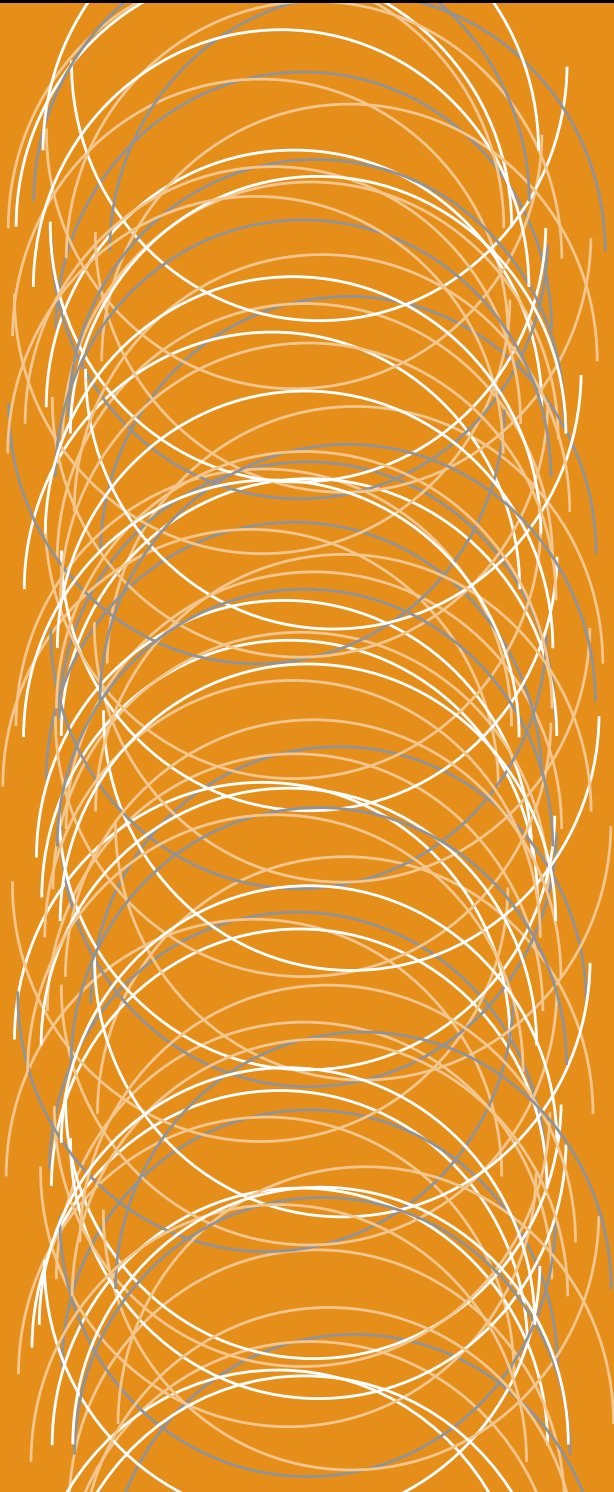


Australian Medical Council Limited

Accreditation of the  
James Cook University, College of  
Medicine and Dentistry medical program

AMC



Medical School Accreditation Committee  
March 2024

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## **Acknowledgement of Country**

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The Australian Medical Council acknowledges the Aboriginal and/or Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky. The Australian Medical Council offices are on the land of the Ngunnawal and Ngambri Peoples. The Nguma-bada and Bada-jali campuses in Cairns are located on the lands of the Yidinji people. The College of Medicine and Dentistry operates across many lands in QLD.

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

## **Executive summary 2023**

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### **Accreditation process**

According to the Australian Medical Council's (AMC) *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022*, accredited medical education providers may seek an assessment of proposals for a material change in programs of study.

The AMC defines a material change in an accredited program or education provider as a change in the length or format of the program including the introduction of new distinct streams; a significant change in educational outcomes; a substantial change in education philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes resulting from a major reduction in resources leading to an inability to achieve the purpose and/or outcomes of the program are also major changes. While the gradual evolution of a medical program in response to initiatives and review would not be considered a major change, the AMC may regard a number of minor changes in the areas listed as collectively constituting a material change.

Accreditation of the Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the James Cook University, College of Medicine and Dentistry expires on 31 March 2028.

In May 2022, the Australian Government made a commitment for 20 additional Commonwealth Supported Places (CSP's) in medicine for Cairns. In August 2022, James Cook University (JCU), College of Medicine and Dentistry sent the AMC a material change submission for the JCU MBBS program expansion into Cairns.

An AMC team completed the Material Change assessment. It reviewed the College's submission and the student submission and conducted virtual meetings with the University in December 2022.

A further submission was made to the AMC in October 2023, and the AMC team visited the University and associated clinical teaching sites in the week of 1-3 November 2023.

There were significant concerns about the impact of the Professional Services Change program and level of resourcing at the time of the assessment. It was clear however that there was extraordinary commitment from the academic leadership, professional staff and clinical service partners to support the new cohort and deliver a high-quality program in Cairns.

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.

## **Summary of accreditation decisions**

### **2022/ 2023 Material change assessment**

In April 2023, on recommendation from the Medical School Accreditation Committee, AMC Directors placed the following six new conditions on the accreditation of JCU, relating to the delivery of Years 1-3 of the program at the Cairns campus:

- Condition 8: Confirm the financial resources/budget available to the medical program from 2023 and demonstrate that these are sufficient to achieve the purpose and the objectives of the medical program, which include continuing to meet the accreditation standards. (2012 Standard 1.5.2 and 1.5.3)
- Condition 9: Demonstrate that the program continues to have sufficient professional and academic staff to support both the preparation needed to teach Y1-3 in Cairns and the continued sustainability of the program across the two campuses and three clinical schools. Specifically:
  - That the program will have sufficient technical support to facilitate the online/streamed delivery of the program across the Cairns and Townsville Campuses.
  - That the academic staff who will be responsible for the teaching of Y1-3 in Cairns will have sufficient professional, technical and administrative support. (2012 Standard 1.8.1, 1.8.2)
- Condition 10: Demonstrate comparable outcomes through comparable educational experiences and equivalent methods of assessment across Townsville and Cairns campuses in Y1-3 (2012 Standard 2.2.3)
- Condition 11: Confirm the number of Aboriginal and/or Torres Strait Islander students that will be placed at Cairns and the retention policies and supports in place for these students (2012 Standard 7.1.2 and 7.3.1)
- Condition 12: Clarify the student representation model for Cairns-based students (*as part of the 2023 accreditation activities in Cairns*) (2012 Standard 7.5)
- Condition 13: Confirm adequate GP or alternative placements for the Y1 end-of-term-one-placement (2012 Standard 8.3.2)

### **2023 Report on conditions**

The Committee determined that Conditions 8, 11 and 13 were satisfied during the monitoring process in 2023.

### **2023 Assessment and visit to Cairns**

At their 12 March 2024 meeting, the AMC Medical School Accreditation Committee considered the accreditation report and confirmed the 2021 accreditation decision that:

- (i) the six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of James Cook University, College of Medicine and Dentistry be accredited to 31 March 2028, subject to the meeting of the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.
- (ii) Three conditions which were set at the time of the 2022 material change assessment were found to be satisfied (condition 8, 11 & 13)

On 15 May 2024 AMC Directors resolved that:

- (i) the medical program of James Cook University, College of Medicine and Dentistry now *substantially meets* the accreditation standards, and
- (ii) the addition of the following three new conditions on the College's accreditation.
  - Condition 14: Demonstrate adequate resourcing and support for professional staff implementing the program's recruitment processes for the program as a whole and for growing the student cohort in Cairns. (2012 Standard 7.1,7.2/2023 Standard 4.1)
  - Condition 15: Demonstrate that adequate student support will be in place for the full cohort of Cairns-based students by 2024. (Standard 7.3.1/2023 Standard 4.2.2)
  - Condition 16: Demonstrate that the teaching spaces in Cairns are fit for purpose:
    - The lecture theatres and teaching and learning spaces have sufficient capacity and stable IT systems, services and support to ensure consistent virtual education experiences for students at the Cairns site.
    - There are sufficient spaces with appropriate equipment for clinical skills teaching at the Smithfield campus. (2012 Standard 8.1, 8.2/2023 Standard 5.1)

The College was provided with the AMC Assessment Team's recommended conditions on 2 February 2024. These were accepted by the Committee without change. The proposed timeline for addressing these conditions is 2024, which in practice requires the University to demonstrate positive progress on addressing the conditions in its submission to the AMC scheduled for 26 July 2024 and to have addressed the conditions and met the standard by the end of 2024.

## 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 relate to the assessment of the impact of the change (delivery of Years 1-3 at the University's Cairns campus) on the program and provider meeting the accreditation standards. They therefore include conditions set following accreditation assessment activities across 2022 and 2023. The numbering of the conditions follow those set in the 2021 reaccreditation assessment.*

**A summary of the accreditation conditions set since the 2021 reaccreditation assessments can be found at Appendix Four.**

<b>1. The context of the medical program</b>	<b>Substantially Met</b>
--	--------------------------

2012 Standards 1.5 and 1.8 are substantially met

### Conditions

9. Demonstrate that the program continues to have sufficient professional and academic staff to support both the preparation needed to teach Y1-3 in Cairns and the continued sustainability of the program across the two campuses and three clinical schools by 2023. Specifically:
- that the program will have sufficient technical support to facilitate the online/streamed delivery of the program across the Cairns and Townsville Campuses.
  - that the academic staff who will be responsible for the teaching of Y1-3 in Cairns will have sufficient professional, technical and administrative support (2012 Standards 1.5, 1.8.1 and 1.8.2/2023 Standards 1.4.1, 5.2.1 and 5.2.2)

<b>2. The outcomes of the medical program</b>	<b>Substantially Met</b>
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2012 Standard 2.2.3 is substantially met

### Conditions

10. Demonstrate comparable outcomes through comparable educational experiences and equivalent methods of assessment across Townsville and Cairns campuses in Y1-3. (2012 Standard 2.2.3/2023 standard 2.1.2) by 2026



<b>3. The medical curriculum</b>	<b>Substantially Met</b>
----------------------------------	--------------------------

2012 Standards 3.3 and 3.4 are substantially met

*Recommendations*

- U. Consider additional resourcing for the Indigenous Health staff team, including for staff members based in Cairns. (2012 Standard 3.5/2023 Standard 2.2.3 and 5.2.3)

<b>4. Teaching and learning</b>	<b>Met</b>
---------------------------------	------------

*Commendations*

The face-to-face attendance rate at learning activities in Cairns (2012 Standard 4.1/2023 Standard 2.3.1)

<b>5. Teaching and learning</b>	<b>Met</b>
---------------------------------	------------

Nil conditions

<b>6. Teaching and learning</b>	<b>Substantially Met</b>
---------------------------------	--------------------------

2012 Standard 6.1.2 is substantially met

Nil new conditions

<b>7. Implementing the curriculum – students</b>	<b>Substantially Met</b>
--	--------------------------

2012 Standards 7.1, 7.2.7.3 and 7.5 are substantially met

*Conditions*

- 12. Clarify the student representation model for Cairns-based students by the end of 2023. (2012 Standard 7.5/2023 Standard 1.3.4)
- 14. Demonstrate adequate resourcing and support for professional staff implementing the program's recruitment processes for the program as a whole and for growing the student cohort in Cairns. (2012 Standard 7.1,7.2/2023 Standard 4.1)
- 15. Demonstrate that adequate student support will be in place for the full cohort of Cairns-based students by 2024. (Standard 7.3.1/2023 Standard 4.2.2)

*Recommendations*

- V. Work with local health services and networks to promote the Cairns-based program to prospective local students. (2012 Standard 7.2/2023 Standard 4.1.3)

<b>8. Implementing the curriculum- learning environment</b>	<b>Substantially Met</b>
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2012 Standards 8.1 and 8.2 are substantially met

*Conditions*

16. Demonstrate that the teaching spaces in Cairns are fit for purpose:

- The lecture theatres and teaching and learning spaces have sufficient capacity and stable IT systems, services and support to ensure consistent virtual education experiences for students at the Cairns site.
- There are sufficient spaces with appropriate equipment for clinical skills teaching at the Smithfield campus. (2012 Standard 8.1, 8.2/2023 Standard 5.1)

*Recommendations*

W. Identify a space for medical students on the Cairns campus to support mentoring, collaboration and building of identity as a medical student. (2012 Standard 8.1/2023 Standard 5.1.2)

## Introduction

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### 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 and/or Torres Strait Islander person.

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

The James Cook University (JCU) consists of a geographically dispersed network of campuses, study centres, field stations, research hubs, training sites and clinical schools in Northern Queensland. The JCU Brisbane campus delivers programs in partnership with Russo Higher Education Pty Ltd and there is an international JCU campus in Singapore. In 2023, the medical program had in total, 75.9 full-time equivalent (FTE) academic staff, 47.6 FTE Administrative staff, and 22.6 FTE

Research staff, distributed across the sites. As at October 2023, there were 449 adjunct and Full Academic Title Holder (FATH) appointments supporting the medical program.

The University Council is the governing body of the University, established by the James Cook University Act 1997 and consists of 15 members including official, appointed and elected members. The primary role of 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 committees or through authorised delegations.

JCU has an Academy division that oversees six Colleges, and service divisions for research, education, services and resources, and functions of the Chancellery. The Academy is responsible for overall strategy in relation to JCU's academic program and directs the six Colleges to deliver the education and research programs of the University.

The six Colleges are:

- Arts Society and Education (CASE)
- Business, Law and Governance (CBLG)
- Healthcare Sciences (CHS)
- Medicine and Dentistry (CMD)
- Public Health, Medical and Veterinary Sciences (CPHMVS)
- Science and Engineering (CSE)

The Academy is led by the Deputy Vice Chancellor, Academy and also includes the JCU Central Queensland Centre for Rural and Remote Health, the JCU Murtupuni Centre for Rural and Remote Health as well as Academy Operations, Academic Program Quality and Pathways.

The Dean of the College of Medicine and Dentistry delegates responsibility for academic matters of the medical program to the Head of Medical Education and to Chairs of relevant committees.

The foundation years of the Bachelor of Medicine / Bachelor of Surgery (MBBS) program (Years 1 to 3) have historically been based at the Townsville (Bebegu Yumba) campus and, since 2023 are also being rolled out at the Cairns (Nguma-Bada) campus. Clinically focused years (Years 4 to 6) are delivered from the Clinical Schools in Cairns, Townsville and Mackay. In addition, students have clinical exposure through the Rural Clinical School sites situated across northern Queensland, as well as locations supported through JCU's two University Departments of Rural Health (Murtupuni Centre for Rural and Remote Health and the Central Queensland Centre for Rural and Remote Health). All students undertake substantial rural and remote placements in Years 2, 4 and 6, with opportunities for some students to participate in extended integrated rural placements in Years 5 and 6.

## Accreditation Background

Year	Assessment Type	Outcome
1999	Initial accreditation	Granted accreditation to 31 December 2006
2000	Follow up	The AMC confirmed the 1999 decision
2002	Follow up	Granted accreditation to 31 December 2007
2006	Comprehensive report	The AMC determined that due to the proposed increase in student numbers that a short material change accreditation visit take place in 2007
2007	Material change (increase in student numbers)	Granted accreditation to 31 December 2010
2010	Reaccreditation	Granted accreditation to 31 December 2016
2011	Progress report	Accepted
2013	Progress report	Accepted
2015	Progress report	Accepted
2016	Comprehensive report	Extension granted to 31 March 2021 – moved to biennial reporting
2018	Progress report	Accepted – continue biennial reporting
2020	Short extension of accreditation	Short extension of accreditation to 31 March 2022 to accommodate deferment as a result of COVID19
2021	Reaccreditation	Granted accreditation for six-years to 31 March 2028
2022	Year 1 Monitoring submission	Accepted, subject to a material change assessment visit in 2023 (planned delivery in Cairns, change in curriculum and the student evaluation).

## 2022 Material Change Submission

Following the Federal Government's commitment to 20 additional Commonwealth Support Places in medicine at Cairns, James Cook University provided a material change submission to the AMC. An AMC assessment team reviewed the submission and conducted meetings with JCU in December 2022 prior to the commencement of the stream at Cairns in 2023. In 2023, a Year 1 cohort of 36 students commenced at Cairns.

At the end of 2022, the University announced a change of program, which included staff restructuring and redundancies. The AMC Assessment Team considered the impact of the change program in the context of the additional student numbers in Cairns. The Medical School Accreditation Committee considered the impact on the program's and provider's accreditation status alongside the Assessment Team's feedback on the accreditation activities in 2022. On recommendation from the Committee, AMC Directors placed six new conditions on the accreditation of JCU, relating to concerns of sustainable financing, appropriate resourcing and staffing allocation, comparable outcomes across sites, student representation, and adequate clinical placements.

## 2023 Accreditation Activities

In May 2023, the Committee considered an update on the four new conditions relating to the change program. The Committee determined that JCU had satisfactorily addressed three of the four conditions.

In October 2023, JCU provided a monitoring report and in November 2023 the AMC Assessment team undertook follow up accreditation assessment activities relating to the delivery of the program in Cairns.

## **This report**

This report details the findings of the 2022/2023 material change assessment.

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

The members of the 2022/2023 AMC team are at **Appendix One**.

The groups met by the AMC team in 2022 and 2023 in Cairns and Townsville, Queensland are at **Appendix Two**.

A summary of conditions, recommendations and commendations resulting from the 2021 and 2022/23 AMC assessments are at **Appendix Three**.

## **Appreciation**

The AMC thanks the University and the College of Medicine and Dentistry for the detailed planning and the comprehensive material provided for the team. The AMC acknowledges and thanks the staff, clinicians, students and others who met members of the team for their hospitality, cooperation and assistance during the assessment process.

# **1 The context of the medical program**

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## **1.1 Governance**

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

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

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

The JCU program is a six-year Bachelor of Medicine Bachelor of Surgery (MBBS) course with an emphasis on the health of rural, remote, Aboriginal and/or Torres Strait Islander communities and tropical global health. The operational governance of the MBBS structure is divided into Foundation Studies (largely Years 1 to 3 but extending across the program) and Clinical Studies (largely Years 4 to 6 but including clinical learning in early years). Each part has year coordinators, and site coordinators for the clinical years. For the Foundation years, there is significant teaching load delivered by the academic staff from the two other colleges within the Academy, CPHMVS and CSE. This is delivered in a collaborative fashion, with staff teaching into and out from the College traditionally at the University campus in Townsville (for all students in Years 1 to 3) with additional clinical sites for later years.

The Australian Government made a pre-election commitment for 20 additional Commonwealth Supported Places (CSPs) in medicine for Cairns. The JCU medical program has thereby expanded to offer end-to-end education for a cohort of approximately 40 students per Years 1 to 3 in the JCU Campus at Cairns, which commenced with a Year 1 student cohort in 2023.

The governance structures and committees remain largely the same and seem to be well understood by the Cairns based staff. The Cairns Foundations Studies Coordinator is also Deputy Chair for the Foundation Years to recognise the Cairns-based contribution to the program. There is no independent formal Cairns based education committee but the small number of academics and professional staff, led by the academic Coordinator seemed to have formed a cohesive and collaborative group to operationalise the educational experiences at the new site.

There was evidence of strong and supportive engagement with Cairns and Hinterland Health Service and local additional General Practices to recruit further Year 1 GP placements. There has been engagement with local Aboriginal and/or Torres Strait Islander Health Services or community groups with a successful Cultural Immersion Experience in October 2023. The College will need to ensure adequate resourcing to continuing consultation with both health services and community groups in Cairns and the surrounding regions and enable them to contribute effectively to the governance and development of the program, particularly with the additional cohorts across Years 1 to 3.

## **1.2 Leadership and autonomy**

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

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

The leadership structure of the program remains the same with the Head of Medical Education and MBBS Program lead reporting to the Dean of the College. The Cairns-based Foundation Studies Coordinator (lead for Years 1-3 in Cairns and also the Foundation Years Committee deputy

chair) reports to the Head of the MBBS Program, as does the Foundation Years Committee chair. There is autonomy to develop the medical program within the staff of the College, including the additional Foundations Studies teaching in Cairns.

### **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.*

As noted in 1.2, the existing committee structures will remain, with the Foundation Studies Coordinator (Cairns) being the deputy chair for the Foundation Studies Committee.

The MBBS degree remains as currently delivered and assessed against national standards.

### **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.*

A number of Medicine academic staff are based at or near the Cairns Nguma-bada campus. The Foundation Studies Coordinator (Cairns) is now full-time based in Cairns. Anatomy, biomedical science and public health academics also provide input. The majority of lectures are delivered synchronously from Townsville to a Cairns learning space via videoconference.

Input for local physiology teaching has been provided from the College of Public Health Medical and Veterinary Sciences, and additional academic staff positions in Cairns have been recruited – a Lecturer in Medical Education and Lecturer in Clinical Skills. Another two of these positions are being created for 2024 to assist with the additional student cohort at Cairns. Senior students are tutors for some of the tutorial and home group sessions. The College will need to ensure that there are sufficient experts in small group facilitation for the additional Year 2 and 3 student cohorts.

The program is informed by the expertise of the School lead in Indigenous Health, however the further contribution of Cairns and regional communities and peoples to the delivery of Years 1 to 3 is yet to be defined. There is a possible need for additional Indigenous staff for teaching once the Years 1 to 3 cohorts are active where teaching will be required across the Townsville and Cairns sites.

### **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.*

Notwithstanding the extensive changes from the Professional Services Change, the structures of the College have not changed and there was no evidence to suggest that the College is unable to direct resources to achieve its purpose and the objectives of the medical program. The budget seems to be stable but has not substantially increased despite the increased teaching load.

There is concern that the medical program is not able to direct resources to meet the needs of the program. For example, the extensive restructure in the Professional Services Change resulted in



loss of professional staff resources and organisational knowledge in areas such as recruitment and selection that are critical to securing a full cohort of students appropriate for the program. This applies to the program overall, however, there were also concerns that the staffing to support the delivery of the early years of the program would continue to be stretched.

There was recognition by the University that current resourcing, particularly for staff but also IT infrastructure is not sufficient. The Assessment Team heard that there were plans to decentralise College budgets and decision-making on staffing again so that Deans of Colleges would have more autonomy and accountability in both.

## **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.*

There was evidence of very positive engagement with the local health service through the Director of Medical Services and Director of Clinical and Emergency Services (Cairns and Hinterland Hospital and Health Service) and that the health service was undertaking strategic planning in the anticipation of an increased number of graduates wishing to remain for internship and future training. Strategic intentions include promotion of health careers at local schools, continuing with university senior educational and research positions, and integrating a longitudinal educational journey from medical school to vocational training, including for rural generalist pathways.

There had already been a small recent uplift in intern places and the Health Service had built in a further increase to accommodate the graduating cohort in six years' time. The health service representatives expressed an ambition to increase recruitment to the program from North Queensland. There are vibrant overseas communities in Northern Queensland, and it is also hoped that some of the international students who will join the cohort in future years (as part of the 20 transferred from Townsville) will also stay for internships in the area.

It will be important for the health service to be formally connected into the monitoring and evaluation of the program as it is rolled out.

## **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.*

There are no implications arising from the delivery of the program at Cairns. There are active researchers within the Cairns Clinical School and associated with programs of research and facilities of the Australian Institute of Tropical Health and Medicine (AITHM) at the Nguma-bada Campus.

## **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.*

Year 1 delivery in Cairns was very successful with positive feedback from students on the quality of teaching and engagement from all staff, and particularly from the Foundation Studies Coordinator. There is a substantial key-person risk in the current delivery and this success appeared to be reliant on the skills and goodwill of extraordinarily committed staff. While this was acknowledged by the College and there was work underway to recruit into new positions, the recruitment processes were not timely. The recruitment processes need to be streamlined to ensure sufficient and seamless academic capacity at the Cairns campus.

The pastoral adviser role remains the current Academic Advisor across all Year 1 to 3 students in Townsville and Cairns. The AMC team were concerned about the workload of this Academic Advisor.

The assessment team considered Condition 9 during the visit. It became clear that there had been a loss of expertise and corporate memory in academic support staff and technical staff who are crucial to the successful running of the program both on campus and in clinical services. At Cairns, students and academic staff were trouble-shooting audiovisual problems due to insufficiently timely technical assistance for the streamed lecture program. The laboratory staff also appeared to be very stretched, and this was exacerbated by the need to move equipment frequently due to lack of storage and need for equipment at different locations. With the increasing student numbers the Cairns campus will require accessible and appropriately experienced laboratory and technical support for anatomy and biomedical sciences. The Assessment Team were extremely concerned about the decreasing professional staff resources at a time of increasing teaching workload with academic staff covering the shortfall in professional and technical support.

There is likely to be increased pressure in 2024 due to the growth of student numbers at Cairns with both Year 1 and Year 2 cohorts.

The College is required to report on the recruitment plans and timelines for academic and professional staff as Year 2 is being implemented and preparations are underway for the delivery of Year 3.

## **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.*

No change identified – policies remain the same as when assessed in 2021. There are a number of extraordinary and committed staff at Cairns.

## **2 The outcomes of the medical program**

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

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

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

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

### **2.1 Purpose**

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

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

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

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

The College's purpose and mission, in delivering a fit-for-purpose workforce to serve the communities of Northern Queensland, is clearly stated and evident in all of its strategic objectives and activities. It is a clearly recognised part of the College's culture by external stakeholders.

The statement of purpose for the College is: To promote health and strengthen healthcare for communities of tropical Australia and beyond through excellence in socially accountable health professional education, research, service, partnerships, advocacy and leadership.

The College's mission clearly identifies the importance of the recognition of the local Aboriginal and/or Torres Strait Island cultural heritage, with a clear commitment to closing the gap between Aboriginal and/or Torres Strait Islander health outcomes and non-Indigenous health outcomes, uniquely offering postgraduate integration with rural General Practice training as a means to address the maldistribution of medical practitioners in rural and remote North Queensland.

The Cairns end-to-end program clearly aligns with the purpose and mission of the College and has been defined in collaboration with relevant stakeholders.

### **2.2 Medical program outcomes**

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

- 1 Science and Scholarship: the medical graduate as scientist and scholar*
- 2 Clinical Practice: the medical graduate as practitioner*
- 3 Health and Society: the medical graduate as a health advocate*

- 4     *Professionalism and Leadership: the medical graduate as a professional and leader.*
- 2.2.1     *The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.*
- 2.2.2     *The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.*
- 2.2.3     *The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

The College's graduate outcomes are well defined, and consistent with the AMC's graduate outcomes for medical education. The Cairns program has the same learning outcomes.

The College's medical graduates are recognised for their work readiness, their commitment to remote and rural health, and for their understanding of the issues and needs of the Northern Australian communities. This will be amplified in the Cairns cohort. The graduates are valued and welcomed by the local health services. The College's integrated rural immersion program in rural and remote North Queensland, with successful collaborations with remote health services, including those serving Aboriginal and Torres Strait Islander communities is commendable.

The Cairns Program is planned to be delivered consistently with the Townsville program with some minor contextual modifications. Psychometric tools will be used to compare the assessment results in each discipline across sites. The AMC will be interested in further data on comparability in outcomes between the two cohorts.

The College will be asked to continue to provide comparative information on the evaluation of the Townsville and Cairns based program delivery and on the performance of both cohorts. This is consistent with the Committee's usual approach to monitoring the delivery of material changes to programs.

### **3 The medical curriculum**

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#### **3.1 Duration of the medical program**

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

The medical program is a six-year MBBS degree, and the duration of the program is sufficient to ensure that the defined graduate outcomes can be achieved. The duration of the program is the same regardless of whether students are based in Cairns or Townsville for their first three years.

#### **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 curriculum content is based around four themes which align with the four AMC domains. There are no changes to the content of the curriculum, other than contextualisation to the far North Queensland location. An example of this is the cultural immersion day which incorporated local elders from the region.

#### **3.3 Curriculum design**

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

There is evidence of purposeful curriculum design and clear articulation with medical intern training.

Since the 2021 AMC report, there has been improved integration of the biomedical sciences around a clinical scenario. An example of this in Year 1 was discussion of hypothyroidism linked to biomedical science and clinical skills.

There is early evidence of contextualisation of rural and Indigenous Health. Students completed a general practice placement in the middle of the year in local general practices in the Cairns region. Engagement with local Aboriginal communities and a number of Aboriginal Health Services has already been established.

### **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.*

The curriculum is informed by an overarching set of Course Learning Outcomes (CLOs) that reflect the global attributes of graduates of the College. These are based on the expectations of medical graduates in Australia and are contextualised to apply to the College's mission. Under these CLOs sit a suite of Year Learning Outcomes (YLOs) which have been prepared for each year of the course.

The YLOs have also been mapped against the AMC Graduate Outcome statements to demonstrate how the content delivered across the Program ensures that graduates are able to achieve all of the specified outcomes. There has been a significant body to review the curriculum content and description so that it could be delivered and the description made sense in the context of the Cairns delivery.

Students in Year 1 at Cairns did not report any concerns about the clarity of Learning Outcomes.

### **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).*

The Indigenous health curriculum is integrated across the six years of the program and delivered via lectures, guided learning sessions and clinical placements in Years 4 to 6. Cultural awareness is introduced early in the course through a cultural immersion experience which was held in October 2023 with local Cairns community elders involved. This was considered a rewarding and informative experience by both students and staff.

In Year 2, there is a module on Rural, Remote, Indigenous and Tropical Health that has a strong focus on working with individuals, families and groups in Aboriginal and/or Torres Strait Islander context and exploring models of health care delivery. Engagement is underway to accommodate the additional student numbers in Cairns.

In Year 4, students undertake an Aboriginal and/or Torres Strait Islander health placement as part of their six-week rural clinical rotation. This is in an Aboriginal Community Controlled Health Service (ACCHS) or other related government health service. Year 6 students complete a capstone Aboriginal and Torres Strait Islander Peoples' Health Assignment, which requires students to integrate their learning across all previous years, focusing on populations with chronic diseases.

Overall, the Indigenous health curriculum is well integrated across the six years of the program and in the Cairns region there are close relationships with a number of Aboriginal Health Services in Mareeba, Atherton and Mossman. It is noted that many of the Indigenous Health staff are based in Townsville. The College is encouraged to consider the adequacy of resourcing for this team.

### **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.*

The College offers multiple opportunities for students to pursue studies of choice at various time-points across the course.

In Year 1 students can self-organise a health elective placement. Year 3 students have choice of a three-credit point 'selective' subject in disciplines outside the core medical curriculum. There is also a clinical elective, a ten-week block in the final year of the Program that can be in an area of choice (Clinical or Research) either in Australia or internationally. It is anticipated that international electives will be available to students again in 2024 after the impacts of COVID.

There are Extended Integrated Rural Placements available for Year 6 students, which are 20 weeks duration and incorporate the Rural Internship rotation and Adult Health rotation. The Longitudinal

Integrated Clerkship allows a small number of students to complete almost the entire Year 6 in a Northern Queensland rural community. This opportunity will potentially enhance the experience of the Cairns cohort.

## **4 Learning and teaching**

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### **4.1 Learning and teaching methods**

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

The College utilises a wide range of learning and teaching methods underpinned by sound pedagogy to meet the outcomes of the medical program. The learning and teaching methods at the Cairns campus are equivalent to the Townsville campus with some minor adaptations.

In Years 1-3, course modules are structured around weekly themes with an Introductory Session (1hr), a Guided Learning Session (GLS) (3hr) and a Synthesising Session (1hr) for each topic. This leads the student through a logical learning sequence in which they are first introduced to main concepts, engage with the topic, construct their own learning and understanding and apply this knowledge through the activities of the GLS, and then 'wrap-up' and review them in the Synthesising Session.

The Learning and Teaching methods at the Cairns campus are similar to those in Townsville except for the large group lectures. These lectures are delivered synchronously to a Cairns learning space via videoconference. In 2023 the majority of these were delivered in person from Townsville, videoconferenced to Cairns with a minority delivered live from Cairns to Townsville. Students valued the academic experts from Townsville or local experts delivering live in Cairns, which allowed additional time for interaction and explanation of concepts. It is planned for approximately 25% of these large group teaching sessions to be delivered live from Cairns in 2024.

Anatomy and other biomedical sciences are delivered in high quality facilities with local academics who bring expertise in biomedical sciences. The prosected specimens in anatomy are prepared and selected for relevant sessions and are equivalent to those in Townsville. Near-to-peer teaching occurs in Anatomy, Guided Learning Sessions and Home Groups with local Cairns students from Years 4 – 6 as tutors.

In general, attendance at non-compulsory face-to-face learning activities was exceptionally high in 2023, with around 90% of Year 1 students attending most classes. This reflects the supportive learning culture which has already developed in this first cohort of Cairns students. Students valued the increased face-to-face learning in study period 2 of 2023.

Unfortunately, technical issues with videoconferencing infrastructure at Cairns were prominent, especially in the large lecture theatres. This inhibited interactivity and other innovations in content delivery, resulting in one-way delivery rather than collaborative learning. The importance of digital technology for future healthcare workers is clear, especially in rural and remote medicine, and it is incumbent on JCU executive to invest in digital infrastructure and innovation.

### **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.*

Support is provided to students to develop into self-directed, life-long learners. An example of this in Year 1 at Cairns is the Home Group program which has already resulted in student cooperative and self-directed learning. This is further developed throughout the program.

### **4.3 Clinical skill development**

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

Clinical skills are introduced early in the Program and are scaffolded well, with an increase in complexity as students progress from Year 1 to 6. In Year 1, clinical skills are taught largely in a simulated environment, parallel with and integrated with the corresponding body system content.



Adequate facilities for clinical skills are available at the Cairns City (Bada-jali) campus and are planned for the Nguma-Bada campus at Smithfield with expected refurbishment of a large open plan learning space. The Clinical skills sessions in Year 1 are taught by an enthusiastic clinician and are highly valued by the students. The Cairns hospital clinicians are engaged as are local general practitioners which should provide a rich environment for development of clinical skills.

#### **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.*

The supervised involvement with patients with an increasing level of participation in clinical care as students proceed towards graduation is a clear strength of the Program. The total hours of clinical placements across the six years of the Program exceeds that of many other medical programs. JCU graduates rank their preparedness for internship highly across a range of domains. Stakeholders, including the local health services, also recognise the preparedness of the College's graduates for internships, particularly in the remote, rural and regional settings of Northern Queensland.

#### **4.5 Role modelling**

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

Early access to role models is provided through the Home Group program that commences in Year 1. Students described that the home group facilitators act as mentors and positive role models. Additionally, in Year 1, students undertake observational general practice placements which focus on identifying and learning from positive behaviours of supervisors such as patient centred approach, empathy, compassion and respect. Furthermore, many examples of senior students acting as role models for junior students, including through the Clinical Skills program and the Guided Learning Sessions were noted.

Cairns students have the privilege of high quality academics and clinicians who role model professionalism and commitment. The Academic Lead, Foundation Studies, is an outstanding example of dedication and compassion who the students greatly appreciate and respect.

#### **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.*

There are numerous examples of the ways in which patient centred care is demonstrated to students. The importance of patient centred care is impressed on students early in the course through the Ecology of Health and Global Health Modules. The fundamental concepts of patient centred care and the importance of good communication are taught through role play, for example, difficult scenarios and in simulated history taking where students are taught to clarify, reflect and summarise.

Later in the course, students are further educated about patient centred care largely through the role modelling of clinical supervisors.

Further evidence of community collaborative engagement is the extent to which Aboriginal and/or Torres Strait Islander communities have input into the curriculum. The Associate Professor Rural Health has close connections and collaboration with a number of ACCHOs in the Cairns and Far North Queensland that feed into the Program.

#### **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.*

Opportunities for interprofessional learning (IPL) are provided across all six years of the Program. There is an opportunity for Cairns students to learn with and from other health professions relating to the co-location with Pharmacy, Dentistry and Nursing at the Nguma-Bada campus, Smithfield. The AMC looks forward to future reporting on IPL.

## **5 The curriculum – assessment of student learning**

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### **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.*

There is no planned change to the assessment approach in the delivery of Years 1-3 in Cairns. The usual assessments that had been performed in Townsville are duplicated in Cairns.

### **5.2 Assessment methods**

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

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

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

There is no planned change to the assessment methods in the delivery of Years 1-3 in Cairns.

### **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.*

There is no planned change to the assessment feedback in the delivery of Years 1-3 in Cairns. The Year 1 students in Cairns described positive processes for feedback from their assessments and strong engagement from the Cairns academic staff.

### **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.*

There is no planned change to the assessment approach in the delivery of Years 1-3 in Cairns. The College will demonstrate that the scope of the assessment practices, processes and standards is consistent across its teaching sites through annual monitoring submissions.

## **6 The curriculum – monitoring**

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### **6.1 Monitoring**

- 6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.*
- 6.1.2 The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.*
- 6.1.3 The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.*

The team were reassured that the new Cairns Foundation Studies Coordinator has been engaged in monitoring the quality of teaching and has overseen the significant program of near to peer teaching in lectures, homeroom groups, guided learning sessions, clinical skills, and anatomy. There was immediate responsiveness to students' concerns when raised informally through the homegroups or through direct communication with the Coordinator. It is important that concerns are still documented and form part of the systematic evaluation information that informs the monitoring and evaluation processes.

Student feedback was also formally obtained through feedback surveys. The planned end of year survey and focus group evaluation for Year 1 Cairns student cohort has been postponed until the beginning of the 2024 academic year. The students were not aware of this proposed feedback activity, and it was unclear whether the evaluation activities for Cairns Year 1 students had undergone approval by the Medicine Impact and Evaluation Working Group, and where the results have been discussed. There was no discussion or presentation of evaluation activities for staff members.

Given the evaluation processes are still being refined by the evaluation working party, the College is encouraged to work with students and to identify an approach that will ensure good quality results and avoid evaluation fatigue. Sufficient academic support should be provided to enable the evaluation framework.

### **6.2 Outcome evaluation**

- 6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.*
- 6.2.2 The medical education provider evaluates the outcomes of the medical program.*
- 6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.*

The newly formed Medicine Impact and Evaluation Working Group provides oversight to evaluation processes within the medical program. The Monitoring and Evaluation Framework has been developed and describes the evaluation processes and activities. The College accesses information regarding graduate outcomes including from the Medical Students Outcomes Database and from the detailed Student Experience Survey (SES) and Course Evaluation Questionnaire (CEQ) data. In time the College will need to adjust its approach to monitoring outcomes to accommodate the two streams of the program, and to be sensitive to the potentially different outcomes of graduates with local backgrounds, across those two streams.

A detailed analysis and comparison of academic performance of the Years 1-3 Cairns and Townsville cohorts is planned each year to ensure comparability of student experiences and achievement of outcomes.

There is an opportunity for the College to identify links between cohort data and the strategic aims of the program to bolster the appeal of Cairns as a first choice for new students.

### **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.*

As in standard 6.2, feedback and reporting will need to adjust to respond to the new delivery. Cairns health service representatives who the AMC team spoke to are very enthusiastic to be involved in evaluation monitoring and results although the process by which this occurs formally is not clear.

## 7 Implementing the curriculum - students

### 7.1 Student intake

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

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

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

The JCU program has a stated objective of prioritising students who are from Northern Queensland or have the ambition to serve rural and remote Australia. It seeks to have cohorts that comprise at least 25% rural applicants and around 15% international students. JCU has strategies in place to actively recruit Aboriginal and/or Torres Strait Islander students, including scholarships and currently Aboriginal and/or Torres Strait Islander students represent about 2% of the total JCU medical student cohort.

The program had a stable student intake of, until 2022, around 200 students, including Commonwealth supported students, bonded students and international full fee-paying students.

**Table 1. Student intake**

Year	Commonwealth supported	Bonded Medical Places	Fee-paying domestic	Fee-paying international
2023	97	92*	0	43
2022	137	57	0	47
2021	147	51	0	10

*\*Increase due to funding places at the Cairns campus*

In September 2022, the Commonwealth awarded JCU an additional 20 CSP to assist in the establishment of the Cairns Years 1-3 program to begin in 2023. The Cairns Year 1-3 cohorts intend to have 40 students in each of the years, comprising these 20 new CSP and 20 others transferred from the Townsville cohort. From 2024, the College intends to also place a modest intake of international students in Cairns. With deferred and repeating students, it is anticipated that first year cohort sizes will be around 50. International students were not included in the 2023 cohort because the announcement of the extra CSPs occurred after international interviews had taken place.

The program has ambitions that once the possibility of studying medicine in Cairns becomes more widely known, there will be more applications from local people from Cairns and North Queensland, including from Aboriginal and/or Torres Strait Islander applicants.

### 7.2 Admission policy and selection

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

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

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

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

The program has clear policies and procedures for application and selection for admission into its medical program. The admissions process had been run successfully by a dedicated team within the College and former Division of Tropical Health and Medicine for many years. However, in 2022 key staff who were involved in medical admissions resigned. Admissions functions were moved centrally with the loss of corporate knowledge associated with the complexities of medical admissions. The program has identified the admission and selection process as a high risk situation. At the time of the visit, more staff were being trained but the University was already behind in interviews with international applicants for 2024 which could have implications for the program as a whole and for meeting the target for the Cairns cohort.

Given the challenges in the admissions process and the speed at which the preparations for Year 1 at Cairns needed to be made, it was not surprising that there were some missed opportunities for marketing the Cairns campus within the local communities. In particular, there is an opportunity to embed promotion of the program within the local health services and through rural health networks into rural communities.

The program has specific recruitment, selection and admission processes for Aboriginal and/or Torres Strait Islander students that is organised through the Indigenous Education and Research Centre and led by Professor Martin Nakata, DVC Indigenous Education and Strategy. This Centre provides Indigenous Student Support Advisors and Indigenous Academic Support Advisors on both Bebegu Yumba (Townsville) and Nguma-bada (Smithfield) campuses. A number of staff noted the opportunities to recruit more Aboriginal and/or Torres Strait Islander students for the Cairns cohort by further promoting of the Cairns Year 1-3 option. There was one Aboriginal and/or Torres Strait Islander student in the 2023 Cairns cohort.

### **7.3 Student support**

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

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

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

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

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

The University provides a full range of student support services including academic and pastoral services. The range of services available to students at the Cairns campus is equivalent to those available to students at Townsville. The Associate Dean Students works closely with the Academic Lead - Student Support and heads a team of Academic Advisors who aim to provide students with appropriate academic support, pastoral care, advice and referral to internal or external agencies

when required. Each member of the Academic Advisors team is not involved in the assessment of students in the year they advise. For students in Years 4-6, there is an Academic Advisor for each year at each of the three main clinical school sites. These staff are trained and many are clinicians. For students in Years 1-3, there is an on-line booking system to talk to an Academic Advisor and in some instances, such as poor attendance, an Academic Advisor could reach out to students. Additional support mechanisms are in place for Aboriginal and/or Torres Strait Islander students, students from rural areas and international students.

In 2020, this system was causing some confusion and concern for some students. Since that time, the Associate Dean Students has engaged with students and the James Cook University Medical Students' Association (JCUMSA) in formal and informal meetings to improve students' understanding of and engagement with the support system. In 2023, the College has provided evidence that the Associate Dean Students has continued with initiatives to strengthen the relationship between students, including Aboriginal and/or Torres Strait Islander students, and their support services to identify gaps in student support services, receive feedback and listen to student voice.

The JCUMSA Student Report acknowledges improvements in student support services and the training of support staff. It notes that student support services are well structured but claims that there remain barriers for some students to accessing support. These barriers are reported to revolve around: the stigma of seeking help; hesitation to seek help if previous engagement with an Academic Advisor had been poor; rumours that the appointment will not be timely; and some scepticism about whether academic progression and student support can be truly separate.

In 2023, the Cairns-based Foundation Studies Coordinator acted as a vital conduit for student support for the Year 1 cohort. Because of their dedication to the cohort and the start-up of the program in Cairns, it is likely that the full extent of student support needs were not fully felt by the Associate Dean Students. This model of primary responsibility for Cairns-based students by the Foundation Studies Coordinator is unlikely to be sustainable as the number of Year 1-3 students grow.

A Cairns-based Academic Services Officer role was reported to be advertised with the intention of ensuring accessible advice/signposting to College and University support services as the cohort grows.

#### **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.*

There is no difference in policies and processes between Townsville and Cairns

#### **7.5 Student representation**

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

The assessment team considered progress towards Condition 12 during the visit and found that Program issues for Year 1 Cairns-based students have been dealt with through the Academic Lead, Foundation Medical Studies, rather than through formal representation mechanisms. This was reported by students to be very effective due to the strength of the relationship between the Academic Lead and the cohort.

The College provides formal processes and structures to facilitate and support student representation in the governance of the medical program, including the key medical program committees. At the time of the assessment, only Year 1 had begun and there were less than 40



foundation students at the Cairns campus. None of these students were representatives in the program's governance structures.

The College's medical students' society (JCUMSA) also plays an important role in ensuring student engagement in the program. Until 2023, representation for Years 1-3 of the program has been Townsville-based and student representatives are elected from each year of the clinical cohorts based in Townsville, Cairns and McKay. With the establishment of the Year 1 cohort in Cairns, a Cairns-based Year 1 representative has been elected.

Cairns students noted that while they have membership into JCUMSA and excellent support from the Academic Lead, Foundation Medical Studies, they do not feel well integrated into JCUMSA or the program.

As the Cairns cohort develops, especially when all three foundation years are operating, the voice of this cohort should be reflected more consistently in the governance structure of the program.

The AMC looks forward to further reports, as each new cohort comes on board in Cairns, as to how the formal processes for student representatives support involvement in program governance at the Cairns site.

## **7.6 Student indemnification and insurance**

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

There is no difference in policies and processes between Townsville and Cairns.

## 8 Implementing the curriculum – learning environment

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### 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.*

Cairns is a significant site of activity for JCU with around 3,000 enrolled students based there. Until 2023, the foundation years of the JCU medical program (Years 1-3) were based in Townsville and the clinical years, Years 4-6, were based around three clinical campuses: Townsville, Cairns and Mackay. The activities of the College of Medicine & Dentistry were largely based around three locations: Nguma-bada, Bada-jali and the Cairns Clinical School.

The Nguma-bada (Smithfield) campus houses extensive teaching and research facilities, the JCU library, cafés, bars, fitness and sporting facilities and numerous student clubs and societies. The College of Medicine & Dentistry teaching facilities include a licensed anatomy laboratory, a multipurpose teaching laboratory, home rooms and collaborative learning spaces.

The Bada-jali (City) campus has significant space dedicated to the medical program in terms of both teaching and office amenities. This includes one floor of teaching spaces, available to all parts of the University but used predominantly for Year 4 of MBBS. Another half floor has been fitted out as a clinical skills facility for use by Years 4, 5 and 6 of the medical program. This includes a purpose-built simulated ward, which provides an environment for high fidelity simulation teaching with a high degree of authenticity. Half of one floor is dedicated to offices for College staff.

The Cairns Clinical School is based at Cairns Base Hospital and is largely the base for medical program students in Year 5 and 6. It includes tutorial and meeting rooms for small group teaching, a student common room, kitchen facilities and a computer room/study space. The program has access to hospital large teaching spaces and auditorium, and clinical students have access to the hospital library.

It was proposed that the new Cairns Years 1-3 cohorts would undertake all learning activities at established JCU campuses in Cairns, in particular at the Nguma-bada (Smithfield) campus and the Bada-jali (City) campus.

During 2023, a number of issues came to light in respect of the physical facilities. These included issues with IT and AV to support teaching and learning, (see next section); contested space at the Cairns Clinical School; pressure on space and timetabling at Bada-jali; predictions that there will not be the capacity to support Year 1 and Year 2 students in 2024, especially in teaching clinical skills; the need to ensure that the Cairns foundation cohorts have a 'home base' or common room, and signage to recognise the presence of the medical program at the Nguma-bada campus. It was acknowledged that well-functioning physical facilities are important for student engagement, learning and achieving the outcomes of the program.

JCU has begun work on a new Clinical School facility to be housed in the soon-to-be constructed Cairns Tropical Enterprise Centre (CTEC) building adjacent to Cairns Base Hospital. It is planned that the building will become part of the academic home for Cairns-based students in Years 4-6.

While the JCU 2023 Report to AMC noted that they expected to accommodate Year 1 and Year 2 cohorts on the Bada-jali campus, their Risk Register noted that they were unable to confirm timetabling of some critical teaching and learning activities for these cohorts in 2024, in particular teaching of clinical skills. The physical site, equipment resources, technical support and timetabling were not assured at the time of the team visit and in their own risk assessment document they noted "There is insufficient space at Cairns City Campus to accommodate both Year 1 and Year 2 cohorts." For the first half of 2024, it is proposed that the Year 1 and Year 2 cohorts share the clinical skills space at Nguma-bada with Nursing although timetabling was still to be resolved. A new clinical skills teaching space was being prepared and planned to be ready for teaching by the second half of 2024.

There were some concerns about the progress on the new planned clinical skills teaching space and having sufficient physical resources for clinical skills teaching for Year 1 and Year 2 students.

Among the facilities at the Nguma-bada campus is an accredited human anatomy laboratory and associated facilities to support the teaching of anatomy in the College. Laboratory and technical staff numbers have been reduced and the team merged, and functions streamlined and centralised. There are now no on-site laboratory or technology support staff at the Cairns Clinical School or at Bada-jali so staff have to provide support across Cairns, which entails travelling between campuses, moving specimens, staff and often expensive equipment. The team noted that they were committed to supporting good teaching and helping provide a positive learning experience for students. They were concerned about their capacity when the Year 2 Cairns cohort would start. They were anticipating new teaching spaces being ready and functional and noted that there was a need for space for secure technical storage.

While the University notes that some student accommodation was available in Cairns, students reported that it was only for those in their first year and securing accommodation, especially as they transitioned into Year 2, was of concern to students.

## **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 technology and real-time access to audio-visual resources is an increasingly important part of modern education and health practice. The establishment of the Year 1 Cairns cohort, who rely very significantly on lectures being streamed from Townsville and IT for Guided Learning Sessions, exposed a number of challenges in the IT systems and support resources available at Cairns. The Team received numerous reports of problems.

The College itself noted that there continues to be persisting problems with IT and AV systems that impact student learning in Cairns, but also in other locations. In particular, students at Nguma-bada and Bada-jali campuses faced on-going problems establishing connections for lectures or between rooms that would require technical support to rectify, and this support may not be available on site. There are known technical problems with the main teaching room at Bada-jali, and problems occur as frequently as every fortnight.

This has impacted on the student learning experience and is evident in the Cairns student feedback. Students also note that while they have received the same lecture as students in Townsville, by the same lecturer, they are unable to interact and ask questions and the streaming cuts off automatically at five minutes to the hour. They noted that while Cairns based teachers were sometimes present to engage with them about the lecture, it was the Townsville based lecturer that set the exam questions.

Other library and physical information resource systems were very adequate in Cairns, however the importance of a fully functioning and future-proofed IT system is essential.

## **8.3 Clinical learning environment**

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

- 8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.*
- 8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Māori.*
- 8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.*

The clinical teaching and learning environment for JCU medical students in the Cairns-based cohorts is supported by local and regional health services that provide sufficient clinical experience of different models of care across a broad range of clinical settings. In particular, Aboriginal Medical Services were well engaged and committed to ensuring that students engaged with and learned from a variety of health care professionals in the health care team. Further, the Cairns Base Hospital provides some services for people from Far North Queensland, including a significant proportion of Aboriginal and/or Torres Strait Islander peoples, providing important opportunities for Cairns-based students to gain significant experience in the provision of culturally safe care.

#### **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.*

It was evident from discussions with the leadership of the Cairns Hospital and Healthcare Services that they value the relationship with the JCU medical program and see it as an extension of a workforce development pipeline for North Queensland. They noted that a replacement for the Head of the Cairns Clinical School had not been appointed and felt that that was an important appointment that cemented a relationship that supported the interaction between the clinical teaching and clinical practice and continued professional development.

**Professor Tony Celenza (Chair)**

Head, Division of Emergency Medicine, Anaesthesia and Pain Medicine, University of Western Australia

**Professor Papaarangi Reid**

Tumuaki - Deputy Dean, Māori, Head of Department, Faculty of Medical and Health Sciences, Te Kupenga Haura Māori, New Zealand. (University of Auckland)

**Professor Jane Bleasel**

Head of School and Dean of Medicine, Joint Medical Program – University of Newcastle and University of New England

**Kirsty White**

Director, Standards and Accreditation, Australian Medical Council

**Esther Jurkowicz**

Accreditation Officer, Australian Medical Council

## Appendix Two      Groups met by the 2022 Assessment Team

Meeting	Attendees
<i>Monday, 5 December 2022</i>	
<u>Virtual meeting, via zoom</u>	
JCU Leadership	Acting Dean, College of Medicine and Dentistry Head, Medical Education Manager, College Operations Academic Lead, Foundation Medical Studies Head, Cairns Clinical School
Years 1-3 Leads	Lead, Foundation Studies Academic Lead, Anatomy and Pathology Academic Lead, Clinical Skills Acting Year 1 Coordinator
<i>Wednesday, 14 December 2022</i>	
<u>Virtual meeting, via zoom</u>	
Students	JCUMSA President, 2022 JCUMSA President, 2023
Cairns Health Services	Executive Director, Cairns and Hinterland Hospital and Health Service Head, Cairns Clinical School
Student support and wellbeing	Associate Dean, Students First Year Experience Coordinator, Cairns
Cairns academic staff and clinical placement stakeholders	GP Practice and Student Support (Cairns) Head, Cairns Clinical School

### Appendix Three      Groups met by the 2023 Assessment Team

Meeting	Attendees
<b>Thursday, 2 November 2023</b>	
<u>ICU Cairns, Nguma-Bada Campus, Smithfield</u>	
Acknowledgement of Country and Welcome	Dean, College of Medicine and Dentistry Associate Dean, Students Associate Professor, Rural Health Academic Co-ordinator, Cairns Lecturer, Cairns Clinical School Academic Lead, Foundation Medical Studies Associate Dean, Teaching and Learning Head, Foundation Studies Associate Dean, Teaching and Learning CPHMVS Academic Lead, Clinical Skills Academic Lead, Anatomy and Pathology
Governance	Deputy Vice Chancellor, Academy Associate Dean, Teaching and Learning Dean, College of Medicine and Dentistry Academic Lead, Foundation Studies Manager, College of Medicine and Dentistry
Local Learning and Teaching	Academic Lead, Foundation Studies Head, Foundation Studies Associate Dean, Teaching and Learning CPHMVS Associate Dean, Teaching and Learning Lecturer, Medical Education Academic Lead, Anatomy and Pathology
Indigenous Strategy	Senior Lecturer Indigenous Health Academic Manager, Indigenous Student Support Programs Indigenous Student Support Advisor
Information Technology	Manager, Learning Technology Head, Digital Services Delivery Team Leader, Digital Space and Service Delivery Associate Director, Digital Workplace and Delivery Manager, College of Medicine and Dentistry
Meeting with Local Aboriginal and/or Torres Strait Islander Community Groups	Associate Professor, Rural Health CEO, Mulungu Aboriginal Corporation Primary Health Care Service Senior Lecturer
Briefing and Estates and Tour of Smithfield Campus (Including Laboratories, Lecture Theatres, GLS Rooms, Future Building Plans, Student Spaces, Library and more)	Academic Lead, Foundation Studies Team Leader, Laboratory and Technical Support Manager, Scheduling Services Scheduling Services Officer
<b>Friday, 3 November 2023</b>	
<u>ICU Cairns, Bada-Jali Campus, Shield Street</u>	

<b>Meeting</b>	<b>Attendees</b>
Cairns Hospital Executives	Executive Director Medical Services, Cairns and Hinterland Hospital and Health Service Associate Director of Medical and Emergency Services, Cairns Services at Cairns and Hinterland Hospital and Health Service
Tour of Shield Street, including Learning Spaces, Clinical Facilities and Student Spaces	Academic Lead, Foundation Studies
<u>ICU Cairns, Nguma-Bada Campus, Smithfield</u>	
Student Services and Support; Admissions and Selection	Associate Dean, Students Senior Lecturer, Medical Education Senior Counsellor Learning Advisor Team Leader, Admissions Health Programs Admissions Officer
General Practice and Community Placement	Lecturer, Cairns Clinical School Associate Professor, Rural Health Student Placement Officer
Student Experience and Lunch with Students	Year 1 Students Year 5 Student Year 6 Student
Staff Resourcing	Manager, College of Medicine and Dentistry Team Leader, Laboratories and Technical Support Manager, Cairns Rural Clinical School Team Leader, Academic Services Supervisor, Administrative Operations Manager, Student Placements Team Leader, Laboratory and Technical Support



**Conditions**

<i><b>From the 2021 reaccreditation assessment</b></i>		
1.	Work with students to address their concerns that the biomedical sciences teaching in foundation years does not have sufficient clinical context and, therefore, does not appear to relate clearly to their clinical placements in later years of the curriculum. (2012 Standard 3.3/2023 Standards 2.2.1 and 2.2.6)	<i>Due to be met 2024</i>
2.	Demonstrate clear communication to students about the learning outcomes or objectives for Years 5 and 6. (2012 Standard 3.4/2023 Standard 2.2.9)	Progressing 2022
3.	Demonstrate responsiveness to student feedback so that concerns about, or risks to, the quality of the medical program across all clinical sites are addressed. (2012 Standard 6.1.1)	Satisfied 2023
4.	Review the College evaluation processes to ensure that a coherent set of monitoring and evaluation activities relate to an overarching framework and that the framework and the contribution of the various activities to that framework are clearly articulated for staff and students. (2012 Standard 6.1.1)	Satisfied 2023
5.	Implement systematic mechanisms and formal pathways to deliver and obtain feedback to and from staff. (2012 Standard 6.1.2/2023 Standard 6.1.2)	Progressing 2023
6.	Clarify and publish the process for appealing selection decisions. (2012 Standard 7.2)	Satisfied 2022
7.	Work with students, including Aboriginal and Torres Strait Islander students, to identify and address gaps in student support services perceived by students. (2012 Standard 7.3.1)	Satisfied 2023
<i><b>From the 2022 material change assessment</b></i>		
8.	Confirm the financial resources/budget available to the medical program from 2023 and demonstrate that these are sufficient to achieve the purpose and the objectives of the medical program, which include continuing to meet the accreditation standards. (2012 Standard 1.5.2 and 1.5.3)	Satisfied 2023
9.	Demonstrate that the program continues to have sufficient professional and academic staff to support both the preparation needed to teach Y1-3 in Cairns and the continued sustainability of the program across the two campuses and three clinical schools.	Not progressing

	<p>Specifically:</p> <ul style="list-style-type: none"> <li>• That the program will have sufficient technical support to facilitate the online/streamed delivery of the program across the Cairns and Townsville Campuses.</li> <li>• That the academic staff who will be responsible for the teaching of Y1-3 in Cairns will have sufficient professional, technical and administrative support.</li> </ul> <p>(2012 Standards 1.5, 1.8.1 and 1.8.2/2023 Standards 1.4.1, 5.2.1 and 5.2.2)</p>	
10.	Demonstrate comparable outcomes through comparable educational experiences and equivalent methods of assessment across Townsville and Cairns campuses in Y1-3. (2012 Standard 2.2.3/2023 Standard 2.1.2)	Due to be met 2026
11.	Confirm the number of Aboriginal and/or Torres Strait Islander students that will be placed at Cairns and the retention policies and supports in place for these students. (2012 Standard 7.1.2 and 7.3.1)	Satisfied 2023
12.	Clarify the student representation model for Cairns-based students (as part of the 2023 accreditation activities in Cairns). (2012 Standard 7.5/2023 Standard 1.3.4)	Progressing 2023
13.	Confirm adequate GP or alternative placements for the Y1 end-of-term-one-placement. (2012 Standard 8.3.2)	Satisfied 2023
<b><i>From the 2023 material change assessment</i></b>		
14.	Demonstrate adequate resourcing and support for professional staff implementing the program's recruitment processes for the program as a whole and for growing the student cohort in Cairns. (2012 Standard 7.1,7.2/2023 Standard 4.1)	Due to be met 2024
15.	Demonstrate that adequate student support will be in place for the full cohort of Cairns-based students by 2024. (2012 Standard 7.3.1/2023 Standard 4.2.2)	Due to be met 2024
16.	<p>Demonstrate that the teaching spaces in Cairns are fit for purpose:</p> <ul style="list-style-type: none"> <li>• The lecture theatres and teaching and learning spaces have sufficient capacity and stable IT systems, services and support to ensure consistent virtual education experiences for students at the Cairns site.</li> <li>• There are sufficient spaces with appropriate equipment for clinical skills teaching at the Smithfield campus.</li> </ul> <p>(2012 Standard 8.1 and 8.2/2023 Standard 5.1)</p>	Due to be met 2024

## Recommendations

<i>From the 2021 reaccreditation assessment</i>	
A.	Work with local health services to further develop research opportunities that will provide benefits to the local communities as well as the College and its students. (2012 Standard 1.7.1)
B.	Improve recruitment and training of Indigenous staff by enacting commitments in the Reconciliation Action Plan. (2012 Standard 1.8.3)
C.	Improve the efficiency of recruitment processes for staff appointments to vacancies in senior roles. (2012 Standard 1.9.1)
D.	Develop formal processes for community consultation across all of the communities in which clinical teaching sites are based to inform curriculum renewal. (2012 Standard 2.1.4)
E.	Work with students to increase opportunities to develop skills in critical appraisal and develop an Evidence Based Medicine framework to signpost the acquisition of skills in research methodology, science and scholarship, and improve students' confidence in these areas. (2012 Standards 3.2.1 and 4.2)
F.	Provide more detailed briefing materials for staff and supervisors for Year 4 clinical rotations and consider more formal attachments to clinical teams. (2012 Standard 3.2.2)
G.	Include more group discussions and debriefing sessions around professional behaviour in the PEAL assessment items from Years 1 to 3, and review the balance of the burden and utility of written reflective activities. (2012 Standards 3.2.4 and 4.2)
H.	Complete the development and population of the Database of Curriculum, Teaching and Assessment database to assist students and staff in the management and understanding of the curriculum. (2012 Standard 3.4)
I.	When reviewing the content of the Aboriginal and Torres Strait Islander health curriculum, consider how to address perceptions of stereotyping and deficit framing. (2012 Standard 3.5)
J.	Work with students and supervisors to address students' concerns about the difficulty in accessing research supervisors and opportunities, particularly at regional sites. (2012 Standard 4.5)
K.	Include further opportunities (beyond pharmacy) for medical students to learn alongside students from other disciplines when developing the College's new IPL framework. (2012 Standard 4.7)
L.	Consider a change from a high stakes end of year exam in Year 5 to a more even spread of lower stakes assessments across the year, which would enable multiple perspectives on students' performance within authentic clinical settings and enhance longitudinal assessment. (2012 Standard 5.2.1)

M.	Review the utility of the Basic Science Retention Exams and consider alternate methods of reinforcing basic science knowledge retention. (2012 Standard 5.2.1)
N.	Include student representation in the Evaluation Strategy Committee to support the review and development of monitoring and evaluation activities. (2012 Standard 6.1.1)
O.	Work with students to develop a more accessible mechanism to communicate results of evaluation activities to the entire student body. (2012 Standard 6.3.2)
P.	Document the range of feedback mechanisms for external stakeholders across the program and clinical sites, and centralise the collection and analysis of this feedback to augment the engagement in the annual College Summit. (2012 Standard 6.2)
Q.	Investigate and identify solutions to address staff concerns the College's current plagiarism prevention tool (SafeAssign) does not effectively identify unprofessional behaviour of this nature. (2012 Standard 7.4.2)
R.	Include student representation in the Aboriginal and Torres Strait Islander Strategy Committee and the Evaluation Strategy Committee. (2012 Standard 7.5)
S.	Engage with the leadership of local health services in a collaborative long term planning exercise that builds from a common vision, and incorporates issues of evolving space needs to secure robust and mutually beneficial, long term partnerships. (2012 Standard 8.1)
T.	Work with supervisors to develop mechanisms to provide feedback on their performance to support their development. (2012 Standard 8.4.2)
<b><i>From the 2023 material change assessment</i></b>	
U.	Consider additional resourcing for the Indigenous Health staff team, including for staff members based in Cairns. (2012 Standard 3.5/2023 Standard 2.2.3 and 5.2.3)
V.	Work with local health services and networks to promote the Cairns-based program to prospective local students. (2012 Standard 7.2/2023 Standard 4.1.3)
W.	Identify a space for medical students on the Cairns campus to support mentoring, collaboration and building of identity as a medical student. (2012 Standard 8.1/2023 Standard 5.1.2)

## Commendations:

<b><i>From the 2021 reaccreditation assessment</i></b>
The College's passion for clinical education and education research, along with its commitment to strengthening educational expertise in the program's leadership team. (2012 Standard 1.4.1)
The recruitment and development of a growing group of Indigenous academic and professional staff at the Murtupuni Centre for Rural and Remote Health in Mt Isa, achieving greater-than-population parity representation. (2012 Standard 1.8.3)
The strong collaborative engagement with and support for community members and patient volunteer teachers that has resulted in a successful program of volunteer simulated patients. (2012 Standards 1.8.4 and 4.6)
The enthusiastic and highly committed staff who work well together, and are dedicated to improving student outcomes. (2012 Standard 1.9)
JCU graduates are recognised for their work readiness, their commitment to remote and rural health, and for their understanding of the issues and needs of the North Queensland communities. (2012 Standards 2.2.1 and 2.2.2)
The positive College culture that discourages competitiveness and privileges collaborative learning. (2012 Standard 3.2.4)
The clear commitment of the Program to collaborative work with Aboriginal and Torres Strait Island communities on the development and delivery of the Indigenous Health curriculum. (2012 Standard 3.5)
The Acute Care Clinic workshop and the simGPclinic, which are innovative simulated learning opportunities for clinical skills development. (2012 Standard 4.3)
The Program's commitment to learning through clinical experience and the clearly solid foundation for intern training that the program provides. (2012 Standard 4.4)
The College's clear commitment to patient centred care within the Program's design and delivery. (2012 Standard 4.6)
The leadership roles and academic activities undertaken in the ACCLAiM collaboration. (2012 Standard 5)
The University's investment in work with Aboriginal and Torres Strait Islander high school students to encourage participation in tertiary education and the medical program. (2012 Standard 7.1.3)
The College's dedication to its mission and proud tradition of graduating doctors to serve rural, remote, Indigenous and other underserved communities in the region. (2012 Standard 7.1)
The commitment to early and comprehensive patient contact across a wide range of healthcare settings. (2012 Standards 8.3.1 and 8.3.2)

The strong partnerships with health services and Aboriginal Community Controlled Health Organisations, and extensive experience in the provision of culturally competent care for Aboriginal and Torres Strait Islander peoples available to all students. (2012 Standard 8.3.3)

The significant investment in a wide range of general and targeted opportunities to support academic and clinical teachers' professional development as medical educators. (2012 Standard 8.4.2)

***From the 2023 material change assessment***

The face-to-face attendance rate at learning activities in Cairns. (2012 Standard 4.1/2023 Standard 2.3.1)



