit, the AMC team prepares a detailed report for the Medical School Accreditation Committee, providing opportunities for the medical School to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, together with a recommendation on accreditation to the AMC Directors. The Directors make the final accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

The AMC and the Medical Council of New Zealand have a memorandum of understanding that encompasses the joint work between them, including the assessment of medical programs in Australia and New Zealand, to assure the Medical Board of Australia and the Medical Council of New Zealand that a medical School's program of study satisfies approved standards for primary medical education and for admission to practise in Australia and New Zealand.

After it has accredited a medical program, the AMC seeks regular progress reports to monitor that the provider and its program continue to meet the standards. Accredited medical education providers are required to report any developments relevant to the accreditation standards and to address any conditions on their accreditation and recommendations for improvement made by the AMC. Reports are reviewed by an independent reviewer and by the Medical School Accreditation Committee.

The University, the Faculty and the School

The University of Adelaide was founded in 1874. It is governed by a 16-member Council established by the *University of Adelaide Act 1971*. The primary role of the Council is to oversee the affairs of the University, ensuring that the appropriate structures, policies, processes and planning are in

place. Chaired by the Chancellor, decisions are made with the support of standing committees or through authorised delegations allocated to individuals in accordance with their role.

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

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

- Adelaide Dental School
- Adelaide Nursing School
- Adelaide Rural Clinical School
- School of Allied Health Science and Practice
- School of Biomedicine
- School of Psychology
- School of Public Health
- South Australian immunoGENomics Cancer Institute (SAiGENCI)

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

In 2022, the University of Adelaide had 22,716 student enrolments. In that year the medical program had a student intake of 170 students.

The University of Adelaide appointed Professor Peter Høj AC as Vice-Chancellor in February 2021. Professor Høj has led the University in its response to the effects of the COVID-19 pandemic on the organisational sustainability of the University, and major changes to the organisation of both professional and academic staff are being implemented or planned.

Significant developments related to staffing and governance have transpired since the last accreditation in 2022. In March 2023, Professor Andrew Zannettino assumed the role of Executive Dean of the Faculty of Health and Medical Sciences. Moreover, effective 1 July 2023, the Councils of the University of Adelaide and the University of South Australia reached a resolution to formalise a Heads of Agreement. This agreement is aimed at actively supporting the State Government in establishing a consolidated new university for South Australia, to be named 'Adelaide University'. Presently, both institutions are immersed in detailed transition and implementation planning, anticipating the potential commencement of the new university's operations in January 2026, subject to the passage of relevant legislation by the Parliament of South Australia. Finally, the BMD Curriculum Committee was established in 2023. This committee serves as a dedicated forum for the various domains and streams to engage in discussions and make collective decisions regarding significant initiatives related to the formulation and implementation of the curriculum.

In 2022, the Faculty began the transition to the BMD program. An appraisal of the development of the BMD led to the decision that the previous plan of a simultaneous implementation of the new degree across all years of the program was not feasible, and it was decided to implement the program in a staged sequential manner, commencing with Year 1 in 2022. Since 2022, the implementation of BMD program processes has been extended to encompass Years 2 and 3. In its second year in 2023, many aspects of the BMD program have garnered positive feedback from students. The ongoing planning of the BMD curriculum into Year 3 is advancing smoothly. The introduction of the new BMD program has resulted in an increased workload for staff.

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

Downs/Whyalla and Whyalla/Cummins. In Year 6, the ARCS places students in four-week selective programs across these regional and rural locations.

In 2022, the University of Adelaide began implementing an Organisational Sustainability Program (OSP), a key aspect of which involved the centralisation of professional and administrative resources, relocating them from faculties and schools. Consequently, it has become challenging to explicitly showcase the medical programs' capacity to directly allocate resources through line management to support academic and corporate governance committees, curriculum development and delivery, student clinical assessment, health service and community stakeholder engagement, as well as program monitoring and evaluation activities. This organisational experience mirrors that of many other units within the University, prompting the initiation of a diagnostic review of the OSP. Ernst & Young were commissioned to conduct this review. The review found that, in some cases, the OSP had resulted in reallocations and reductions of resources that impacted on the ability of staff, including of the Adelaide Medical School, to deliver educational programs effectively. The University and Faculty have pledged additional and reallocated support to the School in response to these findings. Some administrative support, particularly related to committee support and project management, was reallocated to the program by the time of the AMC follow-up visit in 2023.

Accreditation background

The medical program of the University of Adelaide Faculty of Health and Medical Sciences (formerly Faculty of Medicine) was first assessed by the AMC in 1991 as a six-year undergraduate MBBS program. In 2011, the AMC conducted an accreditation assessment. A summary of the program's AMC accreditation history since 2011 follows.

2011 Reaccreditation assessment

The AMC last conducted a reaccreditation of the medical program in June 2011. Accreditation for the MBBS program was granted for three years, until 31 December 2014. This accreditation was subject to the satisfactory progress on a number of conditions, demonstrated progress reports and a follow-up assessment in 2014.

2012–2013 Monitoring of the program

The Faculty submitted progress reports in 2012 and 2013, which were reviewed by the Medical School Accreditation Committee. In these progress reports, the AMC required further evidence that the program was progressing with its conditions. A number of outstanding conditions were closed.

The School also engaged with suggested areas of improvement regarding benchmarking the School's MBBS program with the other Group of Eight university programs and reviewing the teaching and learning methods. The student reports in 2012 and 2013 identified a few key areas of concern that had been raised: clinical rotations, resources, assessments and internships. The report advises that the students are, however, appreciative of the changes that have been made in response to feedback raised in the previous year and that they are also looking forward to the further changes planned by the School in the near future.

2014 Follow-up assessment

As part of the accreditation decision in 2011, AMC Directors set a requirement for a follow-up assessment to review progress on outstanding conditions. In 2014, the School provided a submission, which an AMC team reviewed and used as a basis to undertake a follow-up assessment. The School was granted an extension of accreditation for four years until March 2018.

2015–2016 Monitoring of the program

The 2015 report on conditions and subsequent progress report in 2016 were all accepted as meeting the required standards. The student report of 2016 highlighted student concerns relating to three main areas. These included the delivery of key curriculum components, Indigenous health and histology and the provision of constructive assessment feedback. Overall, it was concluded that students are extremely positive about their experiences on the MBBS program and the prospects for the program's future.

2017 Comprehensive report

The Medical School Accreditation Committee's review of the School's 2017 comprehensive report resulted in a decision to extend accreditation for four years, leading up until 31 March 2022. The student report from 2017 identified the concerns highlighted in the previous year were still a cause for concern among the students the following year. Additional notes were made in relation to lack of formal teaching in Musculoskeletal Medicine in Year 4 along with issues around the delivery of Histology and Genetics teachings in preclinical years. Students were again on average very positive towards the conduct of the program itself as a whole.

2018–2021 Monitoring and material change proposal for move to MD

The School's 2018 progress report identified two key areas within Standard 3 that conditions were subsequently placed on: formalising curriculum reviews into an overall review plan and timetable, and preparing a curriculum map for all years that includes objectives. In their review of the report, the Committee commended the progress made on student spaces, as previous reports had noted a distinct lack of such facilities.

In 2019, the Medical School Accreditation Committee determined that the changes proposed by the School of their intent to transition to a MD did not constitute as a material change and that this could therefore be introduced within the next accreditation cycle in 2022. A further student report from 2019 again touched upon similar positive experiences that had been previously highlighted in student reports. It went on to discuss how they believe that a number of standards, particularly related to student wellbeing, were not being met.

The School was due to submit a progress report in 2020; however, due to amended requirements from the AMC related to the COVID-19 pandemic, this was deferred to 2021. Due to the large AMC reporting burden caused by the COVID-19 pandemic, AMC Directors granted an administrative extension of accreditation for one year, to 31 March 2023.

The COVID-19 report for 2020 detailed the various changes that had to be implemented due to effects of the pandemic on the curriculum. Placements were paused for up to three months, and prior to recommencing their placements all students were required to complete an online 'Return to Clinical Placements' module which involved COVID-19 infection controls and PPE. The School advised that students were also required to meet in small groups online to enable further discussion and reflection on their clinical work. In 2020, the Medical School Accreditation Committee considered a report on conditions are were satisfied with the School's progress regarding the previously imposed conditions, closing all remaining conditions.

A further COVID-19 report made in 2021 continued with some of the changes made in 2020.

2022–2023 reaccreditation assessment and follow-up assessment

In 2022, the School provided a submission and an AMC team undertook a virtual reaccreditation visit in August. The student report that was submitted for 2022 again highlighted concerns that had previously been brought to the attention of the AMC in previous years, including issues surrounding staffing, access to quiet study spaces and the Indigenous Health curriculum. The transition to the BMD program was highlighted as a new concern in relation to additional strains this may have on staffing within the program. The report discussed the many strengths, such as access to rural placements, access to resources, communication and involvement of students in the feedback program.

Due to the impact of the COVID-19 pandemic, the visit was conducted via videoconference. Because the team was not able to visit the site of learning and physical facilities, and due to the number of conditions, accreditation was extended for a more limited period of two years, to 31 March 2025, subject to a follow-up accreditation visit.

The Medical School Accreditation Committee closed some conditions in 2023 upon consideration of a monitoring submission and the medical student report.

A follow-up assessment was conducted in October 2023, based on the monitoring submission provided by the School and the medical student report in 2023. This assessment focused on the

conditions and on visiting learning sites, physical facilities and assessing on-the-ground implementation of the program, particularly the transition to the BMD.

This report

This report details the findings of the 2022 reaccreditation assessment of the University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Medical School medical program, the 2023 AMC monitoring, and the 2023 follow-up assessment. The purpose of the 2023 follow-up visit was to review the delivery of the program across clinical teaching sites and to review conditions that had not been satisfied, in order to determine whether the current accreditation period should be extended to the maximum period.

This 2023 report has therefore been updated against areas where conditions were set on the accreditation granted in 2022, and in Standard 8 to outline findings resulting from visits to the Faculty's physical facilities and learning environments.

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

The members of the 2022 and 2023 AMC teams are detailed in **Appendix One**.

The groups that met online with the AMC team in 2022 and at the follow-up assessment 2023 onsite are detailed in **Appendix Two**.

The summary of the status of conditions, recommendations and commendations resulting from the 2022 assessment and updated based on the outcomes of monitoring and the follow-up assessment in 2023 are in **Appendix Three**.

Finally, **Appendix Four** contains the list of tables.

Appreciation

The AMC thanks the School for its flexibility and professionalism in undertaking detailed planning and providing comprehensive materials for the visit in the context of the COVID-19 pandemic. The AMC acknowledges and thanks the staff, clinicians, students and others who met members of the team for their time and generosity during the assessment process. In particular, the leadership of the School and the professional staff who the AMC coordinated with in carrying out the visit were hospitable and accommodating.

1 The context of the medical program

1.1 Governance

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

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

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

Governance in 2022

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

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

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

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

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

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

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

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

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

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

1.2 Leadership and autonomy

1.2.1 The medical education provider has autonomy to design and develop the medical program.

1.2.2 The responsibilities of the academic head of the medical school for the medical program are clearly stated.

Leadership and autonomy in 2022

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

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

1.3 Medical program management

1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.

1.3.2 The medical education provider assesses the level of qualification offered against any national standards.

Medical program management in 2022

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

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

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

1.4 Educational expertise

1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.

Educational expertise in 2022

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

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

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

1.5 Educational budget and resource allocation

1.5.1 The medical education provider has an identified line of responsibility and authority for the medical program.

1.5.2 The medical education provider has autonomy to direct resources in order to achieve its purpose and the objectives of the medical program.

1.5.3 The medical education provider has the financial resources and financial management capacity to sustain its medical program.

Educational budget and resource allocation in 2022

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

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

The Vice Chancellor articulated the overarching aim of this program was to deploy the largest fraction of the university's available funding to academic purposes. He acknowledged that academic staff would inevitably feel burdened by administrative tasks but he expected this would be a

transitory, short term issue. There was a lack of consensus on this issue across program staff and, importantly, health service partners.

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

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

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

1.6 Interaction with health sector and society

1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.

1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.

Interaction with health sector and society in 2022

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

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

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

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

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

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

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

1.7 Research and scholarship

1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.

Research and scholarship in 2022

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

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

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

1.8 Staff resources

1.8.1 The medical education provider has the staff necessary to deliver the medical program.

1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and to manage and deploy its resources.

1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.

1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.

1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.

Staff resources in 2022

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

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

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

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

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

1.9 Staff appointment, promotion & development

1.9.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions.

1.9.2 The medical education provider has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those staff who hold a joint appointment with another body.

Staff appointment, promotion & development in 2022

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

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

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School was **progressing**, but had not satisfied, one condition due to be met in 2023 (Condition 1), part of one condition due to be met in 2023 (Condition 2) and one condition due to be met in 2025 (Condition 4) in its 2023 AMC monitoring submission.

The School did not report against, and there was no finding made against, one condition due to be met in 2024 (Condition 3) and part of one condition due to be met in 2024 (Condition 2).

B 2023 Findings

The following conditions and parts of a condition were found to be progressing during the follow-up assessment.

To be met by 2023:

1.	Implement processes that ensure the expertise of First Nations' peoples guides the development and management of the program. (Standard 1.4)
2.	Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate levels of administrative support for the program, including clear resources and lines of responsibility for supporting the Adelaide Medical School academic and corporate governance committees, curriculum development and delivery, student clinical assessment, health service and community stakeholder engagement and program monitoring and evaluation activities. (Standards 1.5.2, 1.8.2 and 6.1.1)

To be met by 2024:

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

To be met by 2025:

4.	Implement development processes for staff and clinical titleholders. (Standard 1.9) A plan that includes: o some engagement with staff and clinical titleholders in 2023 o Beginning roll out to staff in 2023, o Roll out to clinical titleholders in 2024, and o Evaluation and refinement in 2025.

There was no finding on a part of one condition during the follow-up assessment.

To be met by 2024:

2.	Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate statistical support for the implementation and evaluation of both the program of assessments and the increasing research components of the BMD. (Standards 1.5.2 and 1.8.2).

Preamble

Across the University, from the Vice-Chancellor to Faculty Executive Dean to Dean, leadership expressed a commitment to advancing the School and responding to AMC accreditation reports and conditions.

The strategic approach of the University and medical program includes committing to and providing resources for a community role and social responsibility. This commitment and resourcing at the program level involves, in part, improving Aboriginal and/or Torres Strait Islander participation in the program as students, staff and leaders, bolstering the Aboriginal and/or Torres Strait Islander health curriculum and clinical learning experiences, and respectfully incorporating Aboriginal and/or Torres Strait Islander approaches in program delivery.

The School provided an update on the evolving committee governance structure, including terms of reference and reporting flowcharts. The update included details on the committee reporting approach, the BMD Curriculum Committee and the School Learning and Teaching Committee (the latter replacing the previous Programs Board). These are helpful to understand the local processes: the Curriculum Committee functions as a discussion forum, where agreement is reached, influencing Years 1–3 and Years 4–6 implementation and operations. This is then subject to review and oversight by the School Learning and Teaching Committee. This evolution of committee governance appears to improve strategic and operational oversight of the medical program. The School should provide an update on the key committee structure and the reporting approach in its 2024 self-assessment monitoring submission.

The team noted that the School's governance may impose a heavy burden on key staff due to the multiple layers of approval and review, upwards through the Faculty and University.

Condition 1

The team noted positively the appointment of Mr Michael Larkin as Senior Lecturer – Indigenous Health.

Michael has many responsibilities including School-level leadership and membership on and attendance at key committees, the development of a new Aboriginal and/or Torres Strait Islander health curriculum, student pastoral support, community engagement, and collaboration with stakeholders within and beyond the School. He is also auditing and mapping current Aboriginal and/or Torres Strait Islander health content in the medical program. The AMS benefits significantly from the involvement of Dr Justin Gladman in the Adelaide Rural Clinical School (ARCS). At Faculty level, a small team at the Yaitya Purruna Indigenous Health Unit are responsible for teaching a large number of courses in other Schools in the Faculty, in addition to the medical program.

There are University-wide approaches and support services, most notably Wirltu Yarlu, and Faculty-level teaching and support led by a small team of staff, mainly through Yaitya Purruna. The teams work together closely when opportunities present themselves. The University-wide Indigenous Portfolio Review has prioritised the expertise of First Nations people, with flow-on effects for the School.

There is considerable expertise and passion within the small team of Aboriginal and/or Torres Strait Islander staff supporting the medical program; however, the team has continuing concerns about the cultural and workload burden for this small team and sees the current situation as likely unsustainable. The clear commitment of senior School leadership to support this team is encouraging and should be maintained. The School should ensure the stated needs and priorities for the medical program expressed by the First Nations leadership and staff are heard. Non-Indigenous staff will need to support and, where relevant and appropriate, drive work related to Aboriginal and/or Torres Strait Islander health and wellbeing as guided by Aboriginal and/or Torres Strait Islander staff.

The School should strongly consider providing additional resources to the team, particularly around Aboriginal and/or Torres Strait Islander student support. The team acknowledges the additional pressure and workload on the First Nations staff driven by the expectation that they progress the Aboriginal and/or Torres Strait Islander health development work for the BMD curriculum.

The AMC emphasises that, while the revised medical school standards in effect from 1 January 2024 include substantial new requirements around Aboriginal and/or Torres Strait Islander health and wellbeing, the School will be in the best position to progress against those standards over time if it works with all staff to ensure the sustainability and appropriate resourcing of its Aboriginal and/or Torres Strait Islander team and work portfolio.

Condition 2 (part to be met by 2023)

An external diagnostic review of the Organisational Sustainability Plan (OSP) by Ernst & Young has recently been completed. While the team did not see the report, key leaders at the University, Faculty and School level explained that the review found that the OSP had resulted in cuts in professional staffing levels that were too deep to be sustained. In addition, leaders acknowledged that the centralisation of professional staff had been cumbersome at times, and as a result, insufficient numbers of staff were available, particularly within the Faculty and School.

Negotiating with University leadership before the OSP review results were made available, the School has gained a small number of professional staff back from centralised University services and has reduced the portfolio of another professional staff member to assure the sustainability of their work. The team heard that, as a result of the OSP review, approximately seven FTE additional professional staff will be provided across the seven schools (including the Adelaide Medical School) within the Faculty. These professional staff resources are not yet in place, and it is currently unknown what proportion of these FTE will be specific to the School and/or contribute to medical program delivery. University and Faculty leadership also emphasised that this additional FTE would still not return the Faculty or School to the level of professional staff that was available before the OSP was put in place.

The team noted the considerable additional work of planning and developing the BMD curriculum while attending to the teach-out of the MBBS. The team encourages the School to continually report on the planning and implementation of the BMD curriculum and resource requirements in future monitoring submissions.

Due to current staff resourcing levels, there has been limited progress in assessment planning. Similarly, further progress to implement a monitoring and evaluation strategy is hindered by lack of staff resource allocation, both academic and professional.

Condition 3

The School is initiating considerable Aboriginal and/or Torres Strait Islander community and health sector engagement, facilitated through the Senior Lecturer – Indigenous Health, Michael Larkin. The team was encouraged by emerging dialogue between the School and key Aboriginal Community Controlled Health Organisations, collaborative projects with health professions such as Aboriginal Health Worker training organisations, and increased numbers of Aboriginal and/or Torres Strait Islander community members and experts teaching into the medical program.

In this area, as well, the team seeks assurances that the School is properly resourcing and prioritising this engagement.

Condition 4

The team heard of promising developments around increased engagement with staff and clinical titleholders through both School and University leadership. The School has brought on a Titleholder Liaison Officer. Staff and clinical titleholders were overwhelmingly positive about School-organised events and initiatives and advanced planning to establish a Clinical Titleholders Committee. Planning for a titleholder database appears well progressed, with the stated aim to implement the database in early 2024. The engagement of the clinical titleholders also involves a review of their current contribution to the School. The number of clinical titleholders is large, but the team was told throughout the visit that the number making a substantive contribution is much smaller.

The team considers that the 2021 Kantar report provided valuable insight into the issues titleholders face and recommendations for the School to address these. The visit did not clarify whether and how many of the report's recommendations are being implemented.

The School should update on the rollout of these initiatives aimed at clinical titleholders, and any additional initiatives specifically for staff, in its 2024 self-assessment monitoring submission.

The discussion around titleholders appears complicated due to industrial policy around clinical staff who engage in academic work, but there are plans to move to a more transparent system. The team heard of examples of full-time clinical staff/titleholders who contribute a lot of unpaid university teaching and educational work willingly, and a lack of transparency around the academic work of some clinical staff with a University salary component.

Condition 2 (part to be met in 2024)

The team was encouraged to hear of the recruitment of an Assessment Lead and the emphasis on teaching research skills throughout the new BMD curriculum. The School will need to provide more information on the psychometric/statistical expertise in the medical program and how it will be used to support the Assessment Framework and research in its 2024 self-assessment monitoring submission.

2 The outcomes of the medical program

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

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

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

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

2 Clinical Practice: the medical graduate as practitioner.

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

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

2.1 Purpose

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

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

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

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

Purpose in 2022

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

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

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

The School works closely with the Faculty's Indigenous Health Unit, Yaitya Purruna, and the University's Aboriginal education and support unit, Wirltu Yarlu. However, the School acknowledges it has not effectively engaged with or responded to the health needs of Aboriginal

communities across the medical program. There was some evidence that this has been improving very recently. The recently appointed Pro Vice-Chancellor (Indigenous Engagement) has identified the need for a University-wide Aboriginal Teaching and Learning Strategy. A proposed Faculty-wide governance structure has also been proposed but is still under consideration.

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

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

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

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

2.2 Medical program outcomes

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

1. *Science and Scholarship: the medical graduate as scientist and scholar*
2. *Clinical Practice: the medical graduate as practitioner*
3. *Health and Society: the medical graduate as a health advocate*
4. *Professionalism and Leadership: the medical graduate as a professional and leader.*

2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.

2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

Medical program outcomes in 2022

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

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

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

1. Demonstrate professional behaviours.

2. Evaluate individual and population health status.
3. Demonstrate knowledge of the determinants of health and health behaviours.
4. Retrieve, critically evaluate and interpret evidence.
5. Demonstrate a coherent understanding of the scientific basis of medicine.
6. Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.

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

1. Demonstrate professional behaviours including advocacy and leadership in healthcare.
2. Evaluate individual and population health status and where necessary, formulate, implement and monitor management plans in consultation with other health professionals, patients, carers and communities.
3. Promote and optimise the health and welfare of individuals and populations.
4. Retrieve, critically evaluate, interpret and apply evidence in the performance of health-related activities.
5. Plan and execute a substantial research-based project.
6. Deliver safe and effective collaborative healthcare.
7. Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.

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

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

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

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

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

Health service stakeholders reported that the School's graduates are well trained. However, clinical experiences vary and students described mixed experiences across hospitals and community sites. The separate identity of ARCS has allowed the longitudinal 5th year, where about 45 (30%) of the cohort are based in rural practices and related small hospitals. As commented later in this report,

assessment requires an overall guiding philosophy. It requires resources, planning and evaluation to demonstrate comparable outcomes across the different pathways.

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The School did not report against, and there was no finding by the Medical School Accreditation Committee made against, one condition due to be met in 2024 (Condition 5) and one condition due to be met in 2025 (Condition 6).

B 2023 Findings

There was no finding against the following conditions during the follow-up assessment, since the School did not report against these conditions and they were not yet due in 2023.

To be met by 2024:

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

To be met by 2025:

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

Preamble

The School has recently agreed to a renewed Vision for the medical program which outlines the aspirations of the program, and which aligns with AMC standards.

In line with the Vision's statement that 'Students … are supported by an inclusive and dedicated team [of academics and clinicians] representing excellence in medical practice across community and hospital-based sites, in city, regional and rural locations', the team noted the strong resourcing in ARCS and the substantive presence of rural medical practitioners. The team heard of nascent plans for rural end-to-end teaching in Port Augusta/Whyalla, with some piloting of eight-week placements across Years 1–3 over the last two years.

However, the challenges of rural medical education were evident through some student remarks about locum/changing doctors and the accommodation facilities at Whyalla.

The team heard consistently from clinical supervisors and others that AMS graduates are considered well prepared for their internship and early years and were capable of any medical career.

Condition 5

The research project expectations for the BMD have not been clearly defined yet. The team noted early ideas and plans for research skills teaching within Years 4–5 and that the research project may be nine weeks in length. The project may include different research/scholarship streams, such as audit and medical education.

Plans for Years 4–6 generally is still fluid and yet to be clearly defined. Given the first cohort will enter Year 4 in 2025, the team strongly encourages the University to work with the School to ensure there is sufficient resourcing available to effectively plan and implement the BMD curriculum, including the research project, for these Years.

Condition 6

There has been some progress at university level to acquire curriculum mapping software. When in place, this will support the medical program to demonstrate that comparable outcomes are achieved across sites. Assessment resources as well as evaluation planning and resources, most

critically staff with relevant expertise, are also needed to support demonstrating comparable outcomes, but are not yet in place.

The team considered that careful attention is needed to ensure comparable outcomes where the program appears to significantly differ, such as the ARCS longitudinal year versus the equivalent in metropolitan locations.

3 The medical curriculum

3.1 Duration of the medical program

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

Duration of the medical program in 2022

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

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

3.2 The content of the curriculum

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner.

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

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

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

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

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

The content of the curriculum in 2022

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

Table 1. MBBS program structure in 2022

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

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

- Science and Scholarship

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

- Health and Society

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

- Clinical Practice

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

- Professional and Leadership

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

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

Table 2. Bachelor of Medical Studies/Doctor of Medicine (BMD) program structure in 2022

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

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

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

With regards to clinical placement learning:

- In Year 3, students are allocated to an individual clinical site for 26 days per year.
- In Year 4, the class is divided into two groups, with half allocated to a Surgical Home Unit and Medical Home Unit in the first semester, and the other undertaking Psychiatry, Musculoskeletal Medicine and two Medical and Scientific Attachments (one is related to Oncology). In the second semester, the groups swap.
- In Year 5, students can apply to do their year in a rural site via an Integrated Rural Program, with 45 being selected. In addition, up to eight students can apply to do their Human Reproductive Health and Paediatrics in Aarhus University in Denmark. The other students are again divided into two groups, with half undertaking Human Reproductive Health and Paediatrics in Semester 1, and the other half undertaking General Practice, Anaesthetics, Pain, and Intensive Care and Medical and Scientific attachments. In the second semester, the groups swap.
- In Year 6, students undertake their internship preparation rotations in one semester and their selectives in another.

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

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

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

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

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

3.3 Curriculum design

There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.

Curriculum design in 2022

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

The Bachelor of Medical Studies includes foundational medical studies and biosciences. Year three of the program involves further studies on transition to clinical studies and research skills development. The BMD, like the MBBS, has a strong clinical focus with Year 5 split into metropolitan and rural streams. Year 6 of the BMD will provide research enquiry project as well as preparation and transition to medical practice, as currently provided in the MBBS.

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

3.4 Curriculum description

The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.

Curriculum description in 2022

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

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

3.5 Indigenous health

The medical program provides curriculum coverage of Indigenous health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).

Indigenous health in 2022

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

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

The Adelaide Rural Clinical School (ARCS) is a champion of teaching and learning in Aboriginal Health. ARCS students have a variety of in-depth experiences including through a specific online

training module, local orientation sessions, and an advanced communication skills workshop provided by a local Aboriginal company. Students are encouraged to join community activities such as NAIDOC Week. Students also create a podcast designed to explore a health-related topic privileging Aboriginal voices. Some of the teaching that students receive is dependent on the clinical sites attended by students. For instance, students on placement in Port Augusta engage in learning from an Aboriginal general practitioner.

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

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

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

3.6 Opportunities for choice to promote breadth and diversity

There are opportunities for students to pursue studies of choice that promote breadth and diversity of experience.

Opportunities for choice to promote breadth and diversity in 2022

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School had **satisfied** one condition due to be met by 2023 in its 2023 AMC monitoring submission:

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

The Committee determined that the School was progressing, but had not satisfied, one part of a condition due to be met by 2023 (Condition 9).

The School did not report against, and there was no finding by the Committee made against, one condition due to be met by 2024 (Condition 7), one condition due to be met by 2025 (Condition 10) and one part of a condition due to be met by 2026 (Condition 9).

B 2023 Findings

The following conditions were found to be **progressing** during the follow-up assessment.

To be met by 2023:

9.	Review and update the Indigenous Health curriculum, including; o addressing concerns related to the inadequacy of teaching about genocide and intergenerational trauma. (Standard 3.5) by 2023

To be met by 2024:

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

To be met by 2025:

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

To be met by 2026:

9.	Review and update the Indigenous Health curriculum, including; o Increasing experiences for students in the metropolitan (rather than ARCS) pathway. (Standard 3.5) (annual reporting to demonstrate first the updated curriculum, 2023 then the updating and expansion of curriculum content across the program 2024-6.)

Preamble

The team was impressed with the ongoing commitment by leadership and key School staff to high-quality delivery of both the MBBS and BMD, given the challenges with simultaneous development of the BMD.

The 'just in time' curriculum planning for the BMD is concerning, particularly given the acknowledged limitations to staff resources. For Year 3 of the BMD, Semester 1, which is currently being delivered to the inaugural cohort, is reasonably planned, but Semester 2, which begins in 2024, is still a work in progress. Complete or even provisional plans for Years 4–6 are not yet available, although concepts and ideas were apparent. Stakeholders also expressed concern about

the BMD planning process. For example, clinical teachers who currently teach into Years 4–6 had little idea of what they would be expected to deliver educationally in the next one to three years, though they expressed eagerness to work with the School to define such teaching.

The appointment of an administrative BMD Project Officer is welcome. However, the AMC team remains concerned about the workload burden on a small number of committed academic staff with the rollout of the BMD, and about the apparent key-person risk posed if one or more of these staff were to leave.

The auditing/mapping of the Aboriginal and/or Torres Strait Islander health curriculum is being conducted by the Senior Lecturer – Indigenous Health. Professional staff resources could be employed or culturally safe non-Indigenous academic staff could support the Senior Lecturer in this exercise. This could be helpful to alleviate workload and enable academic Aboriginal and/or Torres Strait Islander health expertise to focus on curriculum development work.

Condition 9 (part to be met by 2023)

The team understood that the inadequacy of teaching about genocide and intergenerational trauma has been reviewed. In response to findings of the review, a dedicated teaching session on these topics by a mental health nurse is planned for Year 3, and the topics have been integrated into modules for staff. Attention to the vertical integration of the curriculum for all involved in Aboriginal and/or Torres Strait Islander health teaching (including non-Indigenous staff) will be important in order to follow a cohesive direction and with consistency of approach and content, including on the topics of genocide and intergenerational trauma.

The School should provide an update about the implementation of the teaching session for students in the School's 2024 self-assessment monitoring submission.

Condition 7

The team was updated that GP placements in Year 3 have been planned and are ready to be implemented in 2024 after a successful pilot in 2023. The securing of placements in approximately 80 general practices is impressive and this significant development promises to be an important component of the medical program.

The team was also informed of efforts to bring in a greater number of specialist GP lecturers to teach into the program.

The School should update on the outcomes of the Year 3 GP placements and whether specialist GP lecturers have been successfully brought in, along with any other related initiatives, in its 2024 self-assessment monitoring submission.

Condition 10

The team noted that cultural safety training was being rolled out to all students and staff at the ARCS as part of the University Cultural Capability Framework. If it is successful at the ARCS, the team sees this training as being potentially effective professional development for non-Indigenous staff across the program to support teaching in Aboriginal and/or Torres Strait Islander health.

Condition 9 (part to be met by 2026)

As previously described, the Aboriginal and/or Torres Strait Islander health curriculum audit/mapping was still underway when the visit occurred. It was evident during the visit that the School has been challenged in making space within the existing MBBS curriculum and in the developing BMD curriculum for additional Aboriginal and/or Torres Strait Islander health teaching. Greater effort is also required to horizontally integrate Aboriginal and/or Torres Strait Islander health within these curricula. This will be important for the curriculum teams to resolve and progress these issues if the Aboriginal and/or Torres Strait Islander health curriculum is to be effectively updated and expanded.

4 Learning and teaching

4.1 Learning and teaching methods

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

Learning and teaching methods in 2022

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

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

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

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

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

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

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

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

4.2 Self-directed and lifelong learning

The medical program encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.

Self-directed and lifelong learning in 2022

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

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

4.3 Clinical skill development

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

Clinical skill development in 2022

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

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

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

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

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

4.4 Increasing degree of independence

Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.

Increasing degree of independence in 2022

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

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

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

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

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

4.5 Role modelling

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

Role modelling in 2022

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

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

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

4.6 Patient centred care and collaborative engagement

Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.

Patient centred care and collaborative engagement in 2022

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

and personal development, and in the BMD domains of clinical practice and professionalism in leadership.

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

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

4.7 Interprofessional learning

The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.

Interprofessional learning in 2022

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

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

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School was progressing, but had not satisfied, the two conditions due to be met in 2023 (Conditions 11 and 12) in its 2023 AMC monitoring submission.

B 2023 Findings

The following conditions were found to be **progressing** during the follow-up assessment.

To be met by 2023:

11.	Review the consistency and quality of teaching in the Year 3 clinical placements and address student concerns that further and more timely procedural skills teaching is required before these clinical placements. (Standard 4.3) by 2023
12.	Confirm the details of the relaunch of the interprofessional learning program. (Standard 4.7) by 2023

Preamble

The team was updated about effective teaching activities across Years 1–3 of the new BMD program, including simulation activities. The School reported a refresh of learning resources and, importantly, more structured clinical teaching in Year 3. Current Years 2 and 3 students, the second and inaugural cohort for the BMD program, respectively, expressed satisfaction with the learning and teaching methods, their preparation for clinical training and the orientation and academic support in place.

The team heard some concerns about the impact of COVID-19 on academic performance and preparedness for clinical practice for the current Year 6 MBBS students (who were in Years 3 and 4 in 2020 and 2021). The School is working with these students to maintain academic standards and progression through Year 5 assessments (including OSCEs) was reported to be satisfactory.

A strategic and explicit approach to IPL is yet to be developed.

Condition 11

The team was impressed by the quality of simulation facilities and simulation learning opportunities, as well as general clinical and communication skills teaching and learning across the early years of the new BMD program.

Students appeared satisfied with teaching. The team heard reports of changes to assessing clinical skills for the first cohort of the BMD through a shift to a sign-off approach of 'clinical competencies', in place of an OSCE. The team considers that this needs careful monitoring and review as BMD students progress into clinical placements.

The team did not see evidence of other mechanisms for reviewing consistency and quality of teaching in clinical placements. Monitoring of teaching experiences in the new GP placements in Year 3 of the BMD, particularly as they relate to developing clinical skills, will be needed moving forward.

Condition 12

The team was provided with an updated position description and confirmed plans for the Faculty-level appointment of an Associate Dean – Clinical Education, which will be focused on facilitating interprofessional education across the Faculty's seven health profession education programs. The position description supplied during the visit requires Australian Health Practitioner Regulation Agency (Ahpra) registration but not necessarily as a medical practitioner.

Faculty leadership underscored that they understood the needs of the medical program in the development of an IPL program, and the continued prioritisation of the medical program's needs when the Associate Dean position is filled will be required to satisfy the condition.

While this Associate Dean position is being recruited to, limited other steps are being taken by the Faculty to bolster IPL. For example, a community of practice has been established and has undertaken an audit of IPL activities across the Faculty.

5 The curriculum – assessment of student learning

5.1 Assessment approach

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

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

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

Assessment approach in 2022

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

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

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

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

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

5.2 Assessment methods

5.2.1 The medical education provider assesses students throughout the medical program, using fit for purpose assessment methods and formats to assess the intended learning outcomes.

5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.

5.2.3 The medical education provider uses validated methods of standard setting.

Assessment approach in 2022

There is a range of assessment methods used in the program and these align appropriately with assessment of application of knowledge, skills and behaviours, and these include, for example, written assessments, OSCEs and Workplace-Based Assessments (WBAs). Blueprinting at course level is in place, however, blueprinting at the whole-of-program level for the BMD is needed to account for student progress across semesters and years. This will be possible immediately following the finalisation of the Assessment Framework which will set the strategic direction for assessment at whole-of-program level. Appropriate blueprinting approaches at examination level were described.

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

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

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

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

5.3 Assessment feedback

5.3.1 The medical education provider has processes for timely identification of underperforming students and implementing remediation.

5.3.2 The medical education provider facilitates regular feedback to students following assessments to guide their learning.

5.3.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.

Assessment feedback in 2022

The University's Academic Progress by Coursework Students Policy sets out the criteria for identifying students at risk and the process for managing and supporting progress. However, it was not clear that this policy was always effective in the medical school programs, particularly given the lack of assessment software that may automatically collate performance and identify patterns or risks. The School recognised this limitation and identified approaches within the developing assessment framework that would support early assessment and identification of development

needs. However, without IT system support this would remain a considerable and high-risk manual exercise.

The feedback students receive varies in usefulness for learning; some assessments provide only scores or numbers as feedback, and some have no or limited actionable feedback. The School will need to review feedback points within the BMD courses as part of development work. More immediately, a review of written feedback reports currently provided to students and development of a plan for more detailed, useful feedback reports at individual student level would provide beneficial ground work for the new BMD and improve students' learning within the program in teach out. There are opportunities for the School to investigate automated approaches using appropriate software so that feedback is both useful for students and efficient to produce. The adoption of suitable assessment management software will benefit students by providing more detailed feedback to students to inform their learning, while not adding an additional burden to staff workload, thus increasing effectiveness and efficiency.

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

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

5.4 Assessment quality

5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.

5.4.2 The medical education provider ensures that the scope of the assessment practices, processes and standards is consistent across its teaching sites.

Assessment quality in 2022

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

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School was progressing, but had not satisfied, the three conditions due to be met in 2023 (Conditions 13, 14 and 15) in its 2023 AMC monitoring submission.

B 2023 Findings

One condition was found to be **satisfied** during the follow-up assessment.

To be met by 2023:

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

One condition was found to be **progressing** during the follow-up assessment.

To be met by 2023:

13.	Finalise assessment arrangements for the BMD program. This includes: o The Assessment Framework. (Standard 5.1.1) o Progression requirements across all years of this program. (Standard 5.1.2) o Plans for improving the early identification of and support for at risk students. (Standard 5.3.1)

There was no finding on one condition during the follow-up assessment.

To be met by 2024:

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

One condition was found to be **not progressing** during the follow-up assessment.

To be met by 2023:

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

Preamble

The School has made an appointment into the Assessment Lead role vacancy who will commence in December 2023. The role holder has already participated remotely in School meetings.

As a consequence of the Assessment Lead position remaining unfilled for a substantial period of time, there has been limited progress on developing and quality assuring assessment. The team notes the overall considerable workload on existing staff to cover this gap and the need for further assessment development related to the BMD development and rollout.

Condition 14

The team was provided with a progression plan document for MBBS students which considered and accounted for possible scenarios. As of 2023, all Years 4–6 failures will effectively continue as MBBS. Year 3 failures will convert enrolment to BMD. The University has agreed to support the progression plan.

In the 2024 self-assessment monitoring submission and future monitoring submissions, the School should provide an update on the practical implementation of the progression plan for MBBS students until the teach-out is complete.

Condition 13

The team confirmed the plans outlined in documents provided as part of the School's 2023 monitoring submission, and noted that planning for assessment remains largely on paper with the Assessment Framework drafted but implementation has not commenced. The team heard from staff and students about changes to assessment, but how these changes sit within the whole-of-program assessment implementation is not clear. There are apparent differences between assessment for students in ARCS longitudinal placement and those placed in the metropolitan campuses.

Progression requirements for Years 4–6 of the BMD are not yet clear while the curriculum is still being developed.

Processes for early and consistent identification of underperformance of students are not clear. Currently, these students come to light through ad hoc processes with precinct officers, absences and occasionally self-identification. While the Assessment Framework implementation document highlights that a portfolio of assessment would be desirable, and that the School would like to establish 'learning coach' roles which would be able to identify student progress issues, these are ideas which have not moved to the planning or implementation stages.

The team heard of work underway to improve the teaching of professionalism and connecting that to managing professionalism issues, but clear documentation of this is needed moving forward.

The School should provide details on Assessment Framework implementation, specifically related to finalising assessment arrangements for the BMD program, in its 2024 self-assessment monitoring submission.

Condition 16

Feedback is provided through simulation centre–supported OSCEs, including optional mock OSCEs, and from written/online tasks. The students also receive feedback through WBAs and term reports. The School has a productive working relationship with its student society, and they have worked together on feedback quality and many other issues.

Feedback appears to be inconsistent across sites and years. Improvement in this area would be supported by appropriate assessment management software and with the arrival of the new Assessment Lead.

Condition 15

Despite successful recruitment to the vacant Assessment Lead position, there have been no additional professional and academic staff resources provided to the medical program to support the conduct of assessment and quality assurance processes.

Within the Adelaide Health Simulation centre, the team heard about and saw good resourcing for the School's assessment activities such as OSCEs. Some work is underway within the ARCS to repurpose survey software for assessment purposes, including an e-logbook and management of WBAs. The School anticipates applying this to students at metropolitan campuses as well. The team suggests that fit-for-purpose assessment management software would be of value in this space, with limitations on repurposing survey software.

Overall, professional staff resources for assessment across the program, and academic and professional staff resources for quality assurance of all assessments across the program, continue to be required.

6 The curriculum – monitoring

6.1 Monitoring

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

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

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

Monitoring in 2022

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

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

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

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

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

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

Discipline leads receive feedback from the teachers about program issues and communicate this to the School executive. Since commencing in the role, the Dean of Medicine has had a focus on actively communicating with clinicians and receiving feedback about the program which was reported very

positively by those interviewed by the AMC team. The proposed new roles of clinical deans are likely to enhance this communication.

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

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

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

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

6.2 Outcome evaluation

6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.

6.2.2 The medical education provider evaluates the outcomes of the medical program.

6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.

Outcome evaluation in 2022

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

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

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

be challenging, consideration of available data sources to understand graduate destination could be included as an extension of this proposal.

6.3 Feedback and reporting

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

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

Feedback and reporting in 2022

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

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School was progressing, but had not satisfied, one condition due to be met in 2025 (Condition 17) in its 2023 AMC monitoring submission.

The School did not report against, and there was no finding made against, one condition due to be met in 2025 (Condition 18).

B 2023 Findings

The following condition was found to be **progressing** during the follow-up assessment.

To be met by 2025:

17. Develop and implement a specific monitoring and evaluation strategy for the BMD program demonstrating that evaluation results are reported, responded to and shared with students, staff and other stakeholders. (Standards 6.1 and 6.3)
    - In 2023 provide the strategy,
    - In 2024 demonstrate implementation and
    - In 2025 provide reflection on learning and demonstrate processes for closing the loop with students, staff and stakeholders.

There was no finding on one condition during the follow-up assessment.

To be met by 2025:

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

Preamble

The School has not progressed monitoring and evaluation planning or implementation beyond the evaluation strategy document provided. While Condition 17 has been found to be progressing because the School has provided a sufficient monitoring and evaluation strategy, the team considers that without additional resources committed to implementation these conditions will not be able to progress in 2024.

The lack of additional academic or professional staff resourcing to oversee and implement monitoring and evaluation activities remains a barrier to any detailed planning or implementation. The team heard from a range of stakeholders that University-driven student feedback systems do not meet the needs of the medical program, particularly for clinical training, and note that this is common across many medical schools.

Condition 17

The School's monitoring and evaluation strategy document has been written, but it acknowledges that the strategy will not be able to implemented if the School cannot overcome the challenges it has specified in the strategy document:

a) 'Identifying the staff capacity to gather and interpret data, undertake the evaluation activities, including reflection and feed these back into course improvement'.

b) 'Establishing a forum[/committee] to allow for consultation and reflection'.

c) 'Significant capacity building and cultural change' requirements.

The School, working with the Faculty and the University as relevant, should show how it is actively addressing these points in its 2024 self-assessment monitoring submission.

Condition 18

The team noted no current progress on this condition, to be met by 2025, due to above-mentioned resourcing constraints. The introduction of BMD years with the associated changes to program delivery creates opportunities for the School to evaluate and share innovative practice through monitoring and evaluation initiatives.

7 Implementing the curriculum – students

7.1 Student intake

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

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

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

Student intake in 2022

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

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

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

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

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

7.2 Admission policy and selection

7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.

7.2.2 The medical education provider has policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses.

7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Māori.

7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.

Admission policy and selection in 2022

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

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

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

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

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

7.3 Student support

7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs.

7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including:

- *students with disabilities and students with infectious diseases, including blood-borne viruses*
- *students with mental health needs*
- *students at risk of not completing the medical program.*

7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.

7.3.4 The medical education provider separates student support and academic progression decision making.

Student support in 2022

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

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

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

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

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

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

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

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

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

7.4 Professionalism and fitness to practise

7.4.1 The medical education provider has policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine.

7.4.2 The medical education provider has policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.

Student support in 2022

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

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

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

The development of the domain of Professionalism and Leadership within the new BMD is a welcome development and may assist in the identification of students whose behaviour may raise concerns about their professionalism and the School acknowledges the need to review processes in light of this. The School is examining models for the management of professionalism issues in other medical programs. The AMC looks forward to the development of a whole of program systematic approach to the support and management of students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.

7.5 Student representation

7.5.1 The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.

Student representation in 2022

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

7.6 Student indemnification and insurance

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

Student indemnification and insurance in 2022

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School had satisfied two conditions due to be met by 2023 in its 2023 AMC monitoring submission:

20.	Adequately resource the introduction of Multiple Mini Interviews including capacity for monitoring and evaluation. (Standard 7.2.1) by 2023
21.	Confirm the appointment of the Clinical Deans as proposed or otherwise implement a sustainable solution for providing wellbeing support and clear signposting to school and university services for students on all clinical placements. This support must ensure separation of responsibilities for pastoral support and for academic progression decisions. (Standard 7.3.1) by 2023

The Committee determined that the School was progressing, but had not satisfied, one condition due to be met by 2024 (Condition 19).

The School did not report against, and there was no finding by the Committee made against, one condition due to be met by 2024 (Condition 22).

B 2023 findings

The following conditions were found to be **progressing** during the follow-up assessment.

To be met by 2024:

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

There was no finding on one condition during the follow-up assessment.

To be met by 2024:

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

Preamble

The team heard that there are no changes planned to selection and admission processes overall.

Eight International Medical University Malaysia medical students will continue to commence annually at the start of the second semester of Year 3, and the new University rules are being amended to allow this to continue.

Multiple Mini Interviews will continue online and are adequately resourced with the support of a new Admissions Officer role.

The importance of Clinical Deans or a similar role was reflected in the 2022 reaccreditation submission. These have recently been advertised and recruitment is now underway, with successful candidates expected to be in post in early 2024. The team supports the School's view that these appointments are very important for clinical education sites and networks.

The School should provide an update confirming that the appointment of the Clinical Deans has proceeded as outlined to the team and on the details of the successful candidates when this is available, and no later than its 2024 self-assessment monitoring submission.

Condition 19

Some small improvements have been made to bolster support for Aboriginal and/or Torres Strait Islander students; however, the gap that was created when the Faculty position dedicated to Aboriginal and/or Torres Strait Islander student support was centralised under OSP has not been successfully addressed to date.

While it is positive for Aboriginal and/or Torres Strait Islander students that the recently recruited Senior Lecturer – Indigenous Health has been able to provide some pastoral and academic support, his work portfolio is very large and the team was concerned that the provision of this support along with all of his other responsibilities would not be sustainable.

The team was encouraged to hear that Aboriginal and/or Torres Strait Islander students across the Faculty are now able to access a dedicated culturally safe study room in the Adelaide Health and Medical Sciences building.

The School should report progress on obtaining dedicated resourcing and/or implementing specific collaborations with the Faculty and University that will ensure adequate Aboriginal and/or Torres Strait Islander student support in its 2024 self-assessment monitoring submission.

Condition 22

The team was updated on developments related to the teaching of professionalism and student accountability in relation to the BMD for Years 1 and 2. The School should provide document(s) related to policies and processes for identifying and managing students whose behaviour raises concerns with its 2024 self-assessment monitoring submissions.

8 Implementing the curriculum – learning environment

8.1 Physical facilities

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

Physical facilities in 2022

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

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

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

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

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

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

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

8.2 Information resources and library services

8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.

8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.

8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.

Information resources and library services in 2022

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

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

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

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

The Library staff interviewed were well informed regarding the status of the current MBBS program and the Information Management requirements of that structure. It will be important to ensure that the Library staff are involved in the planning of the rollout of the BMD program, particularly with its increased emphasis on research. Students valued the services provided by the Library and the 24/7 availability of many resources.

8.3 Clinical learning environment

8.3.1 The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, and is appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice.

8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.

8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Māori.

8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.

Clinical learning environment in 2022

The delivery of the clinical curriculum is organised centrally, with the many formal teaching sessions delivered from a central site, with online video opportunities to allow students to join. The exception is the Adelaide Rural Clinical School, which facilitates remote clinical placements during Years 4 to 6 and oversees delivery of the curriculum for approximately 25% of the cohort in the fifth year of the program.

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

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

Students on metropolitan clinical placements have very limited exposure to Aboriginal health care, either clinically or academically. Students undertaking clinical placements within the Adelaide Rural Clinical School have a variety of well-planned activities designed to further their understanding of the issues facing Indigenous patients and their communities.

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

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

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

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

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

8.4 Clinical supervision

8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.

8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.

8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.

8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.

Clinical supervision in 2022

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

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

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

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

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

2023 Follow-up assessment

A 2023 Progress reported in the AMC monitoring submission

The Medical School Accreditation Committee determined that the School had satisfied one condition due to be met by 2023 in its 2023 AMC monitoring submission:

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

The Committee determined that the School was progressing, but had not satisfied, one condition due to be met by 2024 (Condition 25) and one condition due to be met by 2026 (Condition 26).

The School did not report against, and there was no finding by the Committee made against, one condition due to be met by 2024 (Condition 23).

B 2023 Findings

The following conditions were found to be **progressing** during the follow-up assessment.

To be met by 2024:

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

To be met by 2026:

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

There was no finding on one condition during the follow-up assessment.

To be met by 2024:

23.	Implement information technology systems to improve management of the program. The areas requiring further support are: o Software to support curriculum mapping and blueprinting, o Assessment management software to enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently, o Tracking of student progression and early identification of concerns, o Longitudinal management of student professionalism with appropriate controls. (Standard 8.2.1)

There was one **new condition proposed** during the follow-up visit.

To be met by 2024:

27.	Evaluate if the physical facilities at the Royal Adelaide Hospital achieve the outcomes of the medical program and, depending on the findings of the evaluation, work with the Royal Adelaide Hospital to identify a solution, as to:

- whether the student spaces at the Royal Adelaide Hospital shared with hospital staff (many of whom are not affiliated with the medical program) meet student needs
- whether the location of the physical offices of the Precinct Officer and anticipated Clinical Dean enable them to effectively work with students, staff and clinical titleholders. (Standard 8.1.1)

Preamble

The team had the opportunity to visit several clinical sites and teaching facilities in person, and spoke to key staff and students at other clinical sites via videoconference.

The team visited the Adelaide Health and Medical Sciences building, containing classrooms, student study spaces, staff offices and a world-class simulation teaching facility.

The team also visited key clinical placement sites, including Lyell McEwin Hospital in Northern Adelaide, where the team saw modern teaching facilities and student spaces; and the Royal Adelaide Hospital in central Adelaide, where the team was impressed by the state-of-the-art clinical facilities and library but noted the lack of dedicated space for AMS students and staff.

The team additionally spoke to students and staff based at Whyalla and Port Augusta sites managed by the ARCS and heard about the sufficient educational and physical facilities there; and noted that students voiced concerns about the nature of the accommodation at Whyalla.

The School reported that opportunities for clinical placements, including international electives and exchange programs, have resumed to pre-COVID-19 levels.

Condition 25

With the recruitment of the Senior Lecturer – Indigenous Health, the AMS has the relevant expertise to be guided in engagement with local Aboriginal and/or Torres Strait Islander communities, which will facilitate opportunities for student clinical experiences in Aboriginal and/or Torres Strait Islander health. The team acknowledges that, particularly with the currently modest resources available to the School's First Nations staff team and the demands on community-controlled health settings outside of education and training, these relationships and subsequent opportunities will take time to build.

The team was encouraged to hear that around 20 additional Aboriginal and/or Torres Strait Islander community members and experts have accepted invitations to provide lectures and workshops related in Years 1 and 2 for the BMD. The team heard that the Aboriginal and/or Torres Strait Islander population in the Northern Adelaide Local Health Network (NALHN) – one of two key placement sites for the metropolitan program – is the highest of any health service in Adelaide. NALHN has established an intern rotation through their affiliated Aboriginal health primary care unit. NALHN leadership and staff expressed their eagerness to work with the School on creating structured clinical learning opportunities in Aboriginal and/or Torres Strait Islander health for AMS students.

The School should report on progress with building relationships with local Aboriginal and/or Torres Strait Islander communities in its 2024 self-assessment monitoring submission.

Condition 26

The team was impressed by the School's report that over 80 GP practices have been engaged to provide placements. The proposal is that each practice will take two students for one day per week in Year 3. The team was also informed that ideas have been floated to increase the amount of time students spend placed with GPs in Year 5 as well.

The School should provide further updates on implementation of the Year 3 GP placement program and any further planning for students to be placed in primary care settings in its 2024 self-assessment monitoring submission.

Condition 23

Key IT, Faculty and School staff indicated that the School's needs around IT systems had been heard, and that IT systems were steadily being seriously planned and implemented.

Software to support curriculum mapping and blueprinting has been identified as a whole-of-University requirement, and a central software solution is being developed. Faculty IT was confident that there was scope for the needs of schools including AMS to be identified and addressed.

The need for assessment management software is clearly identified in the School's Assessment Framework, but little progress on this was otherwise reported. A system to manage student portfolios and WBAs is being investigated, and the ARCS is working on a solution based on survey software Qualtrics. However, the team considers that this may not be adequate.

A professionalism tracking IT solution has been funded. Faculty IT is working with the School to refine the needs and implement the software, with an expected completion date in early 2024.

The School should report on resourcing to progress the acquisition of assessment management software, and on the implementation of the curriculum mapping and professionalism tracking software, in its 2024 self-assessment monitoring submission.

Condition 27 (new)

The team had the opportunity to visit the Royal Adelaide Hospital and view the identified student spaces, which is shared space with some teaching spaces (none operated by the University) interspersed in the hospital. The large and busy hospital environment with long walkways and multiple small spaces shared with clinical staff may not meet all student needs. The team heard that despite initial hospital planning and ongoing advocacy, the recently identified student spaces are not protected for AMS students/staff, as they are used by a wide variety of hospital staff, and are dispersed through the hospital.

In addition, unlike all other clinical placement sites, the office of the Precinct Officer for the Royal Adelaide Hospital is outside of the hospital buildings, at the nearby Adelaide Health and Medical Sciences building. The team was not able to discern where the hospital's Clinical Dean role holder, who is expected to join the School in early 2024, would be located, though staff and clinical titleholders presumed the Clinical Dean would also be located outside of the hospital.

The implementation of the current shared space plan and location of the Precinct Officer and Clinical Dean should be evaluated from both student and staff perspectives to ensure these achieve the outcomes of the medical program.

Appendix One Membership of 2022 and 2023 AMC assessment teams

2022 AMC assessment team

Professor Stephen Trumble (Chair) [*MBBS (Mon) / MD (Mon) / FRACGP]*

Head, Department of Medical Education, University of Melbourne

Professor Sandra Kemp (Deputy Chair) *[BHMS(Ed), MA, PhD]*

Director, Learning and Teaching, Curtin Medical School, Curtin University

Professor Stephen Tobin *[MBBS FRACS FRCS GradCertClinEd MSurgEd (Melb)]*

Associate Dean & Professor of Clinical Education, Western Sydney University

Professor Karen Adams *[BHSci Nursing MAE PhD]*

Director Gukwonderuk, Indigenous Unit, Monash University

Dr James Fraser *[MBBS MSpMed MHEd FACRRM]*

A/Professor of Medical Education, Griffith Health Centre, School of Medicine, Griffith University

A/Professor Christopher Wright *[MBBS FRACP FCICM GradDipSc (Physics)]*

Academic Director, Clinical Programs Faculty of Medicine, Nursing and Health Sciences, Monash University

Professor Amanda Barnard *[BA Hons (ANU) / BMed Hons (Newcastle)/ FRACGP]*

Interim Associate Dean of Rural and Indigenous Health, and Head of Rural Clinical School, The Australian National University

Dr Tereza Stillerova [OccThy (hons I), MD]

Resident Medical Officer, Cairns and Hinterland Hospital and Health Service

Mr Glenn McMahon

Manager, Medical School Assessments, Australian Medical Council

Ms Rebecca McKee

Program Support Officer, Australian Medical Council

2023 AMC assessment team

Professor Sandra Kemp *[BHMS(Ed), MA, PhD]*

Deputy Dean, Innovation and Scholarship, Medical Education, Graduate School of Medicine, University of Wollongong

Professor Stephen Tobin *[MBBS GradCertClinEd MSurgEd (Melb) FRACS, FRCS, FANZAHPE]*

Associate Dean & Professor of Clinical Education, School of Medicine, Western Sydney University

Mr Daan Verhoeven

Manager, Medical School Assessments, Australian Medical Council

Mrs Marguerite Smith

Program Coordinator, Australian Medical Council

Appendix Two Groups met by the 2022 and 2023 assessment teams

Groups met by the 2022 assessment team

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

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

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

Meeting	Attendees
	APIC Course Coordinator ARCS Senior Project Officer – Rural Health Workforce Strategy, EFNLHN Manager, Medical Workforce, FUNLHN
Kulpi Minupa 2nd Years program	Kulpi Minupa Program Lead
Rural Clinical Supervision and Placement	PA Clinical Academic RFDS Supervisor
5th Year Student Experience, APIC SIM	Year 5 Medical Students
Indigenous Curriculum	Aboriginal Health Theme Lead Grant Funded Researcher, Nukunu Elder
Student Experience Kulpi Minupa 2nd Year Students	Year 2 Medical Students
Pika Wiya Health Service Aboriginal Corporation	Director of ARCS Supervisor CEO Acting Practice Manager
Royal Adelaide Hospital – Executive Staff	Acting Executive Director Medical Services, CALHN
Royal Adelaide Hospital – RAH/ CALHN Medical Education Unit	Medical Lead, Director, Postgraduate Education (acting), CALHN MEO Intern, RAH Administration Interns, RAH MEO General Trainees DCT, Interns, RAH DCT, General Trainees, RAH DCT, Surgical RMOS, RAH DCT, TAPP, Glenside Simulation Tech Medical Education Registrar Medical Education Registrar Administration RMO and BP, RAH
Royal Adelaide Hospital – Students	Year 3-4 Medical Students
Royal Adelaide Hospital – Academic Staff and Clinical Titleholders	Head of the Rheumatology Unit, RAH Endocrinologist, RAH Professor of Medicine, Renal Transplantation GP Consultant Infectious Diseases, RAH
Royal Adelaide Hospital – Junior Medical Staff (Interns, PGY2)	Post Graduate Year 1s Post Graduate Year 2
Queen Elizabeth Hospital – Clinical Academics and Titleholders	MBBS Year 4 to 6 Coordinator Clinical Director of the Aged & Extended Care Services Year 5 Course Coordinator, CALHN
Queen Elizabeth Hospital – Students	Year 4 Medical Students Education Representative for Student Society

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

Groups met by the 2023 assessment team

Meeting	Attendees
Monday, 9 October 2023	
Acknowledgement of Country and Welcome	Dean of Medicine/Head, Adelaide Medical School (AMS) Director, Medical Education AMS
Governance	Dean of Medicine/Head, Adelaide Medical School (AMS) Director, Medical Education AMS Program Director Years 4–6 & Chair AMS Teaching & Learning Committee Program Director Years 1–3 Chair AMS Teaching & Learning Committee Senior Lecturer - Indigenous Health Director Faculty Operations /AMS Business Manager Project Officer, Faculty of Health & Medical Sciences (FHMS)
Resources and staffing	Dean of Medicine/Head, Adelaide Medical School (AMS) Executive Dean, FMHS Executive Director, FHMS Deputy Dean Learning & Teaching, FHMS Director Faculty Operations /AMS Business Manager Project Manager, FHMS Head of Medical Studies Discipline, AMS
Virtual visit Clinical Sites (Whyalla and/or Port Augusta – combined meetings on Zoom if the timing allows)	MBBS Y5 IRP Students
Meeting with Students	MBBS Y3, Y4 Y5 BMS 1, 2
Meet with NALHN Executive	Executive Director Medical Services, NALHN
Tour of NALHN teaching facilities Learning Environment	Medical Education Registrar NAHLN
Meet with NALHN Staff	Chief Surgical Resident NAHLN Professor of Palliative Medicine in the Discipline of Medicine Director of Clinical Training, NAHLN Staff Paediatrician NAHLN Endocrinologist (NALHN) Deputy Director of Physician Education & Consultant Physician, NALHN Divisional Director of Critical Care NAHLN Emergency Physician NAHLN Divisional Director (Medical) NAHLN Medical Education Registrar NAHLN
Meeting with NALHN student	MBBS Y4, Y5, Y6 students
Student Services and Support	Deputy Chair Admissions Committee Wellbeing and Pastoral Care Coordinator

Meeting	Attendees
	Pastoral Care role years 4-6 Manager, Admissions Operations Team Leader, Student Success (FHMS) Senior Precinct Officer Precinct Connect Officer Academic Precinct Officer
Debrief	Dean of Medicine/Head, Adelaide Medical School (AMS) Director, Medical Education AMS
Tuesday, 10 October 2023	
Meeting	Vice-Chancellor and President - University of Adelaide
Indigenous Strategy	Senior Lecturer – Indigenous Health Lecturer -Yaitya Purruna, Indigenous Health Unit Senior Lecturer -Yaitya Purruna, Indigenous Health Unit Lecturer, ARCS Indigenous student recruitment and retention, ARCS Manager, Wirltu Yarlu Platform Lead, Wardliparingga, SAHMRI RTO Manager, Aboriginal Health Council of South Australia
Teaching, Learning and Assessment	Dean of Medicine/Head, Adelaide Medical School (AMS) Co-Chair Medical School Teaching & Learning Committee Co-Chair Medical School Teaching & Learning Committee Lead, BMedSt curriculum design Year 2 BMS Course Coordinator/ Clinical Practice Coordinator Clinical Titleholder Senior Lecturer, AMS Health Services Researcher and Educator, School of Public Health
Virtual visit to clinical sites in Whyalla and/or Port Augusta	Director, ARCS Head of Education, ARCS Operations Manager, ARCS Rural Health Lecturer GP registrar with the RFDS Online Learning Coordinator, ARCS
Tour of RAH teaching facilities Learning Environment	Infectious diseases unit CALHN
Meet with RAH Executives	Chair, Clinical Council, CALHN Medical Lead, Division of Specialty Medicine
Meet with RAH Staff	University of Adelaide staff: Professor, Medical Specialties Discipline Head, Discipline of Psychiatry AMS Professor of General Medicine, AMS Professor Medical Specialties, AMS Lecturer Clinical Education, AMS Senior Lecturer, Surgical Specialties Coordinator, Year 6 Emergency Department Internship

Meeting	Attendees
	Clinical titleholders Acute and General Medicine Consultant Physician Clinical Professor of Medine, AMS
Meeting with RAH students	MBBS Y4, Y5, Y6
Tour of AHMS	Dean of Medicine/Head, Adelaide Medical School (AMS) Director, Medical Education AMS Director, AHS
Final debrief with Dean and key staff	Dean of Medicine/Head, Adelaide Medical School (AMS) Director, Medical Education AMS Program Director Years 4–6 & Chair AMS Teaching & Learning Committee Program Director Years 1–3 Chair AMS Teaching & Learning Committee Director Faculty Operations /AMS Business Manager

Appendix Three Summary of conditions, recommendations and commendations from the 2022 accreditation visit

To be satisfied by 2023	
Condition	Status
1. Implement processes that ensure the expertise of First Nations' peoples guides the development and management of the program. (Standard 1.4) by 2023	Progressing 2023
2. Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate levels of administrative support for the program, including clear resources and lines of responsibility for supporting the Adelaide Medical School academic and corporate governance committees, curriculum development and delivery, student clinical assessment, health service and community stakeholder engagement and program monitoring and evaluation activities. (Standards 1.5.2, 1.8.2 and 6.1.1) by 2023	Progressing 2023
8. Ensure adequate direction and oversight of clinical activities for weekly clinical days in Year 3. (Standard 3.2) by 2023	Satisfied monitoring 2023
9. Review and update the Indigenous Health curriculum, including; o addressing concerns related to the inadequacy of teaching about genocide and intergenerational trauma. (Standard 3.5) by 2023	Progressing 2023
11. Review the consistency and quality of teaching in the Year 3 clinical placements and address student concerns that further and more timely procedural skills teaching is required before these clinical placements. (Standard 4.3) by 2023	Progressing 2023
12. Confirm the details of the relaunch of the interprofessional learning program. (Standard 4.7) by 2023	Progressing 2023
13. Finalise assessment arrangements for the BMD program. This includes: o the Assessment Framework. (Standard 5.1.1) by 2023 o progression requirements across all years of this program. (Standard 5.1.2) by 2023 o plans for improving the early identification of and support for at risk students. (Standard 5.3.1) by 2023	Progressing 2023
14. Clarify the progression points and consequences of failure to progress for MBBS students. (Standard. 5.1.2) by 2023	Satisfied follow-up 2023
15. Demonstrate sufficient and sustainable professional and academic staff resources, including psychometric capacity, to support the conduct of assessment and quality assurance	Not progressing follow-up 2023

	processes specific to the medical program. (Standard 5.2 and 5.4.1) by 2023	
20.	Adequately resource the introduction of Multiple Mini Interviews including capacity for monitoring and evaluation. (Standard 7.2.1) by 2023	Satisfied monitoring 2023
21.	Confirm the appointment of the Clinical Deans as proposed or otherwise implement a sustainable solution for providing wellbeing support and clear signposting to school and university services for students on all clinical placements. This support must ensure separation of responsibilities for pastoral support and for academic progression decisions. (Standard 7.3.1) by 2023	Satisfied monitoring 2023
24.	Confirm arrangements for adequate student space at the Royal Adelaide Hospital. (Standard 8.1.1) 2023	Satisfied monitoring 2023

To be satisfied by 2024		
Condition		Status
2.	Demonstrate processes and outcomes indicating that medical program is able to direct resources sufficient to achieve its purpose and objectives specifically: o Demonstrate adequate statistical support for the implementation and evaluation of both the program of assessments and the increasing research components of the BMD. (Standards 1.5.2 and 1.8.2) by 2024	No finding 2023
3.	Engage with local communities and individuals in the Indigenous Health sector in metropolitan centres to promote relevant medical training and increase the medical program's responsiveness to the health needs of these stakeholders. (Standard 1.6.2, 2.1.2 and 2.1.3) by 2024	Progressing 2023
5.	Define the research project expectations across the BMD and in particular the approach to be taken for the Year 6 work and the consequential impact on preparation for practice. (Standard 2.1) by 2024	No finding 2023
7.	Build on the design work for the BMD and the increased focus on community needs by expanding opportunities for both MBBS and BMD students to experience healthcare delivery and health advocacy outside the hospital setting, including in general practice and other primary care settings. (Standard 3.2) by 2024	Progressing 2023
16.	Work with students in both programs to address concerns that some assessment feedback does not help students understand what actions are required to improve performance. (Standard 5.3.2) by 2024	No finding 2023
19.	Develop and implement the plans and resources to improve support and retention of Aboriginal and Torres Strait Islander	Progressing 2023

	students. (Standard 7.1.3) by 2024 (in 2023 confirm the plans and budget/staffing, in 2024 reflect on the effectiveness of these)	
22.	Confirm the revisions to the policies and processes for identification and management of students whose behaviours raises concern about their professionalism and fitness to practise that respond to the development of the Professionalism and Leadership domain in the BMD. (Standard 7.4.1 and 7.4.2) by 2024 (the later date recognises the work underway to review processes across other schools and the need for engagement with staff, clinical titleholders and students.)	No finding 2023
23.	Implement information technology systems to improve management of the program. The areas requiring further support are: o software to support curriculum mapping and blueprinting, by 2024 o assessment management software to enable more detailed data to be analysed and further psychometric analyses to be conducted efficiently, by 2024 o tracking of student progression and early identification of concerns, by 2024 o longitudinal management of student professionalism with appropriate controls. (Standard 8.2.1) by 2024	No finding 2023
25.	Engage with local communities to expand opportunities for metropolitan based students to develop skills and knowledge in providing culturally safe care to Aboriginal and Torres Strait Islander patients. (Standard 8.3.3) by 2024 (in 2023, provide evidence of community engagement on an appropriate response, in 2024 provide evidence of expanded placements/experiences.)	Progressing 2023
27.	Evaluate if the physical facilities at the Royal Adelaide Hospital achieve the outcomes of the medical program and, depending on the findings of the evaluation, work with the Royal Adelaide Hospital to identify a solution, as to: o whether the student spaces at the Royal Adelaide Hospital shared with hospital staff (many of whom are not affiliated with the medical program) meet student needs o whether the location of the physical offices of the Precinct Officer and anticipated Clinical Dean enable them to effectively work with students, staff and clinical titleholders. (Standard 8.1.1)	New condition 2023

To be satisfied by 2025		
Condition		Status
4.	Implement development processes for staff and clinical title holders. (Standard 1.9) by 2025 (a plan that includes some engagement with staff and clinical title holders in 2023, beginning roll out to staff in 2023, roll out to clinical titleholders in 2024, and evaluation and refinement in 2025).	Progressing 2023
6.	Demonstrate, through mapping and assessment, that comparable outcomes are achieved across sites in metropolitan and rural programs. (Standard 2.2) by 2025	No finding 2023
10.	Implement the planned professional development for non-Aboriginal staff to support teaching in Indigenous Health. (Standard 3.5) by 2025	Progressing 2023
17.	Develop and implement a specific monitoring and evaluation strategy for the BMD program demonstrating that evaluation results are reported, responded to and shared with students, staff and other stakeholders. (Standard 6.1 and 6.3) by 2025 (in 2023 provide the strategy, in 2024 demonstrate implementation and in 2025 provide reflection on learning and demonstrate processes for closing the loop with students, staff and stakeholders.)	Progressing 2023
18.	Demonstrate through evaluation and responsiveness to feedback, the School's commitment to maintain the quality of the MBBS program and ensure that it continues to meet the accreditation standards. (Standard 6.2) by 2025 (annual reporting on evaluation, responses and student progression eg time out until the final year of the course.)	No finding 2023

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

Appendix Four Summary of tables