

# Accreditation Report: University of Western Australia, UWA 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 Western Australia, UWA 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 Western Australia, UWA Medical School and its four-year Doctor of Medicine (MD) medical program for two years to 31 March 2027.

## 2. University of Western Australia, UWA Medical School

### 2.1 Accreditation history

The University of Western Australia, UWA 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
1990: Initial accreditation	NA	Granted accreditation of the six-year MBBS for ten years to 30 June 2001
1999: Major change – New curriculum	NA	Granted accreditation of the six-year MBBS to 31 December 2006
1999: Report on conditions	NA	
2000: Follow up	NA	Granted accreditation of the six-year MBBS for six years to 31 December 2007
2003: Major change – introduction of four-and-one-half-year MBBS	NA	Granted accreditation of the 4.5-year MBBS to 31 December 2007
2006: Comprehensive report	NA	Extension of accreditation of both programs to 31 December 2010
2010: Reaccreditation	MEETS	Granted accreditation of the 4.5-year MBBS for six years to 31 December 2016
2011: Progress report	MEETS	Accepted
2012: Progress report	MEETS	Accepted
2012: Major change – stage 1 submission MD	NA	Invited the provider to advance to a stage 2 submission for accreditation.
2013: Major change – introduction of four-year MD	MEETS	Granted an extension of accreditation of the six-year MBBS to 31 December 2017 Granted accreditation of the four-year MD for five years to 31 December 2018
2013: Report on conditions	MEETS	Accepted
2014: Progress report	MEETS	Accepted
2015: Follow up	MEETS	Granted accreditation of the four-year MD to 31 March 2019
2017: Extension of accreditation MBBS	MEETS	Granted extension of accreditation of the MBBS medical programs to 31 March 2021 to accommodate the teach out

<b>2017: Progress report</b>	MEETS	Accepted
<b>2018: Further information</b>	MEETS	Accepted
<b>2018: Comprehensive report</b>	MEETS	Granted accreditation to 30 June 2020 to facilitate a reaccreditation of the MD medical program (assessment of material changes to program)
<b>2019: Reaccreditation (material change)</b>	SUBSTANTIALLY MEETS	Granted accreditation of the four-year MD for two and a half years to 31 March 2023
<b>2020: Report on conditions</b>	SUBSTANTIALLY MEETS	Condition 1 satisfied
<b>2020: Extension of accreditation</b>	SUBSTANTIALLY MEETS	4.5-year MBBS granted extension of accreditation for 12 months to 31 March 2022 to accommodate teach out (one student)
<b>2021: Progress report</b>	SUSTANTAILLY MEETS	Accepted
<b>2021: Progress report</b>	SUBSTANTIALLY MEETS	Accepted
<b>2021: Extension of accreditation</b>	SUBSTANTIALLY MEETS	Granted accreditation of the 4.5-year MBBS for 12 months to 31 March 2023 to accommodate teach-out (one student)
<b>2022: Follow-up assessment</b>	SUBSTANTIALLY MEETS	Granted accreditation of the four-year MD for two years to 31 March 2025
<b>2023: Monitoring Submission</b>	SUBSTANTIALLY MEETS	Substantially meets standards
<b>2024: Accreditation extension submission</b>	SUBSTANTIALLY MEETS	Granted an extension of accreditation of the four-year MD medical program for two years to 31 March 2027

A copy of the School's 2022 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 and its remaining three accreditation conditions.

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 Western Australia, UWA Medical School's Executive Summary**

Following an initial review of the incoming Outcomes and Standards, within the Medical Education Unit, the School identified areas where enhancement would be beneficial and where significant work would be required to meet the Outcomes and Standards. Next, workshops and fora were convened, and designed and integrated additional agendas into existing meetings, to explore strategies and plans for this additional work.

Following these discussions, projects were developed and working groups formed so that specific individuals and groups have carriage of the work involved in meeting the Graduate Outcomes and Standards. This Executive Summary outlines the key priority areas for growth, outlines the UWA approach to reporting the results of self-assessment

#### **Reporting of result of outcomes**

Each AMC graduate outcome statement has been reviewed and aligned with the 24 UWA PLACES (Professional, Leader, Advocate, Clinician, Educator, and Scholar) graduate outcomes. The School evaluated and categorised each outcome as to what development is required. The SOFIA curriculum mapping software has also been implemented to assist with mapping tasks.

The majority of outcomes are identified as sufficiently covered by the existing curriculum, teaching and learning. An example of how the UWA MD curriculum provides coverage of the graduate outcome, and what planning and resources are required where relevant, together with the individual or group leading the planning, is given for each statement.

#### **Key priority: Aboriginal Health**

*[Note: within this document, Aboriginal and/or Torres Strait Islander and Māori health is referred to as Aboriginal Health. This is consistent with existing MD program graduate outcomes, School governance structure and in accordance with guidance from the AMC that the submission should be place-based and reflect the Western Australian context and population.]*

Early in the self-assessment process, it was clear that significant work would be required in order to meet the Outcomes and Standards relating to Aboriginal Health. Concurrently, a reduction in staffing levels occurred within the Centre for Aboriginal Medical and Dental Health (CAMDH) due to staff returning to study or accepting roles elsewhere within the School or at other WA medical schools. Recruitment is underway for the vacancies, with close of applications on 31 July 2024.

At a strategic level, the School determined that Aboriginal Health within the broader School would benefit from senior leadership from within the WA Aboriginal community, in order to inform and direct research activities, extend on University, community and clinician engagement, oversee a student recruitment strategy, as well as to facilitate the significant work required in order to meet the Outcomes and Standards relating to Aboriginal Health. A position was generated within the School Governance for this leadership role. This portfolio will have responsibility for developing a 2030 Strategy for Aboriginal Health, encompassing:

- Aboriginal and Torres Strait Islander staff recruitment, retention and development (relating to Standards 5.2.3, 5.2.4, 5.2.5, 5.3.3)
- Aboriginal medical education leadership and representation on University, health service and national boards (relating to Standard 1.3.5)
- Aboriginal student recruitment and support (relating to Standard 4.1.3)



- Staff cultural training and education (relating to Standard 5.3.4)
- Delivery of Aboriginal Health medical education to students in all Medical School programs (related to Standard 2.1.8, all Graduate Outcome Statements referencing Aboriginal Health)
- Alignment of Medical School Strategy to UWA Indigenous Strategy (relating to Standard 5.3.1)
- Represent School on relevant Indigenous Committees (local, national, international) (relating to Standards 1.1.4, 1.2.1, 1.2.3)

Professor Helen Milroy, a highly regarded Indigenous medical practitioner, accepted the role of Associate Dean (Aboriginal) within UWA's Medical School. This role will sit across the entire UWA Medical School providing leadership at the Executive level in the School, which will have flow on benefits to all programs within the School. At the time of writing, the School is nearing completion of discussions with the employing health service and looks forward to Professor Milroy formally commencing her role in the near future.

At a program level, a half day workshop was convened as soon as practicable after the commencement of the 2024 academic year, with the Centre for Aboriginal Medical and Dental Health (CAMDH). Discussion focused on several key areas, including engagement strategies to foster mutually beneficial partnerships with community organisations, enhancing representation in Aboriginal leadership and committees. Curriculum discussions emphasised the need for culturally responsive and evidence-based delivery, including the need to enhance opportunities for clinical experience with Aboriginal Health providers and patients.

Outcomes from the workshop prioritised curriculum mapping and development, support initiatives for students within the MD, professional development for Medical School staff, and community engagement efforts. Curriculum mapping has followed, with the Evaluation Lead and MEU academics mapping all teaching and assessment delivered by CAMDH and by those outside CAMDH.

Next steps will be undertaking a gap analysis with these Outcome Statements and identification of opportunities for progressive enhancement of teaching activities, in concert with the incoming new CAMDH academic staff members. In the interim, delivery of the 2024 teaching activities and assessment by the CAMDH team has continued.

#### **Key priority: Curriculum Working Groups**

Teaching academics and key operational leads attended a one-day MD Forum in May 2024 which workshopped ways of enhancing key areas of the MD curriculum, including:

- Teamwork and leadership
- Clinical reasoning and shared decision making
- Quality and Safety
- Digital health
- Planetary health
- Community engagement

Post Forum, working groups with leaders were established to progress the next steps for each area identified during the Forum. A summary of the workplan for each group is discussed in the response to the relevant Outcomes and Standards. Another MD Forum is scheduled for 24 October 2024 to review progress, in time to implement teaching activities in the 2025 academic year.

#### **Key priority: Ensuring synergies with the Global MD Program**

The School is in the process of obtaining accreditation for another four-year medical program, the Global MD, in collaboration with the University of Arizona. This program is scheduled to commence in

July 2026. Following an introductory semester, Global MD students will join the MD students for three semesters of combined learning in January 2027, before undertaking clinical placements in Years 3 and 4 in Arizona. Separate strategic funding from both institutions supports the launch of the Global MD Program, ensuring no net negative impact on the UWA MD program, and generating many benefits for the MD program and its students. Some benefits have already been realised; Global MD academic and operations staff are contributing to the program, curricular initiatives are being trialled, digital software has been acquired, physical infrastructure is scheduled for uplift, new buildings are under consideration, professional development for staff is occurring, and relationships with the central University are being developed further. Income from the full fee-paying students in the program will flow back into the medical school to augment these benefits further.

There were challenges with implementing two programs. For example, recruitment into niche biomedical science disciplines will require a long lead time, community placements in Semesters 2 and 3 will require expansion, and physical teaching spaces will be in high demand until completion of a new medical school building, which is still some years away. Additionally, there is an imperative to provide equity between the two programs while supporting the Global MD students to achieve additional academic milestones, including the US Medical Licensing Examination.

The School Executive is aware of the need for careful engagement of the student, academic and broader communities and provides monthly reports to the Medical Program Committee for dissemination, as well as holding more detailed meetings with students and with staff teaching into Semesters 1 to 3, identifying as many challenges as possible and providing solutions. Examples include the need for additional assessment support (being supplied by a Global MD-funded additional academic assessment position that is currently being advertised), the need for prioritised timetabling to accommodate the current program as well as the Global MD (being undertaken for the 2025 academic year with in-principle support of the University Executive), and the need for additional senior operations staff to support Semesters 1 and 2 (being funded by the School and currently being advertised).

#### **Key priority: Maintaining areas of strength**

Alongside these areas for growth, the School recognises the need to maintain and further develop its areas of success and sustainability of:

- The teaching program in Semesters 1 to 3; this program was redesigned in response to the comprehensive reaccreditation of the MD in 2019 and launched in 2021. It is delivered by a core group of dedicated academic staff and is positively evaluated by students. As it matures, the academic group require support and resources to facilitate additional enhancements, such as the revised Semester 3 outlined in the Standard 2 Executive Summary
- The Preparation for Internship enhancement managed by the Preparation For Internship Unit Co-ordinator and supported by the junior medical officer workforce.
- Student wellbeing and support systems; discreet, clinician-level support of students remains a resource intensive task
- Assessment and evaluation initiatives to obtain maximum value from School and University investments put in place to response to standards that were previously conditions, such as the SOFIA curriculum map and the *risr* assessment software.

#### **Final reflection**

The program structure is stable, the staff group is largely complete, and stable; the School and University financial positions are improved; almost all AMC accreditation conditions have been satisfied and closed; a significant number of staff are engaging in scholarship of teaching and learning; curricular initiatives abound; clinical stakeholder relationships are strong; and relations with the central University are cordial and productive. Internal and external evaluation data demonstrate a

good educational experience for the vast majority of students, with year-on-year improvement in the Student Experience Survey and Medical School Outcomes Database results. The School has now recruited students to capacity and are steadily increasing our number of first preferences in applications for admission.

### 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 (1.1.2, 1.1.3, 1.2.2, 1.2.3, 1.3.5, 1.3.6, 1.4.6 substantially met) (1.1.4, 1.2.1, 1.4.4 not met)
<b>Standard 2</b> Outcomes	Met		
<b>Standard 3</b> Medical Curriculum	Substantially met (3.3 substantially met)	<b>Standard 2</b> Curriculum	Substantially met (2.1.1, 2.1.2, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.2.7, 2.2.9, 2.3.2, 2.3.6, 2.3.7 substantially met)
<b>Standard 4</b> Learning & Teaching	Met		
<b>Standard 5</b> Assessment of student learning	Substantially met (5.2, 5.4 substantially met)	<b>Standard 3</b> Assessment	Substantially met (3.1.3, 3.1.6, 3.3.1 substantially met)
<b>Standard 7</b> Students	Met	<b>Standard 4</b> Students	Substantially met (4.1.2, 4.1.3, 4.2.1, 4.2.7 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, 5.1.4, 5.2.2, 5.2.4, 5.3.3, 5.5.2, 5.5.3, 5.5.4 substantially met) (5.2.3, 5.2.5, 5.3.1, 5.3.4, 5.4.2 not met)
<b>Standard 6</b> Monitoring & Evaluation	Met	<b>Standard 6</b> Evaluation & continuous improvement	Substantially met (6.1.2, 6.2.2, 6.2.3, 6.3.2 substantially met) (6.2.4 not met)

A summary of developments since the last accreditation activity, strengths and challenges are 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

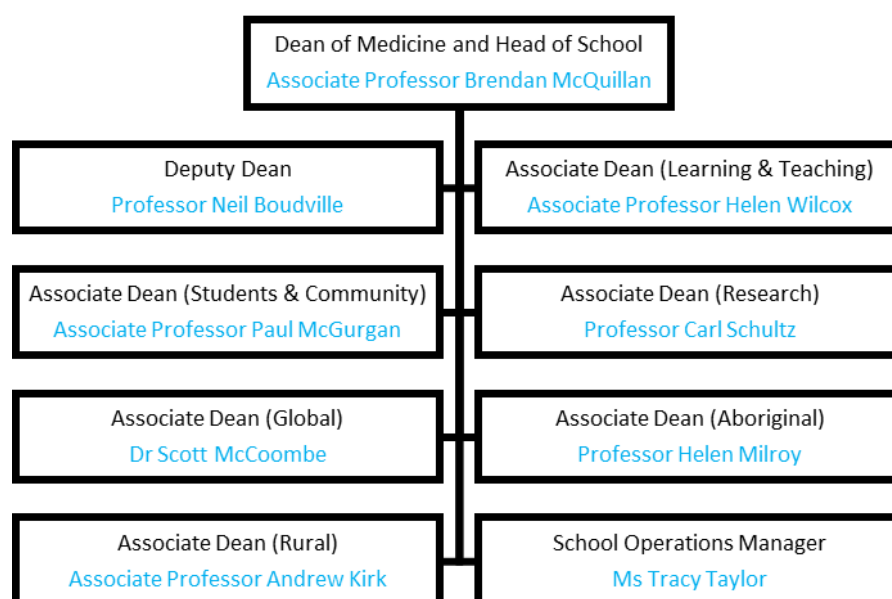
Standards cover: Purpose; Partnerships with communities and engagement with stakeholders; Governance; Medical program leadership and management.

### Developments against Standard 1

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

#### Governance structures, functions and policies

There have been no changes to the University's academic organisational or management structure since the 2023 monitoring submission. The appointment of Associate Deans to each portfolio will strengthen the School's capacity to carry out its purpose. Professor Helen Milroy has accepted the role of Associate Dean (Aboriginal), and Associate Professor Andrew Kirke, the Head of the Rural Clinical School, has moved into the role of Associate Dean (Rural). Each Associate Dean is responsible for development of a 2030 Strategy for their portfolio. Global and Learning & Teaching Strategies are complete and in their operational phase, the Research and Students & Community strategies are under development, to be followed by the Rural and Aboriginal strategies. A Strategic Planning Day has been scheduled the Medical School Executive in Q4 of 2024 to review operational plans associated with each strategy. Summary versions will be available on the revised Medical School website and the operational plans will remain internal documents.



#### Relationship with health care services

There have been no changes to the School's relationship to the health care services. Arrangements are governed by the 2022 Clinical Placement Agreement, as per the 2023 submission. Engagement with health care service leadership remains strong. Formal structures supporting these relationships are outlined in the following list, which includes the committee representations and memberships held by the Dean and the MD Program Director.

Brendan McQuillan, Dean UWA Medical School		Helen Wilcox, MD Program Director	
UWA Academic Board	Member	PMCWA (Postgraduate Medical Council of Western Australia) -	Chair
		Doctor's Welfare Interest Group	

<b>UWA College of Schools (Heads of Schools with UWA Executive)</b>	Member	PMCWA (Postgraduate Medical Council of Western Australia) Executive	Member
<b>UWA Medical School Executive (Leadership Team)</b>	Chair	ANZAHPE (Australian and New Zealand Association for Health Professional Educators)	Member
<b>UWA Medical School Board (Heads of Disciplines)</b>	Chair	Medical Education Collaborative Committee (MECC)	Member
<b>UWA Medical Program Committee (MPC)</b>	Member	Medical Education Leads Australia and New Zealand (MELANZ)	Member
<b>Deans of Departments (DoD) Committee (Deans of WA medical schools with Chief Medical Officer, Postgraduate Medical Council of Western Australia (PMCWA))</b>	Member	Royal Australian College of General Practitioners (RACGP)	Member
<b>Executive Medical Deans Australia and New Zealand (MDANZ) Executive</b>	Member	Australian Medical Association (AMA)	Member
<b>Graduate Entry Medical Program Application and Selection Service (GEMPASS) Executive</b>	Member	Doctor's Health Advisory Service Western Australia (DHASWA)	Medical Director
<b>Graduate Entry Medical Program Application and Selection Service (GEMPASS) Executive</b>	Chair	Doctors Health Alliance (DHA)	Member
<b>Australian Medical Association, Western Australia (AMA WA) Council</b>	Member	Drs4Drs Expert Advisory Committee	Member
<b>Rural Clinical School of Western Australia (RCS WA) Executive</b>	Member	Cancer Council WA GP Education Project	Chair
<b>Cardiac Society of Australia and New Zealand (CSANZ) Scientific Committee</b>	Member		
<b>Atherosclerosis Society of Australia Executive</b>	Member		

### Training resources

Administrative staff support for the program will be enhanced by the appointment of an additional Team Leader to support the pre-clinical phase of the program, as described in the Standard 2 Executive Summary. The School Operations Coordinator is continuously reviewing the balance of administrative staff across teaching sites and disciplines, to optimise alignment of support needs of differing groups.

There are no other changes, current or planned, to the administrative and technical staff profiles.

### Accreditation Summary

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

Condition:	Due to be met by:	Status:
1 Provide a detailed plan and timeframes for addressing the identified program needs including those covered by AMC accreditation conditions. (Standard 1.3)	July 2020	Satisfied 2020
2 Provide evidence that the Medical Program Committee and its sub-committees have a clear commitment from the Academic Senate of	2020	Satisfied 2020

	autonomy and capacity to deliver the medical program. (Standard 1.2 and 1.3)		
3	Demonstrate that the School and the Faculty are able to enact decisions relating to support services, recruitment and resources in a timely manner. (Standard 1.2 and 1.8)	2020	Satisfied 2023
4	Demonstrate that there is adequate operational support for both the Dean and MD Program Director roles. (Standard 1.2)	2020	Satisfied 2023
5	Confirm that the recruitment schedule for key appointments is progressing as planned. (Standard 1.4 and 1.8)	2020	Satisfied 2022
6	Elevate the positioning of Centre for Aboriginal Medical and Dental Health (CAMDH) in the organisational structure to optimise the opportunities for influence and educational leadership at the Faculty level. (Standard 1.4)	2020	Satisfied 2023
7	Revise the time allocation for the Dean so that it is commensurate with the wide range of strategic and operational roles associated with the position. (Standard 1.3)	2021	Satisfied 2023
8	Revise the time allocation for the MD Program Director so that it is commensurate with the wide range of roles and functions that are currently associated with this role and is sufficient to ensure effective oversight of the medical program. (Standard 1.3)	2021	Satisfied 2022
9	Extend consultation on the program to include the perspectives of Aboriginal and Torres Strait Islander peoples to ensure that the teaching and research activities of the program relate to the health care needs of the wider communities it serves. (Standard 2.1.2 and 2.1.4).	2020	Satisfied 2020
10	Explicitly acknowledge Aboriginal and Torres Strait Islander peoples and their health in the purpose statement of the School. (Standard 2.1.2)	2020	Satisfied 2020

**The following new conditions are placed.**

Condition:		Due to be met by:
31	By 2026 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> : 1.1.2, 1.1.3, 1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.3.5, 1.3.6, 1.4.4, 1.4.6 <b>(New in 2024)</b>	2026
32	Demonstrate how UWA has committed in practice to furthering Aboriginal and/or Torres Strait Islander and Māori people's health equity and participation in the program as staff, leaders and students. (Standard 1.1.4) <b>(New in 2024)</b>	2026
33	Demonstrate that through the implementation of the Community Engagement Operational Plan (or by other means) engagement with stakeholders, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori people and organisations, to:	2026



	<ul style="list-style-type: none"> <li>• define the purpose and medical program outcomes</li> <li>• design and implement the curriculum and assessment system</li> <li>• evaluate the medical program and outcomes of the medical program (Standard 1.2.1) <b>(New in 2024)</b></li> </ul>	
<b>34</b>	Demonstrate that expert Aboriginal staff in senior leadership roles have adequate authority and resources, including staffing capacity, to enable them to fulfill the full scope of their responsibilities. (Standard 1.4.4) <b>(New in 2024)</b>	2025

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, strengths and challenges since last AMC submission:**

#### **Changes to the curriculum framework**

The curriculum framework is unchanged from the last submission.

#### **Changes to structure, composition or duration of the program**

The program structure has recently undergone minor developments. Specifically, changes were made to the MD2 Integrated Medical Practice Part A unit so that, starting in 2025, Semester 1 of MD2 will be separate from Semester 2 MD2. To achieve this, the linked unit IMED4220 Integrated Medical Practice Part A and IMED4222 Integrated Medical Practice Part B have been delinked, and a new Semester 1 unit created, IMED4113 Integrated Medical Systems 3. The existing 15 weeks of teaching comprises 11 weeks of musculoskeletal and neurological body systems learning, an assessment week and a three-week block of preparation for clinical placements, which includes some revision of multisystems learning from Semester 1 and 2. The new 15-week unit will comprise ten weeks of musculoskeletal and neurological body systems learning, two assessment weeks and a two-week block of Preparation For Clinical Placements, with the multisystems learning placed either in Semester 2 or before the assessments weeks.

This separation allows for a progression point at the end of the preclinical phase. Written, laboratory and clinical assessments are already in the program at this point but are not barriers. Barrier assessments will be instituted to allow identification, support and remediation for students with knowledge deficits who are not ready to progress to the clinical phase of the course. This should result in students entering the clinical phase more fully prepared for clinical learning, reducing transition-related stress and anxiety and supporting progression through subsequent barrier clinical assessments. One driver for this change was the observation by staff that students were arriving at in-training clinical placement assessments and a barrier OSCE at the end of MD3 with knowledge deficits from the preclinical phase, that should have been identified and remediated in previous semesters.

The change will signal to the broader student body the importance of focusing on key content in Semester 3, as it will now be assessed via barrier assessments. In turn, this should improve attendance and participation in teaching and learning. Having a separate unit in Semester 3 will also facilitate evaluation of teaching, learning and assessment independent from Semester 4, and the leadership roles required for this separate unit will provide professional development opportunities for academic and operations staff.

A thorough review of week-to-week content has been undertaken by the Semester 3 academic team, who are comfortable that the body systems teaching and learning can still be delivered in ten teaching weeks. Academic staff are developing revised, streamlined content for the multisystems and Preparation For Clinical Placements weeks, based on staff and student feedback on perception of student readiness for clinical placements in 2024. Dedicated staff-student meetings have been held in July 2024 to identify teaching and learning opportunities to improve readiness for clinical placements and facilitate student engagement in activities with their future clinical teams. Examples include development of virtual and tabletop wards rounds, and inclusion of a surgical skills day focusing on perioperative assessment and typical postoperative ward work. These activities will be assessed by a new barrier assessment, the Preparation For Clinical Placements portfolio, where students will document attendance and participation at teaching activities, completion of online modules required by the School and by clinical placement providers, and credentialling of procedural skills. Again, this

change will signal to students the importance of deliberate focus on preparation for clinical placements, in order to ease transition shock.

Students will now have a longer break of two weeks instead of the previous one-week break, during which time supplementary assessment will be completed, so that students and placement providers know which students will be progressing to the clinical phase, prior to the start of placements. This should also offset the more intensive Preparation For Clinical Placements weeks, so that students are able to rest and recharge themselves prior to placements.

These changes have been discussed with students at Medical Program Committee and MD2 committee meetings, and students are supportive of the change. The academic staff steering this change very much appreciate the engagement of student representatives in the development of this process and acknowledge that the addition of a progression point and more intensive Preparation For Clinical Placements phase may create some student anxiety. Academic staff will work closely with current MD1 and MD2 student representatives to respond to this anxiety and demonstrate the positive aspects of the change and provide academic and pastoral support to students who are at risk of not progressing, based on 2024 assessment results.

Staffing for the unit change has been planned, with appointment of a full-time academic to assist with delivery of the anatomy and simulation teaching, and co-coordinate one of the first three semesters in collaboration with an experienced Unit Coordinator. Provision of operations staffing support is underway, with the Head of School supporting appointment of a senior Operations Staff member to an additional Team Leader role, overseeing the pre-clinical phase of the program.

#### 2024 Unit Structure (barrier assessments and progression points in red)

	Semester 1		Semester 2	
MD1	IMED3111 Integrated Medical Systems 1		IMED3112 Integrated Medical Systems 2	
MD2	IMED4220 Integrated Medical Practice 1 Part A		IMED4222 Integrated Medical Practice 1 Part B	
MD3	IMED5311 Integrated Medical Practice 2 Part A		IMED5312 Integrated Medical Practice 2 Part B	
MD4	IMED5411 Integrated Medical Practice 3 Part A		IMED5412 Integrated Medical Practice 3 Part B	IMED5421 Preparation for Internship

#### 2025 Unit Structure

	Semester 1		Semester 2	
MD1	IMED3111 Integrated Medical Systems 1		IMED3112 Integrated Medical Systems 2	
MD2	IMED4113 Integrated Medical Systems 3		IMED4222 Integrated Medical Practice 1	
MD3	IMED5311 Integrated Medical Practice 2 Part A		IMED5312 Integrated Medical Practice 2 Part B	
MD4	IMED5411 Integrated Medical Practice 3 Part A		IMED5412 Integrated Medical Practice 3 Part B	IMED5421 Preparation for Internship

#### Preparation for Internship curriculum expansion

The curriculum has expanded the content and activities in the final Preparation for Internship (PFI) unit in MD4 to ensure students are competent to practise safely and effectively under supervision as interns. Components include ward simulation sessions, two-week Transition to Internship rotation (TTI), two-week PLACES rotation incorporating the existing Extension rotation and Knowledge and Skills for Internship week (KSI).

Staffing for ward simulation and for the KSI week consists of existing fractional academics and a workforce of about 40 junior medical officers (JMOs) in PGY years 1-5, recruited progressively over the last two years via word of mouth and advertising through hospital-based junior medical officer societies. These JMOs are either paid casually or have accepted adjunct titles. As well as involvement

in PFI activities, they fulfil a number of other roles in the program, including teaching OSCE skills in the back to base program and with the Clinical Skills Development remediation group, recording podcasts on core medical topics as part of the First Principles of Medicine podcast series, reviewing student-generated revision materials, and teaching at mock OSCE examinations and procedural skills workshops. Informally, the JMOs provide valuable feedback on their perception of their educational experience during the program, as most are UWA graduates. The JMOs participate for a variety of reasons; enjoyment of teaching, a desire to deliver return of service and to demonstrate their educational involvement as part of future specialty rotations. The JMO workforce is mutually beneficial and of great strategic value to the program and will be supported into the future.

The scheduling is shown below. The week's break allows students to be accommodated alongside students from Curtin Medical School who are undertaking a Transition to Internship rotation, as well as facilitating remediation for students who are sitting supplementary examinations.

Oct 21-25	Oct 28-Nov 1	Nov 4-15	Nov 18-29
KSI week & PSA exams	Break	TTI	PLACES rotation
		PLACES rotation	TTI

As part of this structured curriculum delivery, students attend two ward simulation sessions throughout the year, where they are placed in a simulated ward scenario alongside UWA pharmacy and social work students, and nursing students and nursing academics from Edith Cowan University. Knowledge and skills covered in the simulation week include:

- Cardiology (Unstable angina management, ECG interpretation in cardiac ischaemia, acute STEMI and Cardiac arrest)
- Respiratory (Asthma exacerbation, acute severe asthma, aspiration pneumonia, Influenza A)
- Gastroenterology (management of acute GI bleed, constipation)
- Neurology (Post-CVA complications, Anticoagulation post-CVA, postoperative limb neurovascular observations, Parkinson's disease complications, seizure management)
- General Medicine (Septic shock, anaphylaxis. management of a fall on the ward, hypoglycaemia, urinary tract infection, urinary retention, goals of care discussion)
- Palliative care (Communicating with the family of a dying patient, hospice referral, verifying death)
- Surgery (Post-operative syncope, post- operative hypotension, thromboembolism prophylaxis, pre-operative assessment, interrogation of anaesthetic records & operation reports, wound dehiscence, post- operative analgesia)
- Psychiatry (paracetamol overdose, managing the patient who wishes to abscond, family & domestic violence)
- Haematology (consent for blood products, prescribing blood products, transfusion reactions)
- Radiology (Requesting imaging, chest x-ray interpretation, pelvis and hip x-ray interpretation)
- Ward & Non-technical skills (Patient admission, inpatient referral, mandatory reporting of infectious diseases, ordering pathology investigations, patient transfer & paramedic handover)
- IV cannulation & phlebotomy
- Prescribing/ Pharmacy (Working with a ward pharmacist, reporting an ADR, prescribing high risk drugs, medication reconciliation, converting drugs oral to NG/ IV)

The program was evaluated positively in its inception in 2023, and was being expanded in 2024 to include delivery at the Bunbury Rural Clinical School site for MD4 students.

The Transition to Internship rotation continues unchanged from the rotation described in the 2023 submission. Students are allocated to an intern in their future employing health service, who is undertaking the term on which they will commence. So, a student commencing on General Surgery at Fiona Stanley Hospital will shadow an intern on their future General Surgery team. Students who are undertaking an initial regional rotation as part of a metropolitan WA hospital internship will instead shadow an intern at their metropolitan WA hospital to prepare them for their subsequent terms. Students who will undertake internship within the WA Country Health Service will travel to that site. Students who have accepted interstate internship will be allocated to a WA service, where the increased level of responsibility given to TTI students will still be of value to them.

In their PLACES rotation, students will also have the opportunity to choose one of the PLACES (Professional, Leader, Advocate, Clinician, Educator, Scholar) themed learning activities to gain more practical experience and further skills in within these themes. Assessments for these themes include oral presentations on research (Scholar and Educator themes) or reflective writing pieces (Professional and Advocate themes). The Clinician theme will comprise the existing Extension rotations from 2023 and prior.

The Knowledge and Skills for Internship week includes additional simulation exercises in the form of four simulations followed by whole-group Sim Wars, rapid-fire intern skills with a focus on ordering investigations, written and verbal communication and undertaking prescribing tasks, and an escape room activity requiring rapid deployment of ward-based clinical and technical knowledge in a team scenario. Students will attend one day of three on Monday, Tuesday or Wednesday, to facilitate learning in small groups. They will undertake the Prescribing Safety Assessment on one of those days. Other activities include advanced prescribing (Workshop 1), ultrasound-guided cannulation (Workshop 2), further Aboriginal Health and cultural safety content (the CAMDH workshop), a palliative care workshop with content requested by students complementing the teaching in the palliative care rotation, and a conflict management workshop. The week closes with a careers cafe with representatives from specialty training programs, and panel discussions with representation from hospital-based Postgraduate Medical Education Units, senior nursing staff, hospital medicolegal advisers, hospital Security Department leads and recent graduates. The schedule for the Knowledge and Skills for Internship week is shown below.

	Mon	Tues	Weds	Thurs	Fri
8am	Arrive, welcome, pre-brief				WAMSS day
8.30am	Sim 1	Workshop 2: US-guided cannulation	Rapid Fire Intern Skills	Conflict Workshop	
9am	Sim 2		Workshop 2: US-guided cannulation		
9.30am	Workshop 1: prescribing	Sim 1			
10am		Sim 2	Sponsorship expo		
10.30am	Break	Break		Break	Break
11am	Escape Room	Workshop 1: prescribing	Sim 1	CAMDH Workshop	Careers café with specialty training programs
Midday			Sim 2		
12.30pm	Sim 3	Escape Room		Palliative Care	Lunch

1pm	Sim 4		Workshop 1: prescribing	Workshop	Sim Wars
1.30pm	Lunch	Lunch	Lunch	Lunch	
2pm					
2.30pm	Rapid Fire Intern Skills	Sim 3	Escape Room	Documentation Workshop	Panel Discussions
3pm		Sim 4			
3.30pm	Workshop 2: US-guided cannulation	Rapid Fire Intern Skills	Sim 3		
4pm			Sim 4		

### Updates to core curriculum and related resources

In 2024, the core curriculum list underwent a review to update it from its 2013-2014 versions. This review addressed changes in medical classifications and student feedback, aiming for clearer teaching and assessment mapping. Initial suggestions were made generically, with subsequent discipline-specific reviews. Changes included updates in nomenclature, category adjustments, and additions/removals to enhance clarity and align with teaching priorities. The 2024 core curriculum list provides a streamlined presentation of updated conditions and presentations. Meanwhile, the 2023 core curriculum with updates serves MD3 and MD4 students, offering insights into historical changes.

Future plans include renaming 'body system' to 'body region' for presentations to better reflect anatomical groupings. Next steps involve publishing updates to the list on LMS, integrating the list into 2025 unit and discipline guidebooks, and using the list to guide teaching, learning, and assessment planning, as well as curriculum mapping via SOFIA. These efforts ensure ongoing alignment with medical education standards and student needs.

In addition, the School has been improving and expanding the core curriculum learning resources by modernising content and introducing different resource modalities, including short videos. There are still many areas where curricular resources require uplift and this is an ongoing area of work, supported by the current curricular mapping project.

### Formal educational courses

The School is actively seeking ways to accommodate a variety of educational needs and career aspirations of the students. The newly established Research Foundation stream, an additional coursework stream within the Scholarly Activity units in Year 3 and 4, aims to provide students within another opportunity to articulate into Master of Clinical Science if they wish to pursue this pathway beyond their MD Program. Initial plan and consideration are underway to introduce an exit pathway upon completion of MD2 to offer students flexible study options.

### 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>11</b> While completion of the Medical Science Undergraduate Major of the Bachelor of Medical Sciences provides entry into Year 2 of the medical program, demonstrate that the School is an active partner in the governance, management, content and delivery of the Medical Science	2020	Satisfied 2020

	Undergraduate Major to ensure ongoing alignment of this course with the medical program. (Standard 3.1, 3.2 and 3.3)		
12	Demonstrate effective structures and processes to connect clinical teachers with the content of the curriculum, the School's expectations of them, and with the students themselves. (Standard 3.4)	2020	Satisfied 2020
13	Complete the development of the curriculum mapping software, and its application to the program to facilitate vertical and horizontal integration of curriculum content, teaching and learning activities, and of assessments. (Standards 2.2.1, 2.2.6)	2021	Progressing 2024
14	Provide evidence that direct supervision of students' clinical practice skills is adequate and consistent across clinical settings to meet the requirements of the medical program. (Standard 4.4)	2020	Satisfied 2021
15	Develop a framework to guide the delivery and assessment of interprofessional learning throughout the program. (Standard 4.7)	2020	Satisfied 2022
16	Demonstrate the educational value and improved user acceptance of the e-Portfolio. (Standard 4.1)	2021	Satisfied 2022

**The following new condition is placed.**

Condition:	Due to be met by:
35 By 2026 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 2.1.1, 2.1.2, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.2.7, 2.2.9, 2.3.2, 2.3.6, 2.3.7 <b>(New in 2024)</b>	2026

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:**

#### **Assessment policy and principles**

There have been no changes to assessment policy or principles since the 2023 submission. The Assessment framework has undergone its periodic review to incorporate improvements to assessments within individual units and to demonstrate alignment with the new AMC Standards.

#### **Evaluation of assessment methods**

Evaluation of assessment methods has been strengthened with the increasing use of the Progress Database as a source of information on the performance of assessments. Assessment Reports are now established and provide a data source for planning of upcoming assessment in response to previous iterations of the unit.

#### **Assessment methods**

Individual unit assessments undergo progressive modifications in each year of deployment, in response to student and staff feedback and evaluation of student performance.

Although in the early phase of use of *risr*, the analytics provided have already been valuable in providing feedback to students on their performance in clinical assessments in MD3 and MD4 and feedback to assessors or students and their own performance, as outlined in Standard 3.2.

#### **Learning Skills Development Program Pilot**

In response to Graduate Outcomes 2.8, 2.13 and 2.14, and Standard 3.2, and informed by similar programs in other Australian medical schools, UWA is undertaking a pilot Learning Skills Development Program (LSDP) in semester 2, 2024 for a group of 20 MD1 and MD students. The program will provide personalised student support via academic coaching, development of learning plans, self-regulation and reflective practice and continual learning to support student success.

The existing clinician mentoring scheme will continue, with the LSDP being more focused on development of study skills, time management, prioritisation, engagement with formative and summative assessment.

UWA aims to identify a cross-section of student abilities and background to determine which students benefit most from the program, and to determine the workload requirements for academic coaching students of differing abilities. The plan is for no more than four students per staff member during the pilot phase.

Coaches will be provided with template Learning Plans and relevant course materials, including learning outcomes, core curriculum resources, timetables and formative assessments. Secure online networks will be established between coaches and with the medical school academic staff facilitating the program, for calibration and for sharing of experiences.

Key events in the program include:

- Initial training for coaches, run prior to the first meeting, about the process and principles of the LSDP. Additional upskilling on coaching skills will be provided from the UWA's Academic Skills Centre Learning Advisers, on proven successful coaching skills, such as questioning and probing, prompting reflection, facilitating problem-solving and help-seeking, supporting learners to set and achieve goals in response to feedback. Training will also address potential interpersonal



issues and challenges in the coach-student relationship, and provide information on the boundaries of the roles, and other support structures within the School and University.

- Coaches meet each student twice in Semester 2, 2024 for 30-60 minutes and may choose to meet more often by mutual agreement.
- An initial discussion on the student's academic performance and factors affecting it, informed by evidence provided by the student, such as assessment results, feedback on assessment, and self-reflection and their general perceptions about their position and progress within the course.
- Development of a learning plan by the student in collaboration with the coach, including WOOP (wish-outcome-obstacles-plan) learning goals; this framework is a simpler form of SMART goals.
- Coaches and students focusing on self-assessment of progress against learning plan, subsequent meeting(s), together with challenges in learning plan implementation, deliberate practice of academic skills, identification of wellbeing needs, followed by updating of plan.
- Coach and student evaluation of the program in November 2024 via a survey and focus groups.

Coaches will be provided with template Learning Plans and relevant course materials, including learning outcomes, core curriculum resources, timetables, and formative assessments. Secure online networks will be established between coaches and with the medical school academic staff facilitating the program, for calibration and for sharing of experiences.

If the pilot is successful, UWA may implement the LSDP more broadly in 2025. The pilot will inform whether coaching should be embedded within the MD program, how coaching can be integrated with learning activities and assessments across the course, what new or existing structures could facilitate student and coach engagement, how best to use learning outcomes, requirements for learner and coach support, resourcing issues, and capacity for assessment of learner engagement in coaching.

## 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>17</b>	Appoint an assessment lead to facilitate an effective approach to the comprehensive, coordinated governance of assessment throughout the program. (Standard 5.4)	2020	Satisfied 2020
<b>18</b>	Resource and implement formative assessment to support student preparation for summative assessment. (Standard 5.1.3)	2020	Satisfied 2021
<b>19</b>	Implement formal communication to all supervisors and teachers to provide feedback on student performance within and across cohorts. (Standard 5.3)	2020	Satisfied 2021
<b>20</b>	Implement a fully resourced standard setting process for summative assessments. (Standards 3.1.3, 3.1.4, 3.1.5)	2021	Satisfied 2024
<b>21</b>	Provide evidence of a functional assessment blueprint linked to the program's learning outcomes at all stages. (Standard 5.2)	2021	Satisfied 2022

<b>22</b>	Ensure that adequate resourcing is in place for the ongoing quality assurance of assessment practices and processes. (Standards 3.3.1, 3.3.2)	2021	Satisfied 2024
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**The following new condition is placed.**

<b>Condition:</b>		<b>Due to be met by:</b>
<b>36</b>	By 2026 provide evidence that demonstrates attainment of the following standards of the Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023): 3.1.3, 3.1.6, 3.3.1 <b>(New in 2024)</b>	2026

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:**

No changes to admission procedures were made since 2023. Work has been undertaken to optimise enrolment into international and domestic pathways, with the outcome that the 2024 MD cohort sits at 246. UWA reports it is at capacity for the first time in a number of years.

Student support remains a priority for the School. As outlined in the 2023 submission, a Change Proposal at a University level for Student Life (the portfolio responsible for student support and wellbeing) was released in June 2023. The School provided feedback to the proposal outlining concerns, specifically with the change in designation of staff within the Counselling and Psychological Services to be counsellors rather than registered psychologists. At the time of the 2023 submission, the final structure had not been confirmed. The structure now in place has preserved psychologist staffing, and the UWA Medical Centre, while currently at low staffing levels, has appointed a GP Clinical Lead and other GPs, with the Associate Deans of Students and Learning and Teaching involved in recruitment.

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

**The following new condition is placed.**

Condition:	Due to be met by:
<b>37</b> By 2026 provide evidence that demonstrates attainment of the following standards of the Standards for Assessment and Accreditation of Primary Medical Program by the AMC (2023): 4.1.2, 4.1.3, 4.2.1, 4.2.7 <b>(New in 2024)</b>	2026

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:**

There have been no changes to policies and standards for the accreditation of clinical sites since the 2023 submission. UWA reported there are challenges inherent in some aspects of Standard 5, as outlined below. Some challenges will be addressed by recruitment of new staff, for example, expansion of the simulated patient program. Some are contingent on ongoing engagement with stakeholders, such as issues within LMS and clinical placement capacity at certain sites. Others are broader issues for which an uplift in staffing is only one part of the required response, such as those relating to students having adequate opportunities to work with Aboriginal patients. For each of these, the nature of the challenges has been articulated, and there is an identified person or group leading the response. Further reporting against these areas will be provided as part of our 2025 submission.

### 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>26</b> Demonstrate that adequate small group teaching/clinical skills facilities are available for all students on the QEII health precinct. (Standard 8.1)	2020	Satisfied 2023
<b>27</b> Demonstrate that the clinical placement capacity is adequate for students to continue to have sufficient patient contact to achieve the program outcomes. (Standard 8.3)	2020	Satisfied 2020
<b>28</b> Demonstrate that students have sufficient opportunities to provide care to Aboriginal and Torres Strait Islander people in a variety of clinical settings. (Standard 8.3)	2020	Satisfied 2023
<b>29</b> Provide evidence that clinical supervisor performance is monitored and that underperformance is appropriately addressed and that clinical supervisors are provided with feedback on their performance. (Standard 8.4)	2020	Satisfied 2020
<b>30</b> Develop strategies to ensure that clinical supervisors and staff are aware of the current curriculum and assessment requirements of the medical program. (Standard 8.4)	2020	Satisfied 2020

**The following new conditions are placed.**

Condition:	Due to be met by:
<b>38</b> By 2026 provide evidence that demonstrates attainment of the following standards of the <i>Standards for Assessment and Accreditation of Primary Medical Programs by the AMC (2023)</i> : 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.2.2,	2026

	5.2.3, 5.2.4, 5.2.5, 5.3.1, 5.3.3, 5.3.4, 5.4.2, 5.5.2, 5.5.3, 5.5.4 <b>(New in 2024)</b>	
39	Report on progress towards developing adequate educational facilities and infrastructure to meet the needs of existing UWA MD students (Standard 5.1.1) <b>(New in 2024)</b>	2026
40	Report on the implementation of the draft UWA Indigenous Workforce Strategy, specifically designed for the recruitment, retention, and succession planning of Aboriginal and/or Torres Strait Islander and Māori staff. The strategy must include clear provisions for resourcing its implementation and an evaluation framework. (Standard 5.2.3) <b>(New in 2024)</b>	2026
41	Demonstrate the plans to increase the pool of and support for the involvement of patients and community member have been delivered; and the expanded pool includes diverse patients, particularly Aboriginal and/or Torres Strait Islander people, which reflects the communities experiencing health inequities within the university's footprint (Standard 5.2.5) <b>(New in 2024)</b>	2026
42	Demonstrate that policies for recruitment and promotion are culturally safe and inclusive for Aboriginal and/or Torres Strait Islander staff, through reporting on how Aboriginal and/or Torres Strait Islander staff are consulted in the development of the new Indigenous Workforce Strategy and how academic promotion pathways value and recognize the cultural knowledge, Indigenous ways of teaching, and community relationships of Aboriginal and/or Torres Strait Islander staff, ensuring these are reflected in promotion and performance review processes. (Standard 5.3.1) <b>(New in 2024)</b>	2026
43	Demonstrate that all students, staff and clinical supervisors receive cultural safety training (whether through UWA or another means), and report on the evaluation of the training and any refinement by 2026. (Standard 5.3.4) <b>(New in 2024)</b>	2026
44	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>	2026

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:

There have been no changes to the overall processes for monitoring and evaluation of the program.

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>23</b> Ensure evaluation expertise is in place to lead the design, development, implementation and administration of MD evaluation as planned. (Standard 1.8 and 6.1)	2020	Satisfied 2020
<b>24</b> Develop the strategy and articulate timelines for systematic evaluation of the program and for action on issues identified. (Standard 6.1)	2020	Satisfied 2020
<b>25</b> Describe the approach to the systematic provision of evaluation results to academic and clinical staff, and relevant committees of the program. (Standard 6.3)	2020	Satisfied 2020

The following new conditions are placed.

Condition:	Due to be met by:
<b>45</b> By 2026 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, 6.2.2, 6.2.3, 6.2.4, 6.3.2 <b>(New in 2024)</b>	2026
<b>46</b> Demonstrate that the evaluation activity is informed and reviewed by Aboriginal and/or Torres Strait Islander and Māori education experts for Aboriginal and/or Torres Strait Islander and Māori cohorts, and provide evidence of the evaluation of the outcomes of cohorts of students from equity groups. (Standard 6.2.4) <b>(New in 2024)</b>	2025

Summary of education provider's performance against Standard 6:

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

