

# Accreditation Report: University of Sydney, Sydney Medical School

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Medical School Accreditation Committee

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## Acknowledgement of Country

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

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

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

## 1. Introduction

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The purpose of this report is to publish the outcome of the AMC accreditation extension assessment of a medical education program under the *Health Practitioner Regulation National Law* (the National Law). Accreditation is awarded to a provider for a specific medical program, identified by its degree title. The AMC uses the terminology of the National Law in making accreditation decisions, determining if a program and provider has met, substantially met, or not met the standards.

When undertaking accreditations the AMC refers to the:

- *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023* (the Standards)
- *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024* (the Procedures)

The goals of the report are to:

- Provide an assessment of the provider and program against the Standards, and the reasons behind the outcomes. This includes a description of the program's **key developments, strengths and challenges** since the last accreditation activity, outlining conditions placed to ensure the provider and program meet the Standards within a reasonable time, and offering recommendations to support ongoing quality improvement.
- Give a brief overview of the accreditation context, including key program data, previous accreditation activity and provisions for future monitoring and accreditation activity.

### 1.1 The process for accreditation extension submission for extension of accreditation

The AMC document, *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024*, describes AMC requirements for accrediting primary medical programs and their education providers.

In the last year of an accreditation period based on an assessment visit, the AMC can consider a request for an extension of accreditation via an accreditation extension submission. In submitting an accreditation extension submission, the education provider is expected to provide evidence it continues to meet the accreditation standards, and has maintained its standard of education and of resources.

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

The AMC considers the submissions from the medical students' societies along with education provider's accreditation extension submissions.

If, on the basis of the report, the Medical School Accreditation Committee decides the education provider and the program of study continue to satisfy the accreditation standards it may recommend to the AMC Directors to extend the accreditation of the education provider and its program.

The extension of accreditation is usually for a period of three or four years, taking education providers to the full period of accreditation of ten years granted by the AMC between reaccreditation assessments. Following this extension, the provider and its programs undergo a reaccreditation assessment.

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

## **1.2 Decision on accreditation**

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

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

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

AMC Directors, at their 30 January 2025 meeting resolved:

- i. that the University of Sydney, Sydney Medical School and its four-year Doctor of Medicine (MD) medical program continue to substantially meet the accreditation standards;
- ii. that accreditation of the program is subject to the conditions contained in the accreditation report and meeting the monitoring requirements of the AMC; and
- iii. to extend accreditation of the University of Sydney, Sydney Medical School and its four-year Doctor of Medicine (MD) medical program for four years, to 31 March 2029.

## 2. University of Sydney, Sydney Medical School

### 2.1 Accreditation history

The University of Sydney, Sydney Medical School was first accredited by the AMC in 1993. An overview of the accreditation and monitoring history is provided below:

Assessment Type	Findings	Outcome
<b>1993: Initial accreditation</b>	NA	Six-year direct entry MBBS. Granted accreditation for 10 years from 1 January 1994.
<b>1996: Major change assessment</b>	NA	Introduction of four-year graduate entry MBBS. Accreditation granted to 2002.
<b>1998: Follow up</b>	NA	Assessment of four-year MBBS. Confirmed the 1996 accreditation decision
<b>2001: Comprehensive</b>	NA	Extension of accreditation to 2005
<b>2005: Reaccreditation</b>	NA	Granted accreditation to 30 June 2011
<b>2011: Comprehensive</b>	NA	Extension of accreditation to 31 December 2015
<b>2013: Major change</b>	NA	The AMC did not consider this to be a major change.
<b>2015: Reaccreditation</b>	MEETS	Granted accreditation of the four-year MBBS to 31 March 2020. The MBBS will be phased out by 2019. Granted accreditation of the MD to 31 March 2022.
<b>2016: Report on conditions</b>	MEETS	Accepted
<b>2017: Report on conditions</b>	MEETS	Accepted
<b>2018: Progress report</b>	MEETS	Accepted
<b>2019: Major change: Reaccreditation MD2020</b>	SUBSTANTIALLY MEETS	Granted accreditation of the four-year new MD (MD2020) to 31 March 2025. Subject to satisfactory progress reports and follow-up on the implementation of the program in 2021.
<b>2019: Report on conditions</b>	SUBSTANTIALLY MEETS	Accepted
<b>2020: Progress report</b>	SUBSTANTIALLY MEETS	Accepted
<b>2021: MD Progress report and MDMSN Dubbo</b>	SUBSTANTIALLY MEETS	Accreditation confirmed to 31 March 2025.
<b>2022: Dubbo follow up</b>	SUBSTANTIALLY MEETS	Substantially meets standards
<b>2023: Monitoring submission</b>	SUBSTANTIALLY MEETS	Accepted

<b>2024: Accreditation extension submission</b>	<b>SUBSTANTIALLY MEETS</b>	Granted an extension of accreditation of four-year MD for four years, to 31 March 2029.
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A copy of the School's 2021 & 2023 accreditation reports can be found [here](#).

## 2.2 Accreditation extension submission

In its 2024 accreditation extension submission the education provider was asked to provide a submission against the revised standards and its remaining accreditation conditions (if any).

The following was to be addressed for each standard:

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

## 2.3 University of Sydney, Sydney Medical School's Executive Summary

The School has recently developed and delivered a new medical program based on the latest pedagogical paradigms and relevant educational content. The new governance structure on which the MD2020 was constructed, ensured a curriculum based around programmatic assessment delivered in line with University policy and procedures, allows the School to integrate additional content and spiral learning across the four years of the program. The medical program also undergoes extensive evaluation as part of multiple Quality Assurance processes, both at the School level via the internal End-of-Year Survey (EOYS), and at the University level via the Unit of Study Survey (USS). This ensures that the program is continually able to adapt to new requirements either from an internal review process or via an external accreditation process. The AMC self-assessment process has been based around the reviewing of current knowledge and workings of new curriculum content and its delivery and reflecting on the actions already taken and are planning to take in response to the feedback already received.

The School has commenced developing stronger and more meaningful relationships with the student cohort and community representatives. Over the next few years, the program will be prioritising key areas within its principles, structure, and content including developing a pre-med program to support Indigenous and rural students to succeed in the medical program. This pre-med program was to commence in December 2024 prior to enrolment after accepting a place in the medical program. The School will also increase engagement with student partners in all areas of program development to improve student experience.

Key areas of curriculum structure development are the evolution of a system of programmatic assessment, moving from a data-point model to a capability framework, integrating the use of generative AI into student learning and assessment, supported by University-wide policies guiding AI use. Key areas of curriculum content development over the next few years will be sustainability and planetary health, digital health, interprofessional education (IPE) across all years of the program, as

well as fostering further areas of professional development. In enhancing learning of professional development, there will be structural changes to the way professionalism is delivered in the program

For the self-assessment against the graduate outcomes in section 6, most of the policies, principles, and practice are already in place to ensure that they are met and continue to be met. Since the new MD was launched in 2020, the School has expanded academic recruitment and deployment of professional staff from the Faculty to ensure that the medical program is well-supported.



### 3. AMC Findings

#### 3.1 Summary of findings against the standards

The AMC implemented the revised Medical School Standards as of 1 January 2024, it is expected that most schools will have further capacity for development to meet the revised standards and therefore most accreditation findings will this year be substantially met.

The findings against the six accreditation standards are summarised in the table below:

Previous Accreditation Standards	2023 Accreditation Status	Revised Accreditation Standards	2024 Accreditation Status
<b>Standard 1</b> Context	Met (1.8.1 Substantially met)	<b>Standard 1</b> Purpose, context & accountability	Substantially met (1.2.1, 1.1.4, 1.2.3, 1.3.5, 1.4.4 substantially met)
<b>Standard 2</b> Outcomes	Met		
<b>Standard 3</b> Medical Curriculum	Met (3.2.1 Substantially met)	<b>Standard 2</b> Curriculum	Substantially met (2.1.1, 2.2.3, 2.2.4, 2.2.8, 2.2.9, 2.3.6, 2.3.7, 2.3.9 substantially met)
<b>Standard 4</b> Learning & Teaching	Met (4.3 Substantially met)		
<b>Standard 5</b> Assessment of student learning	Met	<b>Standard 3</b> Assessment	Substantially met (3.1.6 substantially met)
<b>Standard 7</b> Students	Met (7.1.1 Substantially met)	<b>Standard 4</b> Students	Substantially met (4.1.3, 4.1.5, 4.2.1, 4.2.2, 4.2.7 substantially met)
<b>Standard 8</b> Learning Environment	Met	<b>Standard 5</b> Learning environment	Substantially met (5.2.3, 5.2.5, 5.3.2, 5.3.3, 5.3.4, 5.4.2, 5.4.3, 5.5.3 substantially met)
<b>Standard 6</b> Monitoring & Evaluation	Met	<b>Standard 6</b> Evaluation & continuous improvement	Substantially met (6.1.3, 6.2.2, 6.2.4 substantially met)

A summary of developments since the last accreditation activity, strengths and challenges is available for each standard under section 3.2.

#### 3.2 Detailed findings against the standards

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

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

Where a month is not specified in the deadline for the condition the School is expected to demonstrate that it has satisfied the condition within the monitoring submission scheduled for that year.

## Standard 1: Purpose, Context and Accountability

Standards cover: Purpose; Partnerships with communities and engagement with stakeholders; Governance; Medical program leadership and management.

### Developments against Standard 1

#### **The School provided an overview of activities against the standards and reported on the following key developments:**

The Sydney Medical School, along with other schools in NSW, has been at the forefront of changes aimed at assisting the challenges the healthcare system is facing, with the introduction of NSW Health Assistant in Medicine (AiM) roles. The School is also ensuring the graduation of doctors more aligned with community expectations via admissions pathways and curriculum learning.

The School's current medical program makes it ideally placed to continue to assist with these developments. The School has good relationships with local health districts, and students continue to report a good experience of learning and preparation for their future careers.

There have been no major changes to the program since the last accreditation and the School continue to proactively make further changes to evolve and strengthen in areas where this is required. The main executive summary outlines where these changes will be, specifically around curriculum content and delivery structure.

The School reported that the main reason for the lack of major changes were because a significant overhaul to the previous curriculum for delivery of the new MD was made in 2020. The next few years were spent navigating the issues and difficulties associated with the COVID pandemic, namely switching to Emergency Remote Learning (ERL) and ensuring that senior student clinical placements were maintained, so that students graduated. The last few years have been focused on delivering Year 3 and Year 4 of the new program, as well as ensuring that students from the previous program were also progressed.

2023 saw the completion of the first delivery of Year 4 of the new program, and 2024 has seen the last two students from the previous program complete the course, and now is the time to review and refresh as needed.

The major areas for development and change over the next five years are the ongoing evolution of programmatic assessment, the integration of the use of Generative AI within the curriculum and assessment, and incorporation of new relevant content.

There has been increased cohesion and integration of the governance processes within the School's and Faculty educational structures. Incorporation of Medicine as a School in the Faculty of Medicine and Health has provided alignment and a framework for collaboration among all the health professions represented in the University. For instance, compilation of a set of Faculty resolutions applicable to all education programs, and the faculty-wide student professionalism provisions are examples of projects carried out during the restructure that signify a coherent educational philosophy. The Faculty of Medicine and Health brings together the areas of Dentistry, Medicine, Medical Sciences, Nursing and Midwifery, Public Health, Pharmacy and Health Sciences into one faculty, with Professor Robyn Ward appointed Executive Dean. The Clinical Schools are within the Sydney Medical School and report to the Head of School and Dean of Sydney Medical School.

The previous Director of the Medical Program, Professor Jane Bleasel, took up the role of Dean and Head of School of Medicine and Public Health at Newcastle University from 20th June 2022. The role of Director was advertised and filled by Associate Professor Stuart Lane. The Sydney Medical School was incorporated into the Faculty of Medicine and Health (FMH) in 2020, under the leadership of Professor Cheryl Jones. The current Acting Head of School and Dean is Professor Stephen Fuller.

The combined research income of the Faculty of Medicine and Health over the last five years represents approximately 57% of the University of Sydney's total research income of \$2.4 billion. With a number of school and multidisciplinary research centres and institutes, the Faculty is dedicated to research and supporting research across all schools and disciplines

### ***Analysis of strengths and challenges***

The School reported they have neither changed their mission or vision statement, nor have they amended their values. The School are planning the development of a purpose statement in collaboration with students.

The School also reported they have not made changes to their graduate outcomes and will be ensuring that they remain aligned with the development of the AMC new standards.

Learning outcomes were developed in accordance with the mission and vision statements and with the intention of fulfilling the AMC's Graduate Outcomes, which are in four domains:

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

These domains and the related graduate outcomes are embedded within the eight vertical teaching themes that encompass the Sydney MD Program, namely:

1. Basic and Clinical Science (BCS)
2. Clinical Skills (CS)
3. Research, Evidence and Informatics (REI)
4. Population Health (PH)
5. Indigenous Health (IH)
6. Diagnostics and Therapy (D&T)
7. Ethics, Law and Professionalism (ELP)
8. Inter-Professional Teamwork (IPL)

These vertical themes, which together form a '*Capability Framework*', expand on the four themes of the present curriculum. They covered gaps identified in the 2015 AMC review, and emphasise the knowledge, skills and behaviours identified by Sydney Medical School as priorities for professional practice. The horizontal and vertical integration of the curriculum in relation to the thematic capabilities and attainment of related core skills will be supported by means of programmatic assessment, as described under Standard 5.

End-of-year learning capabilities have been specified for each of the eight vertical themes. The learning outcomes refer to the requisite knowledge, skills and behaviours, which in turn are aligned with the AMC's Graduate Outcomes.

### **Accreditation Summary**

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
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1	Provide evidence to demonstrate the contribution of the Portfolio Committee, and its associated sub-committees, to the Program, detailing the scope and interactions with the School's other committees. (Standard 1.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
2	To provide ongoing assurance of appropriate development of the program, in annual progress reports, confirm that the budget allocated to the School is adequate for both the development of the new Program, and ongoing program delivery. (Standard 1.5) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
3	Confirm the arrangements for providing Indigenous academic input into the medical program, building on the School's Indigenous Health unit, the Faculty structures and the role of the Associate Dean (Indigenous Strategy and Services). (Standard 1.4) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
4	In the context of the evolving relationships and Faculty structure, confirm that the School is able to maintain authority and responsibility for the medical Program and has autonomy to direct resources to achieve the Programs objectives. (Standard 1.5) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
5	Describe the impact of the professional services review, and confirm that there is adequate professional and infrastructure support for the successful implementation of the new Program. (Standard 1.8) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
6	In the context of the professional services review, confirm that there is adequate professional and infrastructure support for the sustainability of the new Program. (Standard 1.8) <i>from the 2019 reaccreditation assessment</i>	2021	Satisfied 2021
7	Populate the School's Program Outcomes, Capabilities and AMC Graduate outcomes into the School's curriculum mapping software. (Standard 2.2) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
8	Provide evidence that the clinical learning experiences for each discipline will remain comparable across all instructional sites. (Standard 2.2) <i>from the 2019 reaccreditation assessment</i>	2021	Satisfied 2022

**The following new conditions are placed.**

Condition:		Due to be met by:
39	By 2027 provide evidence that demonstrates attainment of the following standards of the Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023): Standards 1.2.1, 1.4.4 <b>(New in 2024)</b>	2027
40	Demonstrate how the outcomes of the One Sydney, Many People strategy are furthering the commitment to Aboriginal and/or Torres Strait Islander and Māori people's health equity and participation in the	2027

	program as staff, leaders and students. The reporting must provide data showing the effectiveness of the strategy in furthering participation in the program. (Standard 1.1.4) <b>(New in 2024)</b>	
<b>41</b>	Provide a list of current and planned mutually beneficial partnerships held with Aboriginal and/or Torres Strait Islander and Māori people and organisations, accompanied with an explanation of how the provider ensured these agreements define the expectations of partners and promote community sustainability of health services. (Standard 1.2.3) <b>(New in 2024)</b>	2027
<b>42</b>	Provide examples that demonstrate 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. (Standard 1.3.5) <b>(New in 2024)</b>	2027

Summary of education provider's performance against Standard 1:

This set of standards was found to be: **SUBSTANTIALLY MET**

## Standard 2: Curriculum

Standards cover: Medical program outcomes and structure; Curriculum design; Learning and teaching.

### Developments against Standard 2

**The School provided an overview of activities against the standards and reported on the following key development:**

The School reported there have been no major changes since the last accreditation and will continue to amend the curriculum in response to community and student learning needs. The School continues to strengthen its relationships and collaboration with the Faculty and wider University body, seeking to learn from developments and delivery.

There are no plans to change the major structure of the program, however, there are clear areas of challenge with required growth and development. Staff are focused the delivery of a course based on programmatic assessments, particularly to clarify and develop IT systems and requirements provided by the University so this can be achieved. The considerations around programmatic assessment involve curriculum design and delivery, and the evolution of the program as a whole. The incorporation and use of GenAI, of which the University of Sydney has been a national leader, will also be prominent in the curriculum development.

The School reported one of the logistical challenges is the need for greater bespoke programs within the MD program to link with wider University systems, for areas such as curriculum mapping, as well as assessment collation and presentation. The current situation around the unsuccessful application to the Faculty to acquire a bespoke IT platform – Sofia curriculum, which was not progressed by the University is an example of where the course is changing at a speed greater than the wider University, and the School need support in this area to develop the program further.

### Accreditation Summary

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
<b>9</b> Monitor and respond to the students' ability to cope with the demands of the first year curriculum that incorporates the Online Foundational Knowledge course. (Standard 3.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>10</b> Provide the detailed curriculum for Years 3 and 4 of the Program. (Standard 3.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>11</b> Provide explicit links between learning activities and learning objectives that are available to students, to support students in independent study. (Standard 3.4) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>12</b> Confirm the availability of sufficient dedicated resources to complete the development, delivery and assessment of Indigenous Health theme. (Standard 3.5) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>13</b> Provide detailed plans for the MD project, including confirmation that sufficient numbers of projects and supervisors have been obtained. (Standard 3.2) <i>from the 2019 reaccreditation assessment</i>	2021	Satisfied 2021

14	Report on the implementation and planned assessment for the Interprofessional Learning theme. (Standard 4.7) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
31	Demonstrate that the research skills component of the medical program can be delivered effectively for Dubbo students in the 2024 progress report <i>(after allocation of Y2 research projects for Dubbo students)</i> . (Standard 3.2.1) <i>from the 2021 follow up assessment</i>	2024	Progressing 2024
32	Demonstrate that the program enables Dubbo students to develop core skills before they use these skills in a clinical setting in the 2024 progress report <i>(evaluation of Y2 transition to clinical placements in 2023)</i> . (Standard 4.3) <i>from the 2021 follow up assessment</i>	2024	Satisfied 2024

**The following new conditions are placed.**

Condition:		Due to be met by:
43	By 2027 provide evidence that demonstrates attainment of the following standards of the Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023): Standards 2.2.3, 2.2.4, 2.2.9, 2.3.6, 2.3.9 (New in 2024)	2027
44	Provide a completed mapping of Sydney Medical School graduate outcomes to the AMC Graduate outcomes, that demonstrate how the program's outcomes are consistent with the needs of community (as defined in the program's purpose; groups who experience health inequalities and Aboriginal and/or Torres Strait Islander Communities in the provider's region) and how these learning outcomes are staircased for each year level. (Standards 2.1.1 & 2.2.8) (New in 2024)	2027
45	<p>Demonstrate how the program is ensuring that learning and teaching is culturally safe and informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines. Through:</p> <ul style="list-style-type: none"> <li>Reporting on the outcomes of the "Indigenising The Curriculum" review of the existing cultural competence Graduate Quality.</li> <li>Reporting on the Aboriginal and/or Torres Strait Islander student's feedback and/or evaluation regarding the culturally safety of the program's learning and teaching.</li> <li>Update on the development and implementation of the Faculty of Medicine and Health's Indigenous Strategy, showing how the learning and teaching is evolving to be further informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines. (Standard 2.3.7) <b>(New in 2024)</b></li> </ul>	2027

**Summary of education provider's performance against Standard 2:**

This set of standards was found to be: **SUBSTANTIALLY MET**

## Standard 3: Assessment

Standards cover: Assessment design; Assessment feedback; Assessment quality.

### Developments against Standard 3

**The School provided an overview of activities against the standards and reported on the following key developments:**

The MD program and School throughout the course. The students' assessments consist of regular assessment across the whole year compared to summative barrier assessments at the end of the year.

The curriculum content and assessment to develop this graduate outcome is contained within all eight vertical teaching themes of the medical program, and integrated in a spiralled manner across the four year program to ensure students develop further learning built upon embedded and consolidated prior learning.

The student's progression to the subsequent year is determined by making a holistic assessment of their performance across specified learning data-points within their yearly portfolio of assessments. The outcome for end-of-year student progression is determined by the Sydney Medical Program Portfolio Advisory Group (SMP PAG), and this decision is ratified by the Chair of the MD program subcommittee (A/Prof Stuart Lane – MD program director). In the portfolio determination, each student is classified as having either a "Met Expected Standard", "Borderline", or "Below Expected Standard" portfolio of assessments.

Students who are determined to be below expected standard for their portfolio of assessments, are required to repeat the same year of the MD program. Students who are determined to have met expected standard for their portfolio of assessments are able to progress to the subsequent year of the MD program.

Students who are determined to be borderline for their portfolio of assessments are offered further assessment. This is neither a supplementary assessment nor a barrier assessment, and the data from their performance from the further assessments is assessed along with the previous data points for a new determination on their progression.

The datapoints that go into the final portfolio determination consist of individual assessments that are also graded as "Met Expected Standard", "Borderline", or "Below Expected Standard". However, it is not the individual classifications of the datapoints that determine progression or eligibility for further assessment, but the performance across all datapoints, as assessed by the Portfolio Advisory Group at the end of the year. This is outlined in the standards and progression sections of assessment details for the year.

The main changes over the next few years involve evolving the current method of yearly portfolio assessment from data-points to a capability framework. The initial planning has been completed, and the School are moving towards how this will be implemented utilising their current resources, with a plan to have this operational for semester 1 2026.

In all the developments around programmatic assessment the School will keep a focus on the three key components:

- Longitudinality
- Proportionality
- Triangulation

The major change for the current assessment structure will be the move towards triangulation of data from domains, not from data-points. This will require further alignment with current IT platforms, although the function of the Portfolio Advisory Group (PAG) will remain the same.



## Accreditation Summary

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
<b>15</b> Provide the assessment blueprint for each theme for Years 3 and 4. (Standard 5.2) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>16</b> Integrate assessment decisions for individual, high stakes assessments within the programmatic assessment framework. (Condition 5.2) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>17</b> Evaluate the workplace-based skills assessments to identify whether students are assessed on a sufficient breadth of skills. (Standard 5.2) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2023
<b>18</b> Evaluate the programmatic assessment processes and, in particular, the performance of the portfolio sub-committees to determine whether there is adequate sampling of students' abilities across all eight capability areas, and that the resulting assessment decisions ensure consistency of standards over time, and between students. (Standard 5.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>19</b> Confirm that adequate numbers of Learning Advisors have been sourced. (Standard 5.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>20</b> Describe the strategies and structures that will be implemented to ensure a clear separation between Learning Advisor and mentor roles. (Standard 5.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>21</b> Evaluate and report on the implementation of the portfolio dashboard to be utilised by Learning Advisors. (Standard 5.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2023
<b>22</b> Describe the processes to be used to inform judgements about student progress that reconciles the satisfactory efforts that students upload to the ePortfolio, with the number of attempts that are made prior to achieving the required standard. (Standard 5.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>33</b> Demonstrate that the Learning Advisor roles have been clarified for Dubbo staff and supervisors so that students experience a consistent approach to assessment. (Standard 5.1.1) <i>from the 2021 follow up assessment</i>	2022	Satisfied 2023

**The following new condition is placed.**

Condition:	Due to be met by:
<b>46</b> Demonstrate how assessment in Aboriginal and/or Torres Strait Islander and Māori health and culturally safe practice is integrated across the	2027

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program and informed by Aboriginal and/or Torres Strait Islander and Māori health experts. (Standard 3.1.6) **(New in 2024)**

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Summary of education provider's performance against Standard 3:

This set of standards was found to be: **SUBSTANTIALLY MET**

## Standard 4: Students

Areas covered by this standard: Student cohorts and selection policies; Student wellbeing; Professionalism and fitness to practise; Student indemnification and insurance.

### Developments against Standard 4

**The School provided an overview of activities against the standards and reported on the following key developments:**

The School regularly reviews its admission procedures for both domestic and international students, and recently introduced pathways for Indigenous and rural students, including pre-med program supports as discussed in Standard 1 prior to the February 2025 Semester 1 commencement. The School is also in the process of making ongoing adjustments to ensure gender balance not just for applications, but also for acceptances of offers. The need for further criteria beyond GAMSAT and the specifics of those criteria (e.g. SJTs, MMIs, group interviews) is being investigated.

The School has improved engagement with the student cohort through extensive communication and collaboration, and inclusiveness as part of the wider MD program team with an ongoing student representation at our strategy and operations meetings, as well as our regular committee meetings.

### Accreditation Summary

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
<b>24</b> Describe the approaches that will enhance student support, and perceptions of student support at the School's main campus. (Standard 7.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>25</b> Demonstrate the effectiveness of the Learning Advisors in identifying and assisting students in need of academic or pastoral support, and those with professional behaviour concerns. (Standard 7.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>35</b> Demonstrate that the local infrastructure continues to be sufficient once all cohorts of students are in Dubbo in the 2025 progress report (after all four years have begun in Dubbo) (Standard 4.1.1)	2025	Progressing 2024
<b>36</b> Confirm the nature of the first student intake and report on the evaluation of the admissions processes and initiatives to encourage recruitment of local students, including any refinements made for subsequent admissions processes in the 2022 progress report (following Y1 recruitment) (Standards 7.1 and 7.2) <i>from the 2021 follow up assessment</i>	2022	Satisfied 2022
<b>37</b> Demonstrate that Dubbo students will have adequate access to local and central student support services and that these are effective in meeting students' needs by 2024 (two cohorts and Y2s in clinical placements) (Standard 7.3.1) <i>from the 2021 follow up assessment</i>	2024	Satisfied 2023

**The following new conditions are placed.**

Condition:	Due to be met by:
<b>47</b> By 2027 provide evidence that demonstrates attainment of the following standards of the Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023): 4.1.3, 4.1.5, 4.2.2, 4.2.7 <b>(New in 2024)</b>	2027
<b>48</b> Provides evidence of a strategy across the medical program to support student wellbeing and inclusion. (Standard 4.2.1) <b>(New in 2024)</b>	2027
Summary of education provider's performance against Standard 4: This set of standards was found to be: <b>SUBSTANTIALLY MET</b>	

## Standard 5: Learning environment

Standards cover: Facilities; Staff resources; Staff appointment, promotion and development; Clinical learning environment; Clinical supervision.

### Developments against Standard 5

**The School provided an overview of activities against the standards and reported on the following key developments:**

There have been no major developments since the previous accreditation submission. Many of the School's clinical schools and associated LHDs facilities are undergoing upgrades in their infrastructure, providing greater clinical exposure and more sophisticated learning environments.

The School's non-salaried affiliate workforce continues to grow ensuring that we can provide even more clinical tutors and assessors to assist with the delivery of programmatic assessment.

Camperdown campus infrastructure is also undergoing further development which will ensure Year 1 students have improved access and availability to theory learning spaces and practical classes.

### Accreditation Summary

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
<b>26</b> Prioritise the School's efforts in building respectful and reciprocal relationships with Aboriginal communities and health service providers. (Standard 8.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>27</b> Describe the opportunities that students will have in providing care to Aboriginal and Torres Strait Islander people in the clinical setting. (Standard 8.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>28</b> Describe the evolution of the co-location with Macquarie University students in the clinical setting and confirm that students continue to have sufficient patient contact to achieve the program outcomes. (Standard 8.3) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2020
<b>29</b> Demonstrate that adequate clinical places are available in the Dubbo and Orange Clinical Schools, considering the implementation of Murray Darling Medical School Network arrangements in New South Wales. (Standard 8.3) <i>from the 2019 reaccreditation assessment</i>	2021	Satisfied 2021
<b>30</b> Demonstrate the School has the staff necessary to deliver the medical program in Dubbo through annual progress reports up to and including 2024. (assumes recruitment in 2024 to support Y4 cohort in 2025) (Standard 1.8.1) <i>from the 2021 follow up assessment</i>	Annual	Satisfied 2024
<b>38</b> Demonstrate through a site visit that the infrastructure planned has been delivered or that students and staff otherwise have access to safe and well-maintained facilities by 2022. (Standard 8.1) <i>from the 2021 follow up assessment</i>	2022	Satisfied 2022

**The following new conditions are placed.**

Condition:	Due to be met by:
<b>49</b> By 2027 provide evidence that demonstrates attainment of the following standards of the <i>Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023)</i> : 5.2.3, 5.2.5, 5.3.2, 5.3.4, 5.4.3, 5.5.3 <b>(New in 2024)</b>	2027
<b>50</b> Demonstrate that Aboriginal and/or Torres Strait Islander staff are provided with professional development opportunities (Standard 5.3.3) <b>(New in 2024)</b>	2027
<b>51</b> Implement an action plan (concrete steps and strategies), with identified resources, timeline, and an evaluation strategy to increase opportunities for students to have culturally safe clinical experience in providing health care for Aboriginal and or Torres Strait Islander people. (Standard 5.4.2) <b>(New in 2024)</b>	2027
Summary of education provider's performance against Standard 5: This set of standards was found to be: <b>SUBSTANTIALLY MET</b>	

## Standard 6: Evaluation and continuous improvement

Standards cover: Continuous review, evaluation and improvement; Outcome evaluation; Feedback and reporting.

### Developments against Standard 6

**The School provided an overview of activities against the standards and reported on the following key developments:**

The School has an evaluation and QA system with a dedicated academic evaluation team, which undertakes and analyses end-of-year surveys for all years of the program and delivers QA days, where the results and feedback are presented, and subsequent actions are outlined. The team also analyses the University USS (unit of study surveys) and incorporates this feedback into internal end-of-year surveys.

Further to this, the Faculty is also commencing to undertake greater student evaluation to synergise (not duplicate) the Program's internal end-of-year surveys, ensuring that student feedback and the student experience is heard from multiple angles.

### Accreditation Summary

**Conditions from the previous accreditation reports are mapped to this section of the 2023 standards:**

Condition:	Due to be met by:	Status:
<b>23</b> Describe how the School's rich, longitudinal data on cohort and sub-cohort performance will integrate with the new University processes for admissions. (Standard 6.2) <i>from the 2019 reaccreditation assessment</i>	2020	Satisfied 2021
<b>34</b> Demonstrate the collection and analysis of evaluation data for the Dubbo cohort and describe how this is being used to drive changes to admissions processes and the program in the 2023 progress report (Standard 6.2.1) <i>from the 2021 follow up assessment</i>	2023	Satisfied 2022

**The following new condition is placed.**

Condition:	Due to be met by:
<b>52</b> By 2027 provide evidence that demonstrates attainment of the following standards of the <i>Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023)</i> : 6.1.3, 6.2.2, 6.2.4 <b>(New in 2024)</b>	2027

Summary of education provider's performance against Standard 6:

This set of standards was found to be: **SUBSTANTIALLY MET**

