Accreditation Report: Macquarie University, Faculty of Medicine, Health and Human Sciences

Medical School Accreditation Committee

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Australian Medical Council Limited

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Acknowledgement of Country

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

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live and work, and their ongoing connection to the land, water and sky. The Australian Medical Council offices are on the land of the Ngunnawal and Ngambri Peoples and the main Macquarie University and MQ Health campus are located on the lands of the Wallumattagal People of the Dharug Nation. Sites where the Macquarie University, Faculty of Medicine, Health and Human Sciences has a footprint on include the lands of the Gayamaygal, Garigal, Gaimariagal, Guringai, Dharug and Gumbaynggirr Peoples.

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

Executive summary 2024

Accreditation process

According to the Australian Medical Council's (AMC) *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024,* accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission and visits the provider and its clinical teaching sites.

Accreditation of the Doctor of Medicine medical program of the Macquarie University, Faculty of Medicine, Health and Human Sciences expires on 31 March 2025. In the 2022 accreditation extension report, the AMC stipulated that a follow-up assessment be undertaken in 2024, and include a review of arrangements in Apollo Hospital Hyderabad, India and of the clinical experience for Years 3 and 4 students in Australia, as these were not in place at the time of the last assessment.

An AMC team completed the follow up assessment, with a focus on clinical learning and the final two years of the program. It reviewed the Faculty's submission and the student submission and visited the University and associated clinical teaching sites in Sydney, Australia and Hyderabad, India from 7 – 13 March 2024. This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023*.

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.

AMC Directors at their 12 September 2024 meeting resolved that:

(i) that the medical program of the Macquarie University, Faculty of Medicine, Health and Human Sciences substantially meets the accreditation standards;

(ii) that accreditation of four-year Doctor of Medicine (MD) program of the Macquarie University, Faculty of Medicine, Health and Human Sciences be granted for two years, to 31 March 2027; and

(iii) that accreditation of the program is subject to the meeting of the below conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

To be satisfied by 2024	
14	Ensure that the MD Assessment Oversight Committee and other key governance bodies that consider assessment and evaluation have representation of and are informed by Aboriginal and/or Torres Strait Islander experts, and/or have input from an Aboriginal and/or Torres Strait Islander governance committee. (Standard 3.1.6, 6.2.4) by 2024.

To be satisfied by 2025	
1	Demonstrate commitment of University and Faculty leadership to increasing overall participation of Aboriginal and/or Torres Strait Islander staff in the medical program by: • Demonstrating that Aboriginal and/or Torres Strait Islander staff are represented in senior leadership positions in the University with respect to the medical program and; • Allocating resources to build leaders in the medical program. (Standard 1.1.4) by 2025
2	Demonstrate that key external stakeholders particularly community groups who experience health inequities and Aboriginal and/or Torres Strait Islander people input on key areas of the program. (Standard 1.2.1) by December 2025.
3	Demonstrate effective partnerships supported by relevant formal and informal agreements with community organisations to the mutual benefit of both partners. (Standard 1.2.2). by 2025.
5	Ensure there are sufficient Aboriginal and/or Torres Strait Islander staff with time and authority to participate effectively at all levels of Faculty governance structures and decision-making processes related to learning, teaching, assessment, evaluation, resourcing, cultural safety, and wellbeing in the medical program. (Standard 1.3.5 and 5.3.3) by 2025.
7	Complete a detailed gap analysis and, as relevant, change the Graduate Capability Framework to be consistent with the 2023 AMC graduate outcome statements. (Standard 2.1.1) by 2025.
8	Evaluate, in partnership with Aboriginal and/or Torres Strait Islander communities and community groups who experience health inequities, whether the domains and structure of the Graduate Capability Framework continue to be fit for purpose. (Standard 2.1.1, 2.2.2, and 2.3.6) by 2025.
9	Once the first cohort of students complete the redesigned Year 3, evaluate the changes to placements under the Trimester Model to ensure the program remains constructively aligned, and that the placements meet the needs of the program and allow students to continue to meet medical program outcomes. (Standard 2.2.8, 2.2.1 and 6.1.1) by 2025.

11	Expand opportunities for collaborative and cross-institutional research in Aboriginal and/or Torres Strait Islander health learning and teaching. Provide evidence for how this research is integrated into and informs teaching and assessment. (Standard 2.2.4) by 2025.
13	Undertake blueprinting and detailed curriculum mapping as part of the review of the Graduate Capability Framework. Ensure that any revisions to the Graduate Capabilities are appropriately mapped across the program. (Standard 3.1.3) by 2025.
15	Develop and implement a strategy for recruiting Aboriginal and/or Torres Strait Islander students, students with rural backgrounds and students from equity groups to enable the program to meet its specified targets. (Standard 4.1.2, 4.1.5) by 2025.
16	Demonstrate strategies, infrastructure, resourcing and support for retaining Aboriginal and/or Torres Strait Islander students, students with rural backgrounds and students from equity groups. (Standard 4.1.3) by 2025.
17	Demonstrate that the medical program includes and supports students with disabilities. (Standard 4.1.4) by 2025.
18	Demonstrate how the School addresses bullying, harassment, racism and discrimination within the curriculum and in practice through the updated University policies and "student care and reporting network". (Standard 4.2.7) by 2025.
19	Prioritise the employment of (a) fulltime Aboriginal and/or Torres Strait Islander academic(s) to facilitate curriculum delivery and development. (Standards 5.2.3 and 5.2.4) by 2025 .
20	Demonstrate that there are appropriate professional development opportunities and support for Aboriginal and/or Torres Strait Islander academics. (Standard 5.3.3) by 2025.
21	Expand opportunities for placements in clinical settings with Aboriginal and/or Torres Strait Islander people. (Standard 5.4.2) by 2025.
22	Update the formal feedback mechanisms to ensure that clinical partners and students at clinical sites are aware of them and increase promotion of these feedback tools to ensure health partners and communities are utilising them. (Standard 6.1.2) by 2025.

To be satisfied by 2026	
4	Demonstrate commitment to developing and maintaining partnerships with Aboriginal and/or Torres Strait Islander people and organisations with clear mutual benefit through increasing the capacity of partners. (Standard 1.2.3) by 2026.
6	Identify (a) senior Aboriginal and/or Torres Strait Islander health leadership position(s) and provide this position(s) with appropriate financial and staff resources, and

	appropriate authority to effectively develop, steer and influence Aboriginal and/or Torres Strait Islander health and cultural safety in the program. (Standard 1.4.4) by 2026.
10	Demonstrate that the Aboriginal and/or Torres Strait Islander health curriculum is integrated throughout the program and within disciplines, and is appropriately implemented, through the leadership of Aboriginal and/or Torres Strait Islander staff and with all staff taking collective responsibility for its success. The curriculum should be informed by Aboriginal and/or Torres Strait Islander and, where appropriate, Māori knowledge systems and medicines (Standard 2.2.2, 2.2.3, 2.3.6 and 2.3.7) by 2026.
12	Establish, in partnership with communities who experience health inequities, structured opportunities for students to learn how to address systemic disadvantage, power differentials and historical injustices in Australia in their practice so as to increase the inclusivity and accessibility of health services for these communities. (Standard 2.3.6) by 2026.
23	Ensure that evaluation results are available to all stakeholders, that there is a mechanism for them to formally provide their views on the processes of continuous evaluation and improvement, and that the School considers their views in the evaluation and improvement of the program. (Standard 6.3.2) by 2026.

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/not 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: Continuous 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 recommendations.

1. Purpose, context and accountability	**Substantially Met**

Standards 1.1, 1.3 and 1.4 are Substantially Met
Standard 1.2 is Not Met

Conditions

1 Demonstrate commitment of University and Faculty leadership to increasing overall participation of Aboriginal and/or Torres Strait Islander staff in the medical program by:

- Demonstrating that Aboriginal and/or Torres Strait Islander staff are represented in senior leadership positions in the University with respect to the medical program and;
- Allocating resources to build leaders in the medical program. (Standard 1.1.4) by 2025.

2 Demonstrate that key external stakeholders particularly community groups who experience health inequities and Aboriginal and/or Torres Strait Islander people input on key areas of the program. (Standard 1.2.1) by December 2025.

3 Demonstrate effective partnerships supported by relevant formal and informal agreements with community organisations to the mutual benefit of both partners. (Standard 1.2.2) by 2025.

4 Demonstrate commitment to developing and maintaining partnerships with Aboriginal and/or Torres Strait Islander people and organisations with clear mutual benefit through increasing the capacity of partners. (Standard 1.2.3) by 2026.

5 Ensure there are sufficient Aboriginal and/or Torres Strait Islander staff with time and authority to participate effectively at all levels of Faculty governance structures and decision-making processes related to learning, teaching, assessment, evaluation, resourcing, cultural safety, and wellbeing in the medical program. (Standard 1.3.5, 5.3.3) by 2025.

6 Identify (a) senior Aboriginal and/or Torres Strait Islander health leadership position(s) and provide this position(s) with appropriate financial and staff resources, and appropriate authority to

effectively develop, steer and influence Aboriginal and/or Torres Strait Islander health and cultural safety in the program. (Standard 1.4.4) by 2026.

Recommendations

A Monitor whether the change in the Year 3 Apollo Clinical School experience, and other international elective and selective placements, is impacting the program's global health philosophy, purpose and learning outcomes. (Standard 1.1.1)

B In partnership with community, explicitly define the 'place-based needs' of communities who experience health inequities and Aboriginal and/or Torres Strait Islander communities, particularly in the New South Wales footprint of the Faculty. (Standard 1.1.2)

C Recognising the small number of Aboriginal and/or Torres Strait Islander staff and students, the school might want to consider engaging external organisations or groups to provide culturally safe support as it increases the opportunities for participation in leadership and decision making. (Standard 1.3.4, 1.3.5)

D Consider rethinking role descriptions to generate effective recruitment opportunities and attract the right skillset for the program needs. (Standard 1.4.4)

Commendations

Macquarie University and the Faculty of Medicine, Health and Human Sciences provide a rich, integrated learning environment to students with a strong focus on medical research and industry engagement, leading to well-prepared graduates. (Standard 1.1.3)

The School has developed strong, mutually beneficial relationships with key clinical partners in Australia and India. (Standard 1.2.2)

The formal and informal involvement of students and staff in decision-making, such that they feel consistently engaged and listened to. (Standard 1.3.4)

Recent changes to the leadership structure have improved clarity around roles and responsibilities. (Standard 1.4.2, 1.4.3)

2. Curriculum	**Substantially Met**

Standards 2.1, 2.2 and 2.3 are Substantially Met

Conditions

7 Complete a detailed gap analysis and, as relevant, change the Graduate Capability Framework to be consistent with the 2023 AMC graduate outcome statements. (Standard 2.1.1) by 2025.

8 Evaluate, in partnership with Aboriginal and/or Torres Strait Islander communities and community groups who experience health inequities, whether the domains and structure of the Graduate Capability Framework continue to be fit for purpose. (Standard 2.1.1, 2.2.2, 2.3.6) by 2025.

9 Once the first cohort of students complete the redesigned Year 3, evaluate the changes to placements under the Trimester Model to ensure the program remains constructively aligned, and that the placements meet the needs of the program and allow students to continue to meet medical program outcomes. (Standard 2.2.8, 2.2.1, 6.1.1) by 2025.

10 Demonstrate that the Aboriginal and/or Torres Strait Islander health curriculum is integrated throughout the program and within disciplines, and is appropriately implemented, through the leadership of Aboriginal and/or Torres Strait Islander staff and with all staff taking collective responsibility for its success. The curriculum should be informed by Aboriginal and/or Torres Strait Islander and, where appropriate, Māori knowledge systems and medicines (Standard 2.2.2, 2.2.3, 2.3.6, 2.3.7) by 2026.

11 Expand opportunities for collaborative and cross-institutional research in Aboriginal and/or Torres Strait Islander health learning and teaching. Provide evidence for how this research is integrated into and informs teaching and assessment. (Standard 2.2.4) by 2025.

12 Establish, in partnership with communities who experience health inequities, structured opportunities for students to learn how to address systemic disadvantage, power differentials and historical injustices in Australia in their practice so as to increase the inclusivity and accessibility of health services for these communities. (Standard 2.3.6) by 2026.

Recommendations

E Ensure that Apollo Clinical School staff and supervisors are engaged in the review of Graduate Capabilities. (Standard 2.1.1)

F Implement structured interprofessional learning opportunities as part of a program of planned learning activities, undertaken with students and/or professionals from other relevant health professions, where students have deliberate opportunities for demonstrating graduate outcomes relating to collaborative practice. This could include collaboration with other health programs within the Faculty. (Standard 2.3.3)

G Create more targeted communication for Apollo Clinical School clinical supervisors aimed at fostering understanding of the different expectations and limitations of Macquarie medical students. (Standards 2.3.4, 2.3.5)

H Identify more experiential learning opportunities in regional, rural and, where possible, remote settings. (Standard 2.3.8)

I Review the structural differences and any differences in outcomes between students who undertake the NSW Health Assistant in Medicine rotation and Faculty-run Pre-Internship rotation in Year 4 to ensure that they both enable students to achieve the relevant graduate capabilities. (Standard 2.3.9)

Commendations

The design of the Macquarie Assessment Portfolio (MAP) and efforts of the Faculty ensures that staff and students are consistently aware of the Graduate Capabilities. (Standard 2.1)

The increasing strength of Faculty and student research which contributes to the program. (Standard 2.2.4)

The effective work-integrated learning curriculum design within Stage 2, particularly in primary care. (Standard 2.2.6)

During work-integrated clinical clerkships in Sydney, students are regarded as team members and are fully integrated into the care of the patients. (Standard 2.3.8)

3. Assessment	Substantially Met

Standard 3.1 is Substantially Met
Standards 3.2 and 3.3 are Met

Conditions

13 Undertake blueprinting and detailed curriculum mapping as part of the review of the Graduate Capability Framework. Ensure that any revisions to the Graduate Capabilities are appropriately mapped across the program. (Standard 3.1.3) by 2025.

14 Ensure that the MD Assessment Oversight Committee and other key governance bodies that consider assessment and evaluation have representation of and are informed by Aboriginal and/or Torres Strait Islander experts, and/or have input from an Aboriginal and/or Torres Strait Islander governance committee. (Standard 3.1.6, 6.2.4) by December 2024.

Recommendations

J Review the change to the Year 3 assessment framework attached to the revised Trimester Model to ensure that stakeholders understand the changes and ensure that the changes are leading to intended outcomes without unintended consequences. (Standard 3.1.1, 3.1.2, 3.3.2)

K Ensure that, to the extent possible, Stage 2 Mentors do not act as direct supervisors or otherwise be involved in assessment and progression decisions for student mentees. (Standard 3.2.1)

L Review the benchmarking of OSCEs so that benchmarking techniques reflect best practice. (Standard 3.3.1)

Commendations

The evidence-supported use of EPAs as an integrative tool supporting the system of assessment. (Standard 3.1.4)

Students and staff find the Macquarie Assessment Portfolios and the Stage 2 Mentors valuable for feedback, learning and growth. (Standard 3.2.1)

Clinical staff and supervisors have robust, trusting relationships and clear procedures which allow for the early identification of and provision of support for underperforming students. (Standard 3.2.2)

4. Students	Substantially Met

Standard 4.1, 4.2 are Substantially Met
Standard 4.3 and 4.4 are Met

Conditions

15 Develop and implement a strategy for recruiting Aboriginal and/or Torres Strait Islander students, students with rural backgrounds and students from equity groups to enable the program to meet its specified targets. (Standard 4.1.2, 4.1.5) by 2025.

16 Demonstrate strategies, infrastructure, resourcing and support for retaining Aboriginal and/or Torres Strait Islander students, students with rural backgrounds and students from equity groups. (Standard 4.1.3) by 2025.

17 Demonstrate that the medical program includes and supports students with disabilities. (Standard 4.1.4). by 2025.

18 Demonstrate how the School addresses bullying, harassment, racism and discrimination within the curriculum and in practice through the updated University policies and "student care and reporting network". (Standard 4.2.7) by 2025.

Recommendations

M Consult best practice resources and review support processes to improve support for and engagement of Aboriginal and/or Torres Strait Islander applicants and students. (Standard 4.1.2, 4.1.3)

N. Provide updates on the implementation and utility of the sexual safety and wellbeing action plan (Standard 4.2.7)

O Update the student documentation and pre-departure guidelines to include context and practical information on the Indian medical system, to ensure students have an opportunity for full realisation of cultural and social barriers to fully engage with the team, along with accessing digital technologies. This should be co-designed with students. (Standard 4.2.2, 5.1.5)

P To have a dedicated student space at the Royal North Shore Hospital for students placed there. The team recognise this is a priority for the hospital board. (Standard 4.2.2, 5.1.3)

Q Discontinue the use of Inherent Requirements in line with current best practice guidelines. The Faculty should maintain and develop engagement with relevant professional bodies and member organisations to ensure they are following current best practice guidelines including the 'Inclusive Medical Education' MDANZ report. (Standard 4.3.1)

Commendations

The accommodation available to students in Hyderabad, including the transparent room preferencing allocation system and the care and attention of the accommodation manager. (Standards 4.2.2, 5.1.3)

The co-location of the student hub with the clinical experience co-ordinator in Apollo Hospital provides ample support for students. (Standard 4.2.2, 4.2.3)

5. Learning environment	**Substantially Met**

Standard 5.1, 5.2, 5.3 and 5.4 are Substantially Met
Standard 5.5 is Met

Conditions

19 Prioritise the employment of (a) fulltime Aboriginal and/or Torres Strait Islander academic(s) to facilitate curriculum delivery and development. (Standards 5.2.3, 5.2.4) by 2025.

20 Demonstrate that there are appropriate professional development opportunities and support for Aboriginal and/or Torres Strait Islander academics. (Standard 5.3.3) by 2025.

21 Expand opportunities for placements in clinical settings with Aboriginal and/or Torres Strait Islander people. (Standard 5.4.2) by 2025.

Recommendations

R. Update the student documentation and pre-departure guidelines to include context and practical information on the Indian medical system, to ensure students have an opportunity for full realisation of cultural and social barriers to fully engage with the team, along with accessing digital technologies. This should be co-designed with students. (Standard 4.2.2, 5.1.5)

S. Provide the AMC with updates on the plans for and progress towards the development of enhanced learning facilities and infrastructure at the Royal North Shore Hospital. (Standard 5.1.3)

T Ensure that the recruitment, support and training of simulated patients and community members is appropriately resourced and culturally safe to promote inclusivity and engagement of Aboriginal and/or Torres Strait Islander communities for the benefit of student learning. (Standard 5.2.5)

Commendations

The student accommodation in Hyderabad is impressive and highly regarded by the students, as is the student hub at Apollo Hospital. (Standard 5.1.3)

Having recruited an Aboriginal academic with a relevant clinical discipline, who is a Traditional Custodian within the MQ footprint. (Standard 5.2.4)

The dedicated team of professional staff, particularly the positive collaboration of the work integrated learning and course support team. (Standard 5.2.2)

The development of a cultural safety training program for students and staff. (Standard 5.3.4)

The positive relationship with the new executive at the Royal North Shore Hospital, and the opportunity that brings for expanding clinical learning opportunities and infrastructure for students. (Standard 5.4.1)

The fantastic work of the Bungee Bidgel Clinic, particularly the commitment from the Year 3 Co-Lead to facilitate that ongoing relationship and clinical opportunity. (Standard 5.4.2)

There are experienced and fully engaged leadership across the discipline leads appointed in Australia and in India with support from stage 2 mentors. There was enthusiasm for the newly embedded expert-led tutorial series. (Standard 5.5.1)

6. Evaluation and continuous improvement	**Substantially Met**

Standards 6.1, 6.2 and 6.3 are Substantially Met

Conditions

22 Update the formal feedback mechanisms to ensure that clinical partners and students at clinical sites are aware of them and increase promotion of these feedback tools to ensure health partners and communities are utilising them. (Standard 6.1.2) by 2025.

23 Ensure that evaluation results are available to all stakeholders, that there is a mechanism for them to formally provide their views on the processes of continuous evaluation and improvement, and that the School considers their views in the evaluation and improvement of the program. (Standard 6.3.2) by 2026.

Recommendations

U To support benchmarking and evaluation of program outcomes, explore and initiate collaborations with other education providers, along with national and international communities of practice and membership organisations involved in medical education. (Standard 6.3.1)

V To analyse the items brought by student leadership into MD governance committees, to evaluate and proactively manage student concerns. (Standard 6.3.1)

Commendations

The program has shown it is willing to adapt both its curriculum and structure in response to feedback from students and staff. (Standard 6.1.2)

The evaluation of the assessment portfolio that was published by the Faculty. (Standard 6.2.1)

Introduction

The AMC accreditation process

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

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

The *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023* 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 2024*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

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

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

The University, the Faculty and the School

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

The University is comprised of four faculties:

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

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

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

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

Accreditation Background

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

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

Assessment Type	**Findings against Standards**	**Outcome**
2015: Stage 1	-	Submission did not demonstrate that the program is likely to satisfy the accreditation standards. The AMC requested a resubmission.
2016: Stage 1 - Resubmission	-	The AMC invited the provider to advance to a stage 2 submission for accreditation.
2017: Stage 2 Accreditation	MEETS	Accreditation granted for five years to 31 March 2023.
2018: Monitoring	MEETS	Accepted
2019: Follow up assessment	MEETS	Accreditation confirmed to 31 March 2023.
2020-2021: Monitoring	MEETS	Accepted

2022: Accreditation extension submission	MEETS	Granted accreditation for two years to 31 March 2025.
2023: Monitoring	MEETS	Accepted

This report

This report details the findings of the 2024 Follow up assessment.

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

The members of the 2024 AMC team are at **Appendix One**.

The groups met by the AMC team in 2024 in Hyderabad, India and Sydney are at **Appendix Two**.

Appreciation

The AMC thanks the University and the Faculty 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 Purpose, context and accountability

1.1 Purpose

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

1.1.2 The medical education provider contributes to meeting healthcare needs, including the place-based needs of the communities it serves, and advancing health equity through its teaching and research activities.

1.1.3 The medical education provider commits to developing doctors who are competent to practice safely and effectively under supervision as interns in Australia or Aotearoa New Zealand, and who have the foundations for lifelong learning and further training in any branch of medicine.

1.1.4 The medical education provider commits to furthering Aboriginal and/or Torres Strait Islander and Māori people's health equity and participation in the program as staff, leaders and students.

The Macquarie Medical School, within Macquarie University's Faculty of Medicine, Health and Human Sciences, has a clearly defined purpose to graduate culturally responsive, engaged, global medical professionals by educating students in an environment where learning is fully integrated with outstanding patient-centred clinical care, and active health and medical research.

The School's purpose statement has not changed since the last AMC follow-up assessment in 2019; however, the medical program's in-practice commitment to an international education that emphasises global health competencies has shifted. The School is encouraged to monitor the effect of the shortened duration of the offshore placement at the Apollo Clinical School – based at the private Apollo Hospital in Hyderabad, India, in Year 3 – on their aim of graduating global medical professionals, and how this goal is achieved for the students who do not participate in the offshore placement. How this change impacts the program's global health-focused philosophy, purpose and learning outcomes should be monitored going forward.

Macquarie University contributes to meeting healthcare needs through teaching and research activities. The Faculty has expanded clinical placement offerings in a range of settings, particularly sites focused on Aboriginal and/or Torres Strait Islander health, and continues to utilise integration in the MQ Health system effectively. A key pillar of the University's research strategy is that it is responsive to health needs.

With the movement of the Djurali Centre for Aboriginal and Torres Strait Islander Health Research and Education out of the University, the Faculty is considering how it will continue to produce research in this important area of need.

The Faculty may want to more clearly and explicitly define the 'place-based needs' of communities it serves – particularly of communities who experience health inequities and Aboriginal and/or Torres Strait Islander communities – in partnership with those communities. Having a clearer understanding of place-based needs would help the Faculty plan and understand its impact on those needs. Consideration of the global health focus of the program presents an opportunity to more closely consider the place-based needs of communities in the New South Wales footprint of the Faculty.

The design of the integrated learning framework is commendable and contributes to graduates who are equipped for lifelong learning. This should continue to be built on as the Aboriginal and/or Torres Strait Islander curriculum is developed, and as further opportunities for students to work with Aboriginal and/or Torres Strait Islander patients are made available.

While there have been steps to increase engagement with Aboriginal and/or Torres Strait Islander peoples in the development and delivery of the program as evidenced through, for example, the consultative process used in the creation of cultural safety modules and the development of an evidence-based Aboriginal and/or Torres Strait Islander health curriculum, the team found there is limited Aboriginal and/or Torres Strait Islander participation as staff, leaders and students in the program. The team found that a lack of financial resources hampers the Faculty's ability to further health equity, recruit students and staff, and build leaders in the program. Faculty and School leadership must develop a more comprehensive understanding of cultural factors that drive more equitable and inclusive environments. There is a reliance on too few Aboriginal and/or Torres Strait Islander staff and leaders in the University to provide input into the program. This is unsustainable and increases the cultural load placed on these staff, who already carry a full workload in their current positions and are not resourced to provide this input, creating further inequity.

1.2 Partnerships with communities and engagement with stakeholders

1.2.1 The medical education provider engages with stakeholders, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori people and organisations, to:

- *define the purpose and medical program outcomes*
- *design and implement the curriculum and assessment system*
- *evaluate the medical program and outcomes of the medical program.*

1.2.2 The medical education provider has effective partnerships to support the education and training of medical students. These partnerships are supported by formal agreements and are entered into with:

- *community organisations*
- *health service providers*
- *local prevocational training providers*
- *health and related human service organisations and sectors of government.*

1.2.3 The medical education provider has mutually beneficial partnerships with relevant Aboriginal and/or Torres Strait Islander and Māori people and organisations. These partnerships:

- *define the expectations of partners.*
- *promote community sustainability of health services.*

The Faculty has developed strong relationships, supported by formal agreements, with the Northern Beaches Hospital and Royal North Shore Hospital. These include clear commitments from the respective CEOs at both hospitals, as well as the Board at Royal North Shore Hospital, to support the training of Macquarie University medical students.

The partnership between the Faculty and the Apollo Clinical School in Hyderabad, India, remains strong with clear commitment from leadership on both sides to deliver a deep cultural immersion experience and extended exposure to a different healthcare system for Year 3 students.

The team saw limited evidence that the Faculty was engaging with non–health service stakeholders, particularly with community groups who experience health inequities and Aboriginal and/or Torres Strait Islander communities. The program has not actively engaged with the MQ Health Consumer

Advisory Committee since the design and initial launch of the program, and the Faculty should consider engaging with this group further.

The External Advisory Board, comprised of academics and health professionals including an Aboriginal doctor, provided structural input into the MD program until its disestablishment in December 2023. The Faculty have outlined plans to replace it with a Medical School Advisory Board. It will be important to ensure that the composition of the new Board includes input from key external stakeholders within the geographical footprint of the School's medical program.

The Health and Wellbeing Collaboration initiative is impressive in its success recruiting community members as simulated patients, though this is not an avenue for community to input on program delivery and design.

The Faculty has developed relationships with the Kildare Road Medical Centre (Blacktown) and the Bungee Bidgel Clinic (Hornsby) to enable their students to engage with the provision of health care to Aboriginal and/or Torres Strait Islander communities. While acknowledging the cultural load placed on Aboriginal and/or Torres Strait Islander staff and clients by student involvement in care, the team identified that, with additional resource investment by the University, these existing relationships could be expanded and other similar relationships sought. Expanded relationships within community health settings could increase sought-after opportunities for students to gain additional experience in the provision of health care to community groups who experience health inequities and Aboriginal and/or Torres Strait Islander people. The team also noted that neither Kildare Road Medical Centre (a private, non-Indigenous practice) nor the Bungee Bidgel Clinic (a program of NSW Health) identify as Aboriginal and/or Torres Strait Islander organisations.

1.3 Governance

1.3.1 The medical education provider has a documented governance structure that supports the participation of organisational units, staff and people delivering the medical program in its engagement and decision-making processes.

1.3.2 The medical education provider's governance structure provides the authority and capacity to plan, implement, review and improve the program, so as to achieve the medical program outcomes and the purpose of the medical education provider.

1.3.3 The medical education provider's governance structure achieves effective academic oversight of the medical program.

1.3.4 Students are supported to participate in the governance and decision making of their program through documented processes that require their representation.

1.3.5 Aboriginal and/or Torres Strait Islander and Māori academic staff and clinical supervisors participate at all levels in the medical education provider's governance structure and in medical program decision-making processes.

1.3.6 The medical education provider applies defined policies and processes to identify and manage interests of staff and others participating in decision-making processes that may conflict with their responsibilities to the medical program.

The School has a documented governance structure that supports organisational units, staff and people delivering the medical program to participate in decision making, which has remained largely consistent since the 2019 follow-up assessment. This structure, a matrix management model, serves the small program well by providing the authority and capacity to achieve the outcomes of the medical program and the purpose of the School, and enabling effective academic oversight of the medical program. Staff and supervisors, even those who don't sit on governance bodies, consistently understand escalation pathways and know where and how decisions are made and, as a result, feel involved in the program.

Students are represented formally through committee membership and feel they have many avenues to provide input informally, as required.

There are significant gaps in Aboriginal and/or Torres Strait Islander participation in the program governance structures and decision making. While acknowledging that the recent appointments of two new Aboriginal staff is a positive opportunity for the Faculty, their appointment levels, current roles and responsibilities, and low total FTE limit their ability to participate fully in Faculty governance. Participation in governance should be supported by allowing Aboriginal and/or Torres Strait Islander knowledge systems to complement governance arrangements. An Aboriginal and/or Torres Strait Islander governance committee may be required to ensure engagement on key issues, particularly with limited Aboriginal and/or Torres Strait Islander staffing in the Faculty.

Conflicts of interest are appropriately managed through committee processes.

1.4 Medical program leadership and management

1.4.1 The medical education provider has the financial resources to sustain its medical program and these resources are directed to achieve the provider's purpose and the medical program's requirements.

1.4.2 There is a dedicated and clearly defined academic head of the medical program who has the authority and responsibility for managing the medical program.

1.4.3 The head of the medical program is supported by a leadership team with dedicated and defined roles who have appropriate authority, resources and expertise.

1.4.4 The medical program leadership team includes senior leadership role/s covering responsibility for Aboriginal and/or Torres Strait Islander and Māori health with defined responsibilities, and appropriate authority, resources and expertise.

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

1.4.6 The medical education provider ensures that accurate, relevant information about the medical program, its policies and its requirements is available and accessible to the public, applicants, students, staff and clinical supervisors. This includes information necessary to support delivery of the program.

Macquarie University has allocated resources to ensure the sustainability of the medical program and to support the Apollo Clinical School placement in Year 3 of the program. As outlined under other standards, more dedicated resources will need to be allocated to support the achievement of standards related to Aboriginal and/or Torres Strait Islander health and cultural safety.

Recent changes to the leadership structure have improved clarity around roles and responsibilities. The academic head of the program is both the Head of School and Dean of Medicine, and has the designated authority to manage the program. The academic head is supported by the MD Course Director, Deputy Dean (Education and Employability) and Assessment, Evaluation, Admissions and Stage leads. The Faculty Executive Dean, who is concurrently the Deputy Vice-Chancellor (Medicine and Health) and Managing Director of MQ Health, is less involved in day-to-day management of the program than when it was initially being implemented.

The medical program leadership team currently does not include a senior leadership position with appropriate authority or resources to hold responsibility for Aboriginal and/or Torres Strait Islander health in the program. Acknowledging again that the recent appointments of two new Aboriginal staff is a positive opportunity for the Faculty, these staff are not at a sufficiently high appointment level, nor do they have the resources or FTE to consistently steer and influence high-level decision making.

Aboriginal and/or Torres Strait Islander leadership and staffing is an area of need which will require additional appointments and resources.

Information regarding the medical program is available on the Macquarie MD website, which is accessible to the public. Staff and students can access additional information via password-protected areas restricted for internal users.

2 Curriculum

2.1 Medical program outcomes and structure

2.1.1 The medical program outcomes for graduates are consistent with:

- *the Australian Medical Council (AMC) graduate outcome statements*
- *a safe transition to supervised practice in internship in Australia and Aotearoa New Zealand*
- *the needs of the communities that the medical education provider serves, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.*

2.1.2 Students achieve assessment outcomes, supported by equitable access to learning and supervisory experiences of comparable quality, regardless of learning context. These outcomes are supported by appropriate resources in each learning environment.

The program's Graduate Capability Framework and associated Graduate Capabilities have not been updated since the 2019 follow-up assessment. The Faculty will need to review the Graduate Capabilities for consistency with the revised 2023 AMC graduate outcome statements and, if there are gaps, change the capabilities to address these. The program indicated that work to identify any gaps, particularly related to Aboriginal and/or Torres Strait Islander health and cultural safety, should be completed by the time the Faculty submits its monitoring submission (self-assessment against the revised standards) in July 2024.

Given the substantial change to AMC graduate outcome statements relating to Aboriginal and/or Torres Strait Islander health and cultural safety, and the mapping of the AMC graduate outcome statement domain 'Health and Society' (which is key to Aboriginal and/or Torres Strait Islander health and cultural safety) to the program's Graduate Capabilities domain 'Engaged Global Citizen', the team considers that Macquarie should evaluate whether the domains and structure of the Graduate Capability Framework remain fit for purpose.

The team found that, in the absence of senior Aboriginal and/or Torres Strait Islander leadership and consultation with community groups who experience health inequities, it is unclear to what extent the Graduate Capabilities align with the needs of the Aboriginal and/or Torres Strait Islander communities and communities who experience health inequities that the Faculty serves. The team found that many frontline staff – particularly at the Apollo Clinical School – are unaware of the 2023 AMC standards and graduate outcome statements.

Students have equitable access to learning and supervisory experience regardless of learning context. There are clear links at multiple levels between clinical supervisors, academic leads and professional staff to facilitate an equitable Year 3 clinical experience across the geographically distinct learning environments in New South Wales and at the Apollo Clinical School. While the patient mix and health system differ substantially between these sites, the program is thoughtfully designed such that students get a consistent amount of time in clinical disciplines and experience the mix of patients and systems they need to achieve medical program outcomes as measured by assessment outcomes.

2.2 Curriculum design

2.2.1 There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice.

2.2.2 Aboriginal and/or Torres Strait Islander and Māori health content is integrated throughout the curriculum, including clinical aspects related to Aboriginal and/or Torres Strait Islander and Māori health across all disciplines of medicine.

2.2.3 The Aboriginal and/or Torres Strait Islander and Māori health curriculum has an evidence-based design in a strengths-based framework and is led and authored by Aboriginal and/or Torres Strait Islander and Māori health experts.

2.2.4 The medical education provider is active in research and scholarship, including in medical education and Aboriginal and/or Torres Strait Islander and Māori health learning and teaching, and this research and scholarship informs learning, teaching and assessment.

2.2.5 There is alignment between the medical program outcomes, learning and teaching methods and assessments.

2.2.6 The curriculum enables students to apply and integrate knowledge, skills and professional behaviours to ensure a safe transition to subsequent stages of training.

2.2.7 The curriculum enables students to evaluate and take responsibility for their own learning and prepares them for lifelong learning.

2.2.8 The curriculum design and duration enable graduates to demonstrate achievement of all medical program outcomes and AMC graduate outcome statements.

2.2.9 The curriculum outlines the specific learning outcomes expected of students at each stage of the medical program, and these are effectively communicated to staff and students.

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

The overall design and approach of the program has remained largely aligned with previous AMC reviews, with four Years across two Stages, using a work-integrated approach in Stage 2. However, in 2024 a significant structural change was made to Year 3 with the introduction of the trimester model. As a result, the duration of the Apollo Clinical School placement has been reduced to 13 weeks from 22 weeks. This change was implemented in response to feedback of capacity constraints at Apollo Clinical School, and that some students found the duration of the longer international placement challenging for their wellbeing.

The School has also introduced a GP-Intensive Stream for a small group of Year 3 students. Students selected for the stream do not complete the Year 3 Apollo Clinical School placement. This stream includes a research project on a topic relevant to primary care.

Between the introduction of the GP-Intensive Stream and the lengthening of the Year 3 Primary and Community Care longitudinal placement from 20 to 24 days for all students, primary care teaching and work-integrated clinical exposure has become an even greater strength of the medical program. General practice and community-setting staff and clinical supervisors are highly engaged in the education of the Macquarie students.

It will be necessary to evaluate these changes to the curriculum to ensure that redesigned Year 3 placements are appropriately aligned, continue to meet the needs of the program and allow students to meet medical program outcomes, including with regards to a global experience. The team found overall that the program is appropriately designed, aligned and communicated.

In Year 4, the various curriculum activities, including selectives, electives and intern readiness initiatives, support transition to subsequent stages of training.

The team recognises the contributions of the former Senior Lecturer in Indigenous Health Education, who was instrumental in developing and implementing the vertically integrated Aboriginal and/or Torres Strait Islander health curriculum. The team also acknowledges the recent appointments of two new Aboriginal staff, and is encouraged that the new Lecturer in Indigenous Health Education has reviewed and updated the curriculum.

However, the team found that, due to the gap created by the resignation of the Senior Lecturer and limited FTE capacity and resourcing for current Aboriginal staff, the design and implementation of the Aboriginal and/or Torres Strait Islander health curriculum is not fully meeting the needs of the program.

Aboriginal and/or Torres Strait Islander health content is siloed within the curriculum in Stage 1, and the clinical aspects related to Aboriginal and/or Torres Strait Islander health are limited and not well-integrated into clinical disciplines across Stage 2. As a result, despite relatively robust clinical opportunities in Aboriginal and/or Torres Strait Islander health, some students do not feel prepared to deal with clinical aspects of provision of care for Aboriginal and/or Torres Strait Islander people. The team considers that greater exposure and focus on this key area of the curriculum is required.

Despite many Faculty staff being committed to cultural safety, the team found that responsibility for the Aboriginal and/or Torres Strait Islander health curriculum, learning and teaching is mainly assigned to Aboriginal and/or Torres Strait Islander staff. Particularly given the limited FTE capacity of staff, reviewing, integrating and ensuring appropriate delivery of the Aboriginal and/or Torres Strait Islander health curriculum must be seen as a collective responsibility, with Aboriginal and/or Torres Strait Islander staff providing guidance and leadership to support all staff.

Research and scholarship, including that related to medical education, is a clear strength of the program. The Faculty is active in research, with sustained upward trajectory in research output and grant awards. The program's integrated research stream allows for a breadth of research choice for students, including in medical education and Aboriginal and/or Torres Strait Islander health. The team looks forward to reviewing ongoing research on admission criteria and outcomes, admission selection and fitness to practice.

With the movement of the Djurali Centre outside of the University, the team considers it important that the Faculty finds new research opportunities and ensures there is appropriate research supervision and leadership for Aboriginal and/or Torres Strait Islander health research, including that related to learning and teaching.

2.3 Learning and teaching

2.3.1 The medical education provider employs a range of fit-for-purpose learning and teaching methods.

2.3.2 Learning and teaching methods promote safe, quality care in partnership with patients.

2.3.3 Students work with and learn from and about other health professionals, including through experience of interprofessional learning to foster collaborative practice.

2.3.4 Students develop and practise skills before applying them in a clinical setting.

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

2.3.6 Students are provided with opportunities to learn about the differing needs of community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities. Students have opportunities to learn how to address systemic disadvantage, power differentials and historical injustices in their practice so as to increase the inclusivity of health services for these groups.

2.3.7 The medical education provider ensures that learning and teaching is culturally safe and informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines.

2.3.8 Students undertake an extensive range of face-to-face experiential learning experiences through the course of the medical program. Experiential learning is:

- *undertaken in a variety of clinical disciplines.*
- *relevant to care across the life cycle*
- *situated in a range of settings that include health promotion, prevention and treatment, including community health settings.*
- *situated across metropolitan, regional, rural and, where possible, remote health settings.*

2.3.9 Students undertake a pre-internship program.

The Faculty employs a range of fit-for-purpose learning and teaching methods, largely unchanged since the last follow-up visit.

In Stage 2, students are engaged in work-integrated clinical clerkships. Students are regarded as team members and are fully integrated into the care of the patients. The mix of primary, community and tertiary care settings that students are placed in through the course of the program provides a sufficiently extensive range of face-to-face experiential learning opportunities. The AMC team encourages the Faculty to explore more learning opportunities in regional and rural settings, acknowledging that students are able to choose from Macquarie-arranged elective options and source their own electives.

The team recognises and values other health professionals teaching and supporting the program; however, identified a deficit in planned interprofessional learning activities with other health professional students. Some of the opportunities for interprofessional learning activities with health professionals include: in Stage 1, students undertake an Interprofessional Healthcare unit (MEDI8105) and the Health and Wellbeing Collaboration (HAWC); in Stage 2, there are nurse and nurse manager roles embedded in the Year 3 Acute Care unit; and in the Year 4 Intern Readiness Bootcamp there are opportunities for interprofessional learning via clinical cases. Developing as a team worker is assessed through the portfolio, and interprofessional learning collaboration skills are assessed in a Teamwork Mini-Clinical Evaluation Exercise (T-MEX) assessment. The team encourages the use of other health programs in the Faculty in this, and to develop a structured program of planned learning activities, undertaken with students and/or professionals from other relevant health professions, where capabilities required for collaborative practice are deliberately developed.

While clinical supervisors in New South Wales have a good understanding of student capabilities and have processes in place to ensure students develop skills before performing them, students and clinical supervisors at the Apollo Clinical School are less confident in teaching and performing these skills. The team understood that this is mainly because medical students in India generally perform fewer and less complex procedural skills, and the nature of the health system and clinical training is different in India as compared to Australia. The Faculty could consider more targeted communication to ensure that students are fully engaged in clinical training at the Apollo Clinical School, but also that they are not asked to perform procedural skills they are not trained to undertake.

The team found that learning and teaching is currently not strongly informed by Aboriginal and/or Torres Strait Islander knowledge systems or medicine. This gap should be considered as part of the ongoing review and update of the Aboriginal and/or Torres Strait Islander health curriculum.

The team acknowledges relatively robust opportunities for students to learn how to address Aboriginal and/or Torres Strait Islander disadvantage through their experiences on placements with the Kildare Road Medical Centre and Bungee Bidgel Clinic. However, as discussed under other standards, these placements still provide limited, point-in-time exposure, especially in contrast to the time spent focused on global health issues within the Apollo Clinical School placements. Clinical exposure is also limited due to the small population of identifying Aboriginal and/or Torres Strait Islander people attending some of the current major clinical placement sites.

The team saw little evidence that the program includes structural opportunities to learn about the differing needs of community groups who experience health inequities, such as people from the

LGBTQIA+ community, with disabilities, or from low socioeconomic backgrounds (see Glossary, *Standards for Assessment and Accreditation of Primary Medical Programs 2023).*

Starting in 2025, the Faculty is planning for students to either undertake a New South Wales Assistant in Medicine rotation or a four-week Pre-Internship rotation in Year 4. Since 2021, the Year 4 program has included a three-day Intern Readiness Bootcamp. Given the workforce focus of the Assistant in Medicine program, the Faculty should review the two rotations and their outcomes once the first cohort of students has undertaken them to ensure that for students doing either the Assistant in Medicine or Pre-Internship rotation, the learning needs of students are explicit and central, and the role of the student, as well as their scope of practice within the clinical team, is clearly defined and articulated. The rotations should facilitate a safe transition to internship through consolidation of clinical knowledge and provision of strategies and skills relevant to internship (see AMC Guidance Matrix).

3 Assessment

3.1 Assessment design

3.1.1 Students are assessed throughout the medical program through a documented system of assessment that is:

- *consistent with the principles of fairness, flexibility, equity, validity and reliability*
- *supported by research and evaluation information evidence.*

3.1.2 The system of assessment enables students to demonstrate progress towards achieving the medical program outcomes, including described professional behaviours, over the length of the program.

3.1.3 The system of assessment is blueprinted across the medical program to learning and teaching activities and to the medical program outcomes. Detailed curriculum mapping and assessment blueprinting is undertaken for each stage of the medical program.

3.1.4 The system of assessment includes a variety of assessment methods and formats which are fit for purpose.

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

3.1.6 Assessment in Aboriginal and/or Torres Strait Islander and Māori health and culturally safe practice is integrated across the program and informed by Aboriginal and/or Torres Strait Islander and Māori health experts.

The Faculty maintains a documented system of assessment, and oversight of assessment, that is consistent with assessment principles and supported by evidence. The system of assessment and oversight processes are largely the same as identified in the last follow-up visit. The most significant change has been to reduce the number of assessments in Year 3, following a review in 2021, and as part of design of the new trimester model.

Particularly in Stage 2 of the program, the system of assessment is capability-based and mainly consists of programmatic assessments. This approach is consistent with the overall work-integrated clerkship model of learning in Stage 2.

The Faculty has established performance expectations for entrustable professional activities (EPAs) across the program with additional submissions considered in the End of Stage Portfolio examinations. There are five EPAs as assignable clinical tasks in Stage 1, and nine Graduate EPAs in Stage 2. The Faculty considers the EPAs to be an integrative tool through the mechanism of the Stage Portfolio examinations.

There is a variety of other assessment techniques employed in each stage and unit, including barrier examinations.

The team understands the rationale for changing the assessment framework in Year 3 – mainly to reduce high assessment burdens – but is concerned about how this change has been communicated. Apollo Clinical School Clinical Specialty Leads (CSLs) are enthusiastic in discussions about assessment. Despite this, CSLs shared that they did not appear to be fully consulted on the change to Year 3 assessments, including the removal of the Objective Structured Clinical Exam (OSCE) and the optionality of workplace-based assessments (WBAs) at the Apollo Clinical School. Acknowledging the recency of the change (implemented at the beginning of 2024), during the visit week, in discussion with the AMC team, a number of New South Wales–based staff and students advised they were unclear of the nature of it. In addition, the change appears to have inadvertently made it possible for students to go for long periods without undertaking assessment, particularly WBAs.

Detailed information about each unit, including the assessment requirements, can be found in the relevant unit guides and on iLearn, the University's learning management system. The Faculty has clear requirements around professional conduct at each stage of the program.

As part of the review of the Graduate Capability Framework, the Faculty should undertake blueprinting and detailed curriculum mapping, and ensure that any revisions to the Graduate Capabilities are appropriately mapped across the program.

In order to be able to integrate assessment in Aboriginal and/or Torres Strait Islander health and culturally safe practice, the MD Assessment Oversight Committee and other governance bodies that consider assessment should have representation of Aboriginal and/or Torres Strait Islander experts, and/or should have input from an Aboriginal and/or Torres Strait Islander governance committee. Currently, assessment in these areas is sparse and isolated.

3.2 Assessment feedback

3.2.1 Opportunities for students to seek, discuss and be provided with feedback on their performance are regular, timely, clearly outlined and serve to guide student learning.

3.2.2 Students who are not performing to the expected level are identified and provided with support and performance improvement programs in a timely manner.

3.2.3 The medical education provider gives feedback to academic staff and clinical supervisors on student cohort performance.

The medical program includes robust opportunities for students to seek formal and informal feedback; this is consistent with the findings of the previous AMC follow-up assessment. Students and staff were particularly enthusiastic about the role of the Stage 2 Mentor, with many finding this a valuable longitudinal addition to other assessment- or rotation-based feedback opportunities. The MAP was also seen as valuable, and the Faculty should continue to invest in this tool to ensure it is used to its full potential.

The Faculty should consider creating stronger rules and norms around the role of supervisor and mentor to ensure that these do not blur.

Frequent assessments, clear escalatory procedures, and close relationships between small groups of students, clinical supervisors and Faculty staff ensure that students who are not performing as expected are identified and supported.

Student cohort performance is provided through a formal Course Cohort Summary Data Report to relevant academic staff and clinical supervisors, who are expected to respond to its findings.

3.3 Assessment quality

3.3.1 The medical education provider regularly reviews its system of assessment, including assessment policies and practices such as blueprinting and standard setting, to evaluate the fairness, flexibility, equity, validity, reliability and fitness for purpose of the system. To do this, the provider employs a range of review methods using both quantitative and qualitative data.

3.3.2 Assessment practices and processes that may differ across teaching sites but address the same learning outcomes, are based on consistent expectations and result in comparable student assessment burdens.

The MD Assessment Oversight Committee uses data and ad-hoc activities such as stakeholder workshops to review the Faculty's system of assessment.

As previously mentioned, Apollo Clinical School staff and clinical supervisors are highly engaged in assessment, and there is an opportunity to harness this enthusiasm to review and improve assessment,

as previously done with OSCEs. Due to the change to the Trimester Model in Year 3, WBAs are not strictly required to be undertaken as part of the Apollo Clinical School placement (though the Faculty encourages it). This may lead to an uneven distribution of student assessment burdens, particularly for students who are not highly self-regulated in an unfamiliar cultural and health-system environment.

The Faculty should consider benchmarking of OSCEs using current best practice.

4 Students

4.1 Student cohorts and selection policies

4.1.1 The size of the student intake is defined in relation to the medical education provider's capacity to resource all stages of the medical program.

4.1.2 The medical education provider has defined the nature of the student cohort, including targets and strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori students, students with rural backgrounds and students from equity groups to support increased participation of these students in medical programs.

4.1.3 The medical education provider complements targets and strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori students, students with rural backgrounds and students from equity groups with infrastructure and supports for student retention and graduation.

4.1.4 The medical education provider supports inclusion of students with disabilities.

4.1.5 The selection policy and admission processes are transparent and fair, and prevent racism, discrimination and bias, other than explicit affirmative action, and support the achievement of student selection targets.

The size of the student intake into the program has gradually increased during 2022 and 2023 from around 60 per year to around 70 per year, with plans to further increase the intake to 75–80. The Faculty has indicated that the intake size is being increased in a gradual and considered manner, with additional resourcing of placements and the introduction of the trimester model in Year 3 supporting increased numbers in Stage 2 of the program. The Faculty is confident that staff and clinical resources are sufficient to support increased intake size and should update the AMC as relevant on whether these are sufficient in practice.

If the Faculty intends to further expand the intake beyond 80 students, it should first notify the AMC and provide an analysis of resource adequacy and any challenges it identifies.

Targets and strategies for recruiting and retaining Aboriginal and/or Torres Strait Islander students largely rely on scholarships and the alternate Indigenous entry pathway. The efforts of the University Aboriginal and Torres Strait Islander education unit, Walanga Muru, to contribute to recruiting Aboriginal and/or Torres Strait Islander students is commendable. However, the five per cent target for Aboriginal and/or Torres Strait Islander student intake (three to four students) has not been achieved to date. Of 400 domestic students admitted to the program since the initial cohort in 2018, nine students, or 2.25 per cent overall, have been Aboriginal and/or Torres Strait Islander. Across domestic medical students in Australia, this proportion is 3.43 per cent. This issue requires explicit attention if MQ are to meet current and future standards of excellence and inclusivity in medical education.

The Faculty should implement more targeted approaches to recruit students into health sciences and medicine. The team recommends that the Faculty look to best-practice resources and review its processes with a focus on improving support for and engagement of Aboriginal and/or Torres Strait Islander applicants and students. The number of Aboriginal and/or Torres Strait Islander students who have graduated the program is low, with only one in three graduating cohorts. Ensuring appropriate strategies, infrastructure and resourcing for recruitment and retention will be paramount to improving this, and ensuring the success of these students. This will strengthen the Faculty's ability to effectively prepare future healthcare professionals to work with and serve diverse communities.

Targets and strategies for recruiting and retaining students with rural backgrounds and students from equity groups hinge largely on a handful of scholarships. While the scholarships are an excellent initiative, more comprehensive strategies and supports are required, given the medical program does not have access to government-provided Commonwealth Supported Places.

4.2 Student wellbeing

4.2.1 The medical education provider implements a strategy across the medical program to support student wellbeing and inclusion.

4.2.2 The medical education provider offers accessible services, which include counselling, health and learning support to address students' financial, social, cultural, spiritual, personal, physical and mental health needs.

4.2.3 Students who require additional health and learning support, or reasonable adjustments/accommodations, are identified and receive these in a timely manner.

4.2.4 The medical education provider:

- *implements a safe and confidential process for voluntary medical student self-disclosure of information required to facilitate additional support and make reasonable adjustments/accommodations within the medical program*
- *works with health services to facilitate medical student self-disclosure of this information through safe and confidential processes before and during the transition to internship. These processes are voluntary for medical students to participate in, unless required or authorised by law.*

4.2.5 The medical education provider implements flexible study policies relevant to the students' individualised needs to support student success.

4.2.6 The provision of student support is separated from decision-making processes about academic progression.

4.2.7 There are clear policies to effectively identify, address and prevent bullying, harassment, racism and discrimination. The policies include safe, confidential and accessible reporting mechanisms for all learning environments, and processes for timely follow-up and support. The policies, reporting mechanisms and processes support the cultural safety of learning environments.

The Faculty is updating its student wellbeing policies in line with the University implementation of the Macquarie Advantage strategy. The team looks forward to the updated policies as the Faculty and student representatives encompass the threefold approach; Planning, Prevention and Intervention, and Response.

The health and learning support of students in the Australian context were outlined and are appropriate to the needs of the Macquarie MD students. The Faculty are working with student leaders to support their cohorts' recommendations. It was evident that there had been frustrations by the student body around the delay in actioning their feedback, such as facilitating wellbeing days for students and bringing on board a wellbeing psychologist position. Students felt responsiveness from the Faculty had improved. Student leadership are keen to continue to support each other and have appreciated the ability to mentor and assess junior students with the opportunity to role model and offer advice.

Since the inaugural cohort, students in Year 3 of the program have been offered mental health first-aid training; however, the Faculty could consider offering this to earlier year levels as it may be beneficial on commencement of, or transitioning to, medical training.

The students who travel to India are supported by a Faculty member who travels with them. Accommodation and other logistics are carefully planned in coordination with the MQ Regional Director, South Asia. The restructured student allocation framework for accommodation is student led and highly valued. The pre-departure health assessment appears to support the wellbeing of students who take part in the Apollo placement.

The MD team had to utilise a repatriation plan in early 2020 due to the COVID-19 outbreak but have now developed guidance to support the decision-making process should they need to implement the plan. The team note the instances shared of this in action and the full support of Apollo Clinical School colleagues was evident.

The Macquarie MD has outlined the University's flexible study policies, and the School should keep the AMC updated with examples as to how these have been actioned for medical students.

During the visit, Macquarie MD made an appointment to the new position of MD Student Counsellor. This was following engagement with the student leaders within Macquarie Uni Medicine Society (MUMS) around student support processes. The AMC team recommends that Faculty keep the student leadership informed routinely on the status of their request, including updates on progression.

There are clear policies and support that address bullying, harassment, racism and discrimination for the University and Faculty, but it was not clear to the team how the Macquarie MD utilised this for staff and students.

The Education Support, Work Integrated Learning and Clinical School Officer teams were dedicated and enthusiastic about student wellbeing and clinical experience. It was evident that they worked well together which has been helped through the co-location of their workspaces, and regular meetings. There is a work-integrated learning officer based in New South Wales who is dedicated to support Apollo Clinical School colleagues. The team are aware of escalation pathways and have had relevant training to support their role.

4.3 Professionalism and fitness to practice

4.3.1 The medical education provider implements policies and timely procedures for managing medical students with an impairment when their impairment raises concerns about their fitness to practise medicine or their ability to interact with patients, including in a culturally safe way.

4.3.2 The medical education provider implements policies and timely procedures for identifying, managing and/ or supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or their ability to interact with patients, including in a culturally safe way.

The Macquarie MD has adopted the University's Fitness to Practice (FTP) procedure that is aligned with their academic progression policy. Students at risk of not meeting FTP requirements are identified and the program has appointed an FTP chair to review cases that have been escalated with customised remediation strategies. It was clear that clinical supervisors in Australia and CSLs in India were aware of appropriate pathways from identification of at-risk students to ensuring additional support is available. The AMC team awaits updates on review of escalation pathways and processes and the use of the MD Course board.

The use of Inherent Requirements as a guiding framework was of concern to the team as this document is outdated. Medical Deans Australia and New Zealand (MDANZ) has updated its guidance in the report 'Inclusive Medical Education' and the Faculty should adopt these current best-practice guidelines.

4.4 Student indemnification and insurance

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

There has been no change to student indemnification and insurance since the previous follow-up visit in 2019.

5 Learning environment

5.1 Facilities

5.1.1 The medical education provider has the educational facilities and infrastructure to deliver the medical program and achieve the medical program outcomes.

5.1.2 Students and staff have access to safe and well-maintained physical facilities in all learning and teaching sites. The sites support the achievement of both the medical program outcomes and student and staff wellbeing, particularly for students and staff with additional needs.

5.1.3 The medical education provider works with training sites and other partners to provide or facilitate access to amenities that support learning and wellbeing for students on clinical placements. This includes accommodation near placement settings that require students to be away from their usual residence.

5.1.4 The medical education provider uses technologies effectively to support the medical program's learning, teaching, assessment and research.

5.1.5 The medical education provider ensures students have equitable access to the clinical and educational application software and digital health technologies to facilitate their learning and prepare them for practice.

5.1.6 Information services available to students and staff, including library and reference resources and support staff, are adequate to meet learning, teaching and research needs in all learning sites.

The School has access to impressive clinical and teaching infrastructure at both the Sydney campus and within the Apollo Clinical School. Since the previous visit, the Faculty has developed additional infrastructure at the Northern Beaches Hospital (i.e. Northern Beaches Clinical School) which is used by both staff and students, as well as a new 'student learning hub' for Macquarie medical students at Apollo Hospital. The simulation infrastructure at the Sydney campus is highly regarded by students. While the students have access to simulation infrastructure at Apollo Hospital, some concerns were expressed about gaining access to this area outside of scheduled learning activities. Discussions regarding the provision of enhanced learning facilities for students at Royal North Shore Hospital are ongoing and the Faculty should update the AMC on the timing and development of the additional infrastructure.

The student accommodation in Hyderabad is impressive and highly regarded by the students. Students indicated that they had good access to clinical and educational application software while staying in Hyderabad and completing placements at Apollo Clinical School.

The School has prepared an extensive pre-departure program to prepare students for the Indian clinical placement and should consider updating it to include information on the Indian medical system. Students expressed a desire to be involved in its co-design. This would help to ensure students have an opportunity for realisation of the cultural and social barriers to fully engage with their clinical teams and understand how to access the digital technologies used. Students are very much appreciative of the student-led preferencing for accommodation.

5.2 Staff resources

5.2.1 The medical education provider recruits and retains sufficient academic staff to deliver the medical program for the number of students and the provider's approach to learning, teaching and assessment.

5.2.2 The medical education provider has an appropriate profile of professional staff to achieve its purpose and implement and develop the medical program.

5.2.3 The medical education provider implements a defined strategy for recruiting and retaining Aboriginal and/ or Torres Strait Islander and Māori staff. The staffing level is sufficient to facilitate the implementation and development of the Aboriginal and/or Torres Strait Islander and Māori health curriculum, with clear succession planning.

5.2.4 The medical education provider uses educational expertise, including that of Aboriginal and/or Torres Strait Islander and Māori people, in developing and managing the medical program.

5.2.5 The medical education provider recruits, supports and trains patients and community members who are formally engaged in planned learning and teaching activities. The provider has processes that are inclusive and appropriately resourced for recruiting patients and community members, ensuring the engagement of community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.

5.2.6 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.

The School has sufficient academic and professional staff to deliver the program across its sites in Australia and India. The team notes the strong connection between academic and professional staff from Australia and India which contributes to the success of the program.

Recent key appointments include a Lecturer in Indigenous Health (0.2 FTE), Lecturer in Indigenous Health Education (1.0 FTE) and a Course Director who, at the time of the assessment, was still transitioning out of the role of Stage 2 Lead. The School is in the final stages of recruiting a psychologist to fill the newly established role of MD Student Counsellor (0.5 FTE). This staff member will be appointed through the School of Psychological Sciences to ensure independence from the MD program. The counsellor will provide confidential student support to MD students.

The recent appointments of new Aboriginal and/or Torres Strait Islander staff academics (1.2 FTE) will help support the delivery of the Indigenous Health curriculum. However, while the School has been keen to recruit Aboriginal and/or Torres Strait Islander staff, this remains a challenge. In light of this, the team believes that a review of the MQ First Nations employment strategy is warranted. This review should encompass an assessment of the allocation of resources and the establishment of ongoing support structures to facilitate the retention of Aboriginal and/or Torres Strait Islander staff members. It is crucial to not only focus on recruitment but also prioritise the provision of professional development opportunities and support mechanisms to foster a conducive environment for Aboriginal and/or Torres Strait Islander staff to thrive and contribute meaningfully to the educational mission.

The team notes the contributions of Dr John Hunter, who recently left the Faculty and whose mark on the staff, students and ongoing curriculum was evident. It is paramount that when considering the recruitment, retention and support of Aboriginal and/or Torres Strait Islander academics, that succession planning is a priority given the concerns regarding vacancies and challenges to recruitment.

Simulated/standardised patients involved in learning activities and assessments are recruited from the MQ Health Volunteer program. The School acknowledges that there are currently no volunteer patients who have indicated that they identify as Aboriginal and/or Torres Strait Islander and should consider how it can resource the recruitment process appropriately to encourage their involvement.

5.3 Staff appointment, promotion and development

5.3.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions. The appointment and promotion policies include a culturally safe system for measuring success of Aboriginal and/or Torres Strait Islander and Māori staff.

5.3.2 The medical education provider appraises and develops staff, including clinical title holders and staff who hold a joint appointment with another body.

5.3.3 The medical education provider provides Aboriginal and/or Torres Strait Islander and Māori staff with appropriate professional development opportunities and support. Aboriginal and/or Torres Strait Islander and Māori staff have formal opportunities to work together in teams and participate in mentoring programs across the medical program and higher education institution.

5.3.4 The medical education provider ensures that staff, clinical supervisors and students have training in cultural safety and participate in regular professional development activities to support ongoing learning in this area.

The School has clear policies for promotion of academic staff that consider the different aspects of academic workload as appropriate, based on the classification of the staff. Macquarie University allocate staff to one of three different 'job families': Teaching and Research Academic; Teaching and Leadership Academic; and Technical/Industry/Commercial Academic. Therefore, in addition to teaching, research and service allocations, leadership is also a component of the workload allocation for some staff.

The School has identified that the provision of professional development opportunities and support for Aboriginal and/or Torres Strait Islander staff is an area that requires development and enhancement. Further updates on plans and progress in this area will be important. While the team did hear of instances where the Aboriginal and/or Torres Strait Islander staff were able to work together, it was acknowledged that because of the small number of staff and the recency of their appointments that this would need to be further developed to link them with staff from across the University. While these plans are being developed, the Faculty should ensure there are external opportunities available through collaborations with relevant sector professional bodies or membership organisations.

The MD Executive and Curriculum Committee (MDECC) has recently endorsed the recommendation that all staff and clinical supervisors are required to complete the Cultural Safety in Practice for Health Professionals CPD course. The course consists of two online modules that will be available through the platform ProLearn, which is accessible to all staff involved in the program, as well as students in Year 1 commencing in 2024. It will be important to monitor compliance with this requirement to ensure that staff and students receive this important training. Continuous evaluation should be taken to ensure the training is fit for purpose and where relevant, is updated in line with advice from Aboriginal and/or Torres Strait Islander members of the MQ community, and experts.

Students are also provided with pre-departure training prior to undertaking their offshore placement at Apollo Clinical School to assist with their transition to this immersive cultural experience. In addition, the University-developed training on racism, which was previously delivered in Year 2 of the MD program, has been moved to Year 1.

Following a review of LGBTQIA+ content in the MD program by the Equity and Diversity Working Group, a number of new learning activities have been introduced in the program across Years 1–3.

5.4 Clinical learning environment

5.4.1 The medical education provider works with health services and other partners to ensure that the clinical learning environments provide high-quality clinical experiences that enable students to achieve the medical program outcomes.

5.4.2 There are adequate and culturally safe opportunities for all students to have clinical experience in providing health care to Aboriginal and/or Torres Strait Islander and Māori people.

5.4.3 The medical education provider actively engages with co-located health profession education providers to ensure its medical program has adequate clinical facilities and teaching capacity.

The Macquarie MD students have access to high-quality clinical experiences at Apollo Hospital (Hyderabad), Royal North Shore Hospital, Northern Beaches Hospital and MQ Health, as well as general practice clinics through their geographical footprint. Students have access to impressive clinical facilities and adequate teaching capacity.

Exposure to Aboriginal and/or Torres Strait Islander people at Northern Beaches Hospital is extremely limited. If a patient identifies as an Aboriginal and/or Torres Strait Islander, then the Aboriginal Liaison Officer (ALO) based at Royal North Shore Hospital is contacted for support. The ALOs have not been formally introduced to the program, and the Faculty could consider the utility of their involvement in the programs through fractional appointments or otherwise to contribute to the teaching and learning of collaborative care.

MD students have opportunities for clinical experience in providing health care to Aboriginal and/or Torres Strait Islander people primarily through the Kildare Road Medical Centre and the Bungee Bidgel Clinic (Northern Sydney Local Health District).

At the Bungee Bidgel Clinic, Year 2 students are placed with GPs who treat Aboriginal and/or Torres Strait Islander patients. They also have access to healthcare professionals seeing Aboriginal and/or Torres Strait Islander patients visiting the optometry and audiology clinics. A diabetes clinic will be commencing soon and Bungee Bidgel is keen to explore a psychiatry clinic in collaboration with the School. Year 4 students can attend a paediatric clinic at Bungee Bidgel.

At the Kildare Road Medical Centre, Year 3 MD students spend approximately three days at the clinic, which involves one day with a GP, one day with an allied health professional and one day as part of the Western Sydney University Integrated Team Care program.

The opportunities to undertake clinical placements at the Bungee Bidgel Clinic and Kildare Road Medical Centre are highly regarded by the students, and the staff based at these sites are enthusiastic and supportive educators. However, these opportunities are both short and non-ongoing; therefore, expanding the opportunities for students to experience the provision of health care to Aboriginal and/or Torres Strait Islander people will be important.

5.5 Clinical supervision

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

5.5.2 The medical education provider ensures that clinical supervisors are provided with orientation and have access to training in supervision, assessment and the use of relevant health education technologies.

5.5.3 The medical education provider monitors the performance of clinical supervisors.

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

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

Clinical supervision is an area of strength for the MD program. Clinicians at all sites visited by the team were highly engaged in the MD program and felt well supported by the School. Staff were provided with training regarding the clinical assessment process and were able to identify pathways for raising issues or concerns with the School.

Clinicians at all sites visited, in Australia and India, were clear on their responsibilities to the MD program and on the supports available from the School. Clinicians at all sites indicated that they had adequate time allocated to teaching and were keen to be involved in this activity.

6 Evaluation and continuous improvement

6.1 Continuous review, evaluation and improvement

6.1.1 The medical education provider continuously evaluates and reviews its medical program to identify and respond to areas for improvement and evaluate the impact of educational innovations. Areas evaluated and reviewed include curriculum content, quality of teaching and supervision, assessment and student progress decisions. The medical education provider quickly and effectively manages concerns about, or risks to, the quality of any aspect of the medical program.

6.1.2 The medical education provider regularly and systematically seeks and analyses the feedback of students, staff, prevocational training providers, health services and communities, and uses this feedback to continuously evaluate and improve the program.

6.1.3 The medical education provider collaborates with other education providers in the continuous evaluation and review of its medical program outcomes, learning and teaching methods, and assessment. The provider also considers national and international developments in medicine and medical education.

The School has outlined their six-stage MQ Curriculum Lifecycle Framework (CLF), which is supported by a suite of policies. Evaluation of the medical program is overseen by the MD Evaluation and Enhancement Committee (MDEEC) chaired by the Deputy Dean Education of the Faculty of Medicine, Health and Human Sciences. Potential changes to the program identified by MDEEC are submitted to the MD Executive and Curriculum Committee (MDECC) for approval.

The Macquarie MD has outlined the University's CLF informed by their approach to quality assurance, enhancement and improvement.

The School has an evaluation strategy to identify opportunities for improvement across the program with a focus on (i) curriculum and resources, (ii) student experiences, (iii) teachers and teaching and (iv) student outcomes. This evaluation is facilitated by data from various sources including the Macquarie MD Student Experience Questionnaire (MedSEQ), the Quality Indicators for Learning and Teaching (QILT), the Macquarie MD Clinical Partnership Survey (launched in 2023) and benchmarking against other medical students through the MDANZ–AMC MCQ assessment collaboration.

However, while student feedback was sought systematically, there are opportunities to formalise the feedback sought from academic and clinical staff teaching into the program. While most stakeholders indicated that they felt they could provide verbal feedback and could identify an avenue for doing so, many indicated that they had not been routinely asked for feedback.

The team notes the research and recent publication on EPAs and assessment collaborations in the 2023 monitoring submission. The AMC looks forward to further updates on collaborations with other education providers.

6.2 Outcome evaluation

6.2.1 The medical education provider analyses the performance of student cohorts and graduate cohorts to determine that all students meet the medical program outcomes.

6.2.2 The medical education provider analyses the performance of student cohorts and graduate cohorts to ensure that the outcomes of the medical program are similar.

6.2.3 The medical education provider examines student performance in relation to student characteristics and shares these data with the committees responsible for student selection, curriculum and student support.

6.2.4 The medical education provider evaluates outcomes of the medical program for cohorts of students from equity groups. For evaluation of Aboriginal and/or Torres Strait Islander and Māori cohorts, evaluation activity is informed and reviewed by Aboriginal and/or Torres Strait Islander and Māori education experts.

The School monitors student performance, as part of the MQ CLF, via the Course Review Dashboard. Data reviewed includes demographic profile of the student cohort, student retention, and the performance of different equity groups. The results of this annual 'health check' are reported to the University Senate via the appropriate School-/Faculty-level committees.

The team notes that the School is currently reviewing the performance of students who enter the MD program from the Macquarie University Bachelor of Clinical Science course. It would be appreciated if the results from this analysis, and any recommendations arising from the review, are provided in the next annual report.

The first Macquarie MD student cohort graduated in 2021, with data on MD graduates available from 2022. The team met with alumni from each graduating cohort thus far and heard anecdotally that they felt prepared for their role as interns. The AMC looks forward to updates on formal evaluation data and the program's response to it.

The Macquarie MD has only graduated one Aboriginal and/or Torres Strait Islander student in its three cohorts of graduates so far. While the graduate numbers are too small for meaningful statistical analysis at present, the School should undertake appropriate analysis of its enrolled Aboriginal and/or Torres Strait Islander students. The School should also consider identification of other equity groups in the program and examine the outcomes for these students.

The Macquarie MD has highlighted its various committee structures that review performance of students and have appropriate representation from key clinical partners. However, it is not evident that there are Aboriginal and/or Torres Strait Islander staff and experts engaged in evaluation. This requires immediate attention from the Faculty. As the School works to increase the number of Aboriginal and/or Torres Strait Islander students entering and graduating from the program, appropriate evaluation will be a key contributor to ensuring the success and wellbeing of these students.

6.3 Feedback and reporting

6.3.1 The outcomes of evaluation, improvement and review processes are reported through the governance and administration of the medical education provider and shared with students and those delivering the program.

6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, particularly prevocational training providers, and considers their views in the continuous evaluation and improvement of the medical program.

Feedback on evaluation overseen by MDEEC is reported through the governance structure of the Faculty. According to the MDEEC terms of reference, the committee reports to the MDECC, collaborates with the MD Assessment Development Committee, MD Admissions and Selection Development Committee, and Stage committees. MDEEC is led by an experienced chair. MDEEC receives reports from the Stage committees and MDECC. However, it is unclear how feedback is provided to prevocational training providers and other stakeholders, or how their views are captured.

The biennial MedSEQ 2023 report is comprehensive, and the AMC looks forward to updates on the recommendations and continued shared communication to key stakeholders.

The team notes that the student submission indicates that students feel well-informed about mechanisms for giving and receiving feedback through formal and informal mechanisms. Student representatives bring items to MD governance committees for discussion, and feel their feedback is often taken into consideration. It may prove beneficial to review and evaluate examples of items brought by student representatives, to understand and proactively manage student concerns.

Appendix One Membership of the 2024 AMC Assessment Team

Professor Wayne Hodgson (Chair) BSc, PhD, GradCertHighEd
Dean, Sub-Faculty of Health Sciences, Faculty of Medicine, Monash University

Associate Professor Jo Bishop BSc (Hons), PhD, PGCertEd
Head of Curriculum, Bond Medical Program, Faculty of Health and Medicine, Bond University

Associate Professor Cheryl Davis BHSc (Hons), MPH
Aboriginal Health Domain Chair, School of Medicine, The University of Notre Dame, Fremantle Campus

Professor Shane Hearn BAppSci, MPP, PhD,
Head, First Nations Health Program, Faculty of Health Sciences and Medicine, Bond University

Ms Melody Muscat BA MA GradCert (Indigenous Research) GradCert (Indigenous Leadership)
Head, Indigenous Health Education, School of Public Health and Academy of Medical Education, Faculty of Medicine, University of Queensland

Mr Daan Verhoeven
Manager, Medical School Assessments, Australian Medical Council

Ms Esther Jurkowicz
Program Support Officer, Australian Medical Council

Appendix TwoGroups met by the 2024 Assessment Team

Hyderabad, India	
Meeting	**Attendees**
Thursday, 7 March	
Apollo Hospital, Hyderabad, India	
Macquarie Faculty Representatives	Lead, Clinical Partnerships, Macquarie Medical School Faculty Executive Director, Faculty of Medicine, Health and Human Sciences
Apollo Executive and Campus Leadership	President, Hospital Divisions and Apollo Campus Dean General Manager, Apollo Hospital
Macquarie International	Regional Director, South Asia
Tour of Apollo	General Manager, Apollo Hospital Lead, Clinical Partnerships, Macquarie Medical School Faculty Executive Director, Faculty of Medicine, Health and Human Sciences
Clinical Specialty Leads, Apollo	Apollo Lead, Intensive Care Apollo Lead, Paediatrics Apollo Lead, Emergency and Acute Medicine Apollo Lead, Obstetrics and Gynaecology Apollo Lead, Medicine Apollo Lead, Preventative Medicine and Chronic Disease
Tour of Apollo Student Hub	Clinical Experience Coordinator, Apollo Clinical School 3 Year 3 Students
Meeting with Year 3 Students on Placement at Apollo	15 Year 3 Students
Tour of Apollo Cradle	Business Manager, Apollo Cradle Apollo Lead, Obstetrics and Gynaecology Apollo Lead, Paediatrics
Friday, 8 March	
Student Accommodation, Hyderabad, India	
Accommodation Introduction	Accommodation Manager Lead, Clinical Partnerships, Macquarie Medical School Faculty Executive Director, Faculty of Medicine, Health and Human Sciences
Student Accommodation Tour	Accommodation Manager Faculty Executive Director, Faculty of Medicine, Health and Human Sciences 5 Year 3 Students

Sydney, New South Wales	
Monday, 11 March	
Macquarie University, MQ Health	
MQ Health Executive	Deputy Vice-Chancellor (Medicine and Health) and Executive Dean, Faculty of Medicine, Health and Human Sciences

	Head of School and Dean of Medicine, Macquarie Medical School
Clinical Discipline Leads, MQ Health	MD Course Director and Surgery Discipline Lead Deputy Stage 2 Lead, Medicine Selective and Elective Lead Primary Care and Community Care Co-Leads
Clinical Supervisors, Primary Care	General Practitioner, MQ Health General Practitioner, Hunters Hill Medical Practice General Practitioner, Cottage Surgery Principal GP Specialist, MyHealth Auburn
Clinical Supervisors, MQ Health	Professor, Urology Professor, Respiratory Associate Professor, Endocrinology Professor, General Surgery Dr, Cardiovascular and Respiratory
Indigenous Health	Lecturer, Indigenous Health Education Head of School and Dean of Medicine Associate Fellow (Indigenous), Higher Education Academy Lecturer, Indigenous Health Education, Department of Health Sciences Team Leader, Walanga Muru
Student Support	Lead, Student Support and Wellbeing Deputy Stage 2 Lead Faculty Executive Director Work Integrated Learning Team Leader Course / Education Support Team Leader Work Integrated Learning Support Officer (Apollo) Work Integrated Learning Support Officer (Stage 2) Clinical School Officer, Royal North Shore Clinical School Clinical School Officer, MQ Health Clinical School Officer, Northern Beaches Clinical School Course Support Officer Work Integrated Learning Support Officer Deputy Dean Education and Employability
Meeting with Year 4 Student	14 year 4 Students
Tour of MQ Health	Course Director Clinical Skills and Simulation Lead Course Support Officer
Debrief with Dean	Executive Dean and Deputy Vice Chancellor (Medicine and Health) Head of School and Dean of Medicine
Tuesday, 12 March	
<u>Northern Beaches Hospital</u>	
Executive, Northern Beaches Hospital	Year 4 Lead and Head, Northern Beaches Clinical School Chief Operating Officer and Chief Medical Officer, Northern Beaches Hospital

	Director of Surgery Clinical Lead, Medicine
Clinical Discipline Leads, Northern Beaches Hospital	Clinical Lead, Paediatrics Clinical Lead, Obstetrics and Gynaecology Clinical Lead, Mental Health Clinical Lead, Critical and Acute Care Clinical Lead, Haematology and Clinical Haematology
Clinical Supervisors, Northern Beaches Hospital	Clinical Supervisor, Surgery Clinical Supervisor, Internal Medicine and Geriatrics Clinical Supervisor, Psychiatry Clinical Supervisor, Obstetrics and Gynaecology Clinical Supervisor, Intensive Care Clinical Supervisor, Mental Health Clinical Supervisor, General Medicine
Tour of Northern Beaches Hospital	Head, Northern Beaches Clinical School
<u>Royal North Shore Hospital</u>	
Executive, Royal North Shore Hospital	Chief Executive, Northern Sydney Local Health District and Royal North Shore Hospital
Macquarie Clinical Staff, Royal North Shore Hospital	Year 3 Co-Lead and Discipline Lead, Paediatrics Year 3 Co-Lead and discipline Lead, Obstetrics and Gynaecology Associate Professor, Neonatologist Midwife and Clinical Coordinator Discipline Lead, Mental Health Discipline Lead, Critical and Acute Care Fellow, Paediatric Emergency Medicine
Bungee Bidgel Staff, Hornsby Ku-ring-gai Hospital *via zoom*	Director, Hornsby Kuringai GP Unit Clinical Nurse Specialist
Clinical Departments, Royal North Shore Hospital	Director, Emergency Medicine Head of Department, Psychiatry Head of Department, Obstetrics Director, Neonatal Intensive Care Director, Paediatrics Paediatric Emergency Physician
Northern Clinical School, Royal North Shore Hospital	Year 3 Co-Lead and Discipline Lead, Paediatrics Head, Northern Clinical School Manager, Education Support (Clinical), Northern Clinical School, University of Sydney Senior Education Support Officer, Northern Clinical School, University of Sydney Clinical School Officer, Macquarie Medical School, RNSH Campus
Wednesday, 13 March	
<u>Macquarie University, MQ Health</u>	
Meeting with Kildare Road Medical Centre Representatives *via zoom*	Practice Manager, Kildare Road Medical Centre GP, Kildare Road Medical Centre

	Indigenous Health Project Officer
Macquarie MD Graduates	PGY1, MQ Health PGY2, RNSH PGY2, Northern Beaches Hospital PGY3, RNSH PGY3, RNSH PGY1, Northern Beaches Hospital
Meeting with University of Sydney Medical School	Head of School and Dean, Sydney Medical School Deputy Head of School and Head, Northern Clinical School MD Program Director
MD Assessment Oversight Committee	Chair, MD Assessment Oversight Committee Course Director and acting Stage 2 Lead Year 3 Co-Lead Year 4 Lead

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