

# Accreditation Report: University of Otago, Te Kura Hauora o Ōtākou / Otago 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 Otago, Te Kura Hauora o Ōtākou/Otago Medical School and its six-year Bachelor of Medicine/Bachelor of Surgery (MBChB) medical program 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 Otago, Te Kura Hauora o Ōtākou /Otago Medical School and its six-year Bachelor of Medicine/Bachelor of Surgery (MB ChB) medical program for four years, to 31 March 2029.

## 2. University of Otago, Te Kura Hauora o Ōtākou /Otago Medical School

### 2.1 Accreditation history

The University of Otago, Te Kura Hauora o Ōtākou /Otago Medical School was first accredited by the AMC in 1990. An overview of the accreditation and monitoring history is provided below:

Assessment Type	Findings	Outcome
<b>2008: Reaccreditation</b>		
<b>2013: Accreditation extension submission</b>	MEETS	Extension of accreditation granted to 31 March 2019. Moved to biennial reporting. No conditions
<b>2014: Comprehensive Report</b>	MEETS	
<b>2016: Progress Report</b>	MEETS	Accepted
<b>2016: Progress Report</b>	MEETS	Accepted
<b>2017: Progress Report</b>	MEETS	Accepted
<b>2018: Reaccreditation</b>	SUBSTANTIALLY MEETS	Granted accreditation for six-years to 31 March 2025
<b>2019: Year 1 Progress Report</b>	MEETS	Accepted
<b>2020: COVID-19 response</b>	NA	Report on changes in response to the COVID-19 pandemic
<b>2021: Year 3 Progress Report</b>	MEETS	Accepted
<b>2022: Year 4 Progress Report</b>	SUBSTANTIALLY MEETS	Against the revised accreditation standards.
<b>2023: Year 5 Monitoring Submission</b>	MEETS	Accepted
<b>2024: Accreditation extension submission</b>	SUBSTANTIALLY MEETS	Granted an extension of accreditation of the University of Otago, Te Kura Hauora o Ōtākou /Otago Medical School and its medical program, up to a maximum of four years, to 31 March 2029.

A copy of the School's 2018 Accreditation Report 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.

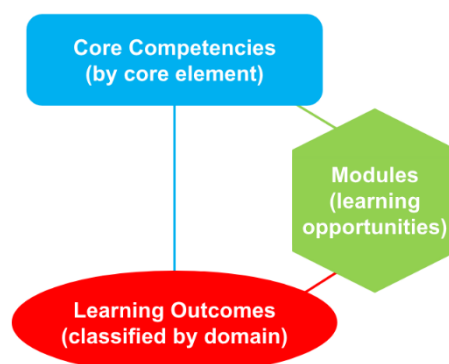
The following was to be addressed for each standard:

- 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 Otago, Te Kura Hauora o Ōtākou/Otago Medical School's Executive Summary

The Otago Medical School (OMS) has mapped the outcomes from its curriculum map to the new graduate outcomes developed by the AMC. The curriculum map at the OMS is a resource that describes what is being taught where at different stages of the MB ChB degree. The map can be viewed at: <https://medmap.otago.ac.nz/ui/>. The Otago MB ChB is an outcomes-based curriculum and this map contains all 'core' learning i.e. minimum expected, organised using core competencies and learning outcomes.



Core competencies are organised by three types of elements: Presentations, Conditions, and Professional Activities. Learning outcomes are organised by seven domains: Clinical Skills, Diagnostics and Therapeutics, Hauora Māori, Pacific Health, Population Health and Epidemiology, Professional Practice and Sciences, Research and Scholarship. Core competencies and learning outcomes are fully described using Level of Learning descriptors. These also clarify the progression of learning over the stages of training from Early Learning in Medicine (ELM) in years 2/3, through to Advanced Learning in Medicine (ALM) over years 4/5 and 6.

The Curriculum Map was used to identify the outcome(s) in the OMS curriculum that primarily addressed each AMC Graduate Outcome.

There is a close relationship between the outcomes in the OMS curriculum map and the AMC outcomes. Among the 61 outcomes included in the AMC graduate outcomes, 39 (64%) were judged by self-review to be satisfactorily achieved in the OMS curriculum. A further 15 have been identified as requiring further reflection and potentially more development in the OMS curriculum. These outcomes relate to ongoing work by the OMS to:

- provide strong cultural safety training for staff and students,
- enhance training in safe prescribing, digital health, and recognising and responding to the unwell patient,

- engage in active reflection in relation to the university's commitment to becoming a Te Tiriti-led university.

Seven outcomes were noted to be actively undergoing current development including efforts to expand interprofessional learning, align training in quality and safety and enhance near peer teaching.

Work is now underway at the School to review and update their graduate profile and graduate outcomes for the MB ChB. Other priorities include work on the School's governance structure following the review of the Division of Health Sciences at the university and the anticipated provision of a Faculty of Medicine with more delegated authority and more transparent budget control.

There have been no substantive changes to the OMS program since the last accreditation by the AMC in 2018 that lessen its ability to meet any of the previous curriculum standards. The program is engaged in ongoing improvement work to further strengthen how these standards are achieved.



### 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	<b>Standard 1</b> Purpose, context & accountability	Substantially met (1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.5, 1.4.4 substantially met)
<b>Standard 2</b> Outcomes	Met		
<b>Standard 3</b> Medical Curriculum	Met	<b>Standard 2</b> Curriculum	Substantially met (2.1.1, 2.1.2, 2.2.2, 2.2.6, 2.3.4, 2.3.6, 2.3.7 substantially met)
<b>Standard 4</b> Learning & Teaching	Met		
<b>Standard 5</b> Assessment of student learning	Met	<b>Standard 3</b> Assessment	Substantially met (3.1.3, 3.1.6, 3.3.1, 3.3.2 substantially met)
<b>Standard 7</b> Students	Met	<b>Standard 4</b> Students	Substantially met (4.1.2, 4.1.3, 4.1.4, 4.1.5, 4.2.2, 4.2.7, 4.3.1, 4.3.2 substantially met)
<b>Standard 8</b> Learning Environment	Met	<b>Standard 5</b> Learning environment	Substantially met (5.1.1, 5.1.2, 5.1.3, 5.2.2, 5.2.3, 5.2.4, 5.2.5, 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.4.1, 5.4.2 substantially met)
<b>Standard 6</b> Monitoring & Evaluation	Met	<b>Standard 6</b> Evaluation & continuous improvement	Substantially met (6.1.2, 6.2.4, 6.3.2 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>

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***Satisfied***

*The education provider has satisfied all requirements and can cease reporting against the Condition. Condition is marked as closed.*

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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 Otago Medical School (OMS) is part of the Division of Health Sciences at the University of Otago. The Division has been undergoing a significant structural review since May 2023. The outcome of this review was announced on 11 July 2024 and is set to be ratified by the University of Otago Vice-Chancellor, following a presentation to the University Senate later in 2024. The review suggests that the OMS will soon transition into a newly established Faculty of Medicine, which will have more delegated decision-making authority and enhanced control over its budget.

In anticipation, the OMS MB ChB Program may need to adjust roles and reporting lines for certain positions and committees. This transition, pending final approval, will reflect the new governance structure and greater autonomy of the Faculty of Medicine.

Driven by the AMC Graduate Outcomes, the OMS MB ChB program is conducting a review of its program's purpose, graduate profile, and outcomes in 2024. This review process will include comprehensive internal consultations with staff and students, as well as external consultations with key stakeholders.

The School is committed to strengthening its engagement with key stakeholders, such as the Medical Council of New Zealand (MCNZ), intern Supervisors, Te Whatu Ora, primary care providers, and community organisations, including those representing groups that experience inequities. Additionally, the School will continue to enhance its collaboration with Māori organisations and its support for Māori staff and students, in alignment with the university's commitment to being a Te Tiriti-led institution.

### Accreditation Summary

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

Condition:	Due to be met by:	Status:
<b>1</b> Develop the governance structures for the School to enhance communication and to support transition and integration of the curriculum between the preclinical and clinical years of the program. (Standard 1.3, 3.3)	2019	Satisfied 2019
<b>2</b> Provide details of the outcomes of the University of Otago review of support staff, including effects on the staffing, infrastructure and autonomy of the Otago Medical School. (Standard 1.2, 1.8)	2019	Satisfied 2019
<b>3</b> Confirm that the University of Otago review of support staff has not affected the ability of Information Technology Staff to undertake and complete ongoing and planned work for the Otago Medical School. (Standard 1.2, 4.1, 8.2)	2019	Satisfied 2021

**The following new condition is placed.**

Condition:	Due to be met by:
<b>4</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> : 1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.5, 1.4.4 <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 developments:**

The School has established learning and graduate outcomes, both of which are currently under review and revision. As part of this process, information regarding the comparability of supervisory experience across the program has been identified as an area for improvement. To address this, the program will conduct a stocktake in 2024/25 to assess how supervisors are supported in developing their supervision skills. Following this, further work will be carried out to evaluate the comparability of supervisory experiences and explore methods for supporting these experiences. During this period, the OMS will continue offering professional development opportunities for all supervisors.

The OMS program is also revising its Masterplan for the Medical Curriculum of the Future, outlining new priorities for the next five years. This work is currently underway and is expected to be completed by the end of 2024.

When resources allow, the School will reinstate Spotlight fora for presentations on local health education research, as well as Medical Education Research Funding opportunities.

In 2024, the Medical Education Research and Evaluation Committee is establishing a sub-committee to focus on the longitudinal evaluation of learning across the program, in addition to examining individual units of delivery. This evaluation will be reported on in 2028.

Additionally, work is ongoing within both the university and the OMS program to explore the value, utilisation, regulation, and impact of artificial intelligence on teaching and learning. This will also be reported on by 2028.

The OMS program continues to develop its interprofessional learning initiatives. Ongoing efforts are being made to enhance learning opportunities in this area and to support the creation of a method for recording student attainment through a reflective toolkit.

Placements in rural and regional settings are an integral part of the OMS program. Ongoing work is being undertaken to review the balance of student placements between urban and rural settings throughout their training.

### Accreditation Summary

**Nil existing condition from the previous accreditation report.**

**The following new condition is placed.**

Condition:	Due to be met by:
5 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> : 2.1.1, 2.1.2, 2.2.2, 2.2.6, 2.3.4, 2.3.6, 2.3.7 <b>(New in 2024)</b>	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:**

Key Developments include:

1. the discontinuation of the whole class end-of-ALM5 OSCE, but continued emphasis on in-course workplace-based assessments,
2. The total assessment time for the end-of-ALM5 written examinations reduced from nine to six hours.
3. Students must pass the Prescribing Skills Assessment to graduate from the program, starting with the 2024 ALM5 cohort. Prior to this, students had to sit the examination, but their results did not inform student progress decisions.
4. ALM6 students must complete a minimum of seven Mini CEX assessments of a physical examination to an acceptable standard. This began in 2021.

Ongoing efforts to develop programmatic assessment are occurring.

In 2020, the School sought an external review of its assessment system by submitting an application to the International Association for Health Professions Education (AMME) Aspire to Excellence Award in Assessment. This application was successful, and the external reviewers praised the program for its "energy and investment in scholarship and innovation," its "effective use of external review," the incorporation of contemporary principles around programmatic assessment, and the clarity of the materials developed to help both students and faculty understand the intent of the assessment system.

The reviewers identified two key areas for improvement: the uncertainty around whether students are actively supported to use feedback from assessments to facilitate their learning (for example, through learning advisors working with individual students), and concerns regarding the consistency of assessments across different campuses.

### Future Plans

To address these areas and further enhance the assessment system, the School plans to introduce Progress Testing to replace the end-of-ALM5 examination (with the exception of the Prescribing Skills Assessment) and potentially some ELM assessments, as soon as it becomes feasible.

Additionally, the School will develop a new blueprint for the assessment system, aligned with the revised program and graduate outcomes, with the aim of completing this by the end of 2025.

Once the new blueprint is established, the Māori Affairs Select Committee (MASC) will evaluate the fitness for purpose of the ALM in-module assessments.

OMS also plans to review which Hauora Māori learning outcomes are assessed within ALM modules, aside from the Hauora Māori module, once the assessment blueprint is completed. This will also be finalised by the end of 2025.

As part of this assessment review, the School aims to improve the blueprinting of the common ALM5 examination to provide more detailed and actionable feedback for students, supporting their future learning.

OMS will begin the regular evaluation of the entire assessment system once the new blueprint is in place, utilising the framework outlined by J Norcini et al. (2018). This evaluation will include both quantitative and qualitative data, and is planned to begin in 2026.

The School will evaluate the assessment burden experienced by students across different campuses once the blueprint for the assessment system is established. This comparison is expected to be completed by the end of 2025.

Accreditation Summary

Nil existing condition from the previous accreditation report.

The following new condition is placed.

Condition:	Due to be met by:
6 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> : Standards 3.1.3, 3.1.6, 3.3.1, 3.3.2 (New in 2024)	2027

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 Otago Medical School increased the number of domestic students in 2024 following a funding increase from the government. A further increase is being planned for 2025. An increase in the number of Rural Immersion placements has also been accommodated in 2024.

The School continues to promote the inclusion of Māori students in their program as well as rural students and those from other equity groups. Further support in line with that provided to Māori and Pacific students is being developed for rural students.

The School actively supports students with disabilities. Consideration is being given to whether applicants with disabilities might be included as a specific equity group in the admissions program.

Work is underway to include the assessment of attributes by interview in the selection of students from 2026. A framework has been developed to guide the support of student wellbeing. The School is trialling the provision of a single point of access for student support across all postgraduate and undergraduate students (including medical students). Adjustments/accommodations are provided to students to support their learning and in relation to assessments.

A leave policy has been introduced that recognises students' needs that can impact their study and there is a clear policy that ensures that bullying or discrimination will not be tolerated. Students' fitness to practice is actively monitored and addressed at several levels and in multiple ways and students are indemnified and insured for educational activities.

### Accreditation Summary

**Nil existing condition from the previous accreditation report.**

#### The following new condition is placed.

Condition:	Due to be met by:
<b>7</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> : 4.1.2, 4.1.3, 4.1.4, 4.1.5, 4.2.2, 4.2.7, 4.3.1, 4.3.2 <b>(New in 2024)</b>	2027

#### Summary of education provider's performance against Standard 4:

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



## 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:

In a previous submission from the School, it was noted that the main medical school building on the University of Otago Wellington (UOW) campus was closed due to earthquake risk. Since then, the reconfiguration of facilities has progressed well, with new spaces opening to support student learning and staff for the start of the 2024 academic year. The updated environment now effectively meets the needs of both students and staff.

The Christchurch campus (UOC) continues to offer a full range of educational facilities, which have not undergone significant changes since 2018. However, UOC is in the process of developing new research and teaching facilities, with completion expected by the end of 2026.

At the Dunedin campus, there is increasing pressure on access to available teaching spaces, particularly those in nearby university buildings, which are also accessible for booking by other university groups. Despite these challenges, the overall facilities are deemed sufficient to support the program's delivery.

The School has made ongoing efforts to maintain and update facilities across all campuses. In response to the growing need for online teaching, all facilities have been equipped with up-to-date video and audio systems to support Zoom-based teaching.

The School continues to collaborate with Te Whatu Ora and community providers to ensure that amenities supporting student learning and wellbeing are available at each campus location. Access to information resources, including online materials, remains consistent across all campuses.

The School has a well-trained academic staff to support the program. However, the program has experienced some challenges related to the turnover and retention of administrative staff. While progress is being made, this area continues to receive attention. Clear policies and processes are in place for staff appointments and promotions. Professional development opportunities are available to all staff, including those in joint clinical appointments. Additionally, support is provided to Māori staff in alignment with the university's Māori Strategic Framework.

The School is also actively working to strengthen its cultural safety training for both staff and students, ensuring that the learning environment is inclusive and supportive for all.

### Accreditation Summary

**Nil existing condition from the previous accreditation report.**

#### The following new conditions are placed.

Condition:	Due to be met by:
8 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> : 5.1.1, 5.1.2, 5.1.3, 5.2.2, 5.2.3, 5.2.4, 5.2.5, 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.4.1, 5.4.2 <b>(New in 2024)</b>	2027
9 Provide evidence of successful recruitment, and outline retention strategies, to ensure sufficient professional staff for the medical program delivery (Standard 5.2.2) <b>(New in 2024)</b>	2025

Summary of education provider's performance against Standard 5:

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

## 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 Otago Medical School (OMS) engages in continuous evaluation and review of the MB ChB curriculum through a programmed three-yearly rotational cycle for all 100+ modules across its three campuses. Most modules progress through this cycle without difficulty. In 2024, the School plans to review the current processes for curriculum evaluation to optimise them for all stakeholders. The student experience is evaluated annually through student and graduate opinion surveys, with feedback used to drive quality improvements in the MB ChB program. Outcomes from evaluations, reviews, and improvement processes are well-reported through governance and administration at Otago. Established channels also exist for communicating evaluation outcomes to iwi, government, and the public.

Prevocational training providers receive regular updates on matters relating to PGY1 transitions and graduate outcomes. However, the medical school has identified a need to increase the frequency of communication with these providers, especially in light of the shift from local District Health Boards to the national Te Whatu Ora (Health New Zealand) governance structure in July 2022. Additionally, the appointment of the new coalition government in New Zealand in 2023 may lead to further governance changes, affecting the entities with whom OMS needs to share information. Clarification regarding the role of prevocational training providers will be sought, and this will require ongoing review to ensure that all stakeholders' views are included in the continuous evaluation and improvement of the Otago MB ChB program.

The medical school has systems in place to monitor the adequacy of support services for the delivery of the MB ChB program. When concerns about support have been raised, they have been addressed promptly and effectively. Support for IT infrastructure, essential for evaluating the complexities of the evolving system of Programmatic Assessment, is also part of this ongoing process. Student academic performance indices for high-stakes assessments are reported semi-annually by the MB ChB Assessment Committee. The medical school is working to establish a formal monitoring program in 2024 to evaluate changes made to assessments and ensure quality assurance of their effectiveness.

Curriculum sub-committees will be asked to evaluate the process and effects of the roll-out of curricular alignment across the three Advanced Learning in Medicine (ALM) campuses, which began in 2024 and is expected to be completed by 2026. The alignment of curricular learning outcomes is anticipated to lead to better alignment in assessment across the campuses. The removal of the end-of-year 5th-year OSCE and the move toward strengthening programmatic assessment will require a benchmarking strategy starting in 2025 to ensure similar outcomes across all student cohorts at the three campuses. This plan is in place.

Student performance, particularly in relation to characteristics such as diversity and equity, is reviewed and communicated through holistic committee representation that includes those involved in student selection, curriculum matters, and student support. However, the School recognises the need to establish a process to better measure outcomes for equity groups. This process is expected to be implemented in 2025.

The School received the international AMEE Aspire Award for excellence in assessment following an external review of its assessment program. The medical school is actively involved in national and international collaborations with other education providers, partnering in initiatives aimed at reviewing and improving learning, teaching methods, and assessment, as well as conducting medical

education research. The School will continue to strengthen and expand these connections moving forward.

Accreditation Summary

Nil existing condition from the previous accreditation report.

The following new condition is placed.

Condition:	Due to be met by:
10 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> : 6.1.2, 6.2.4, 6.3.2 <b>(New in 2024)</b>	2027

Summary of education provider’s performance against Standard 6:  
This set of standards was found to be: **SUBSTANTIALY MET**

