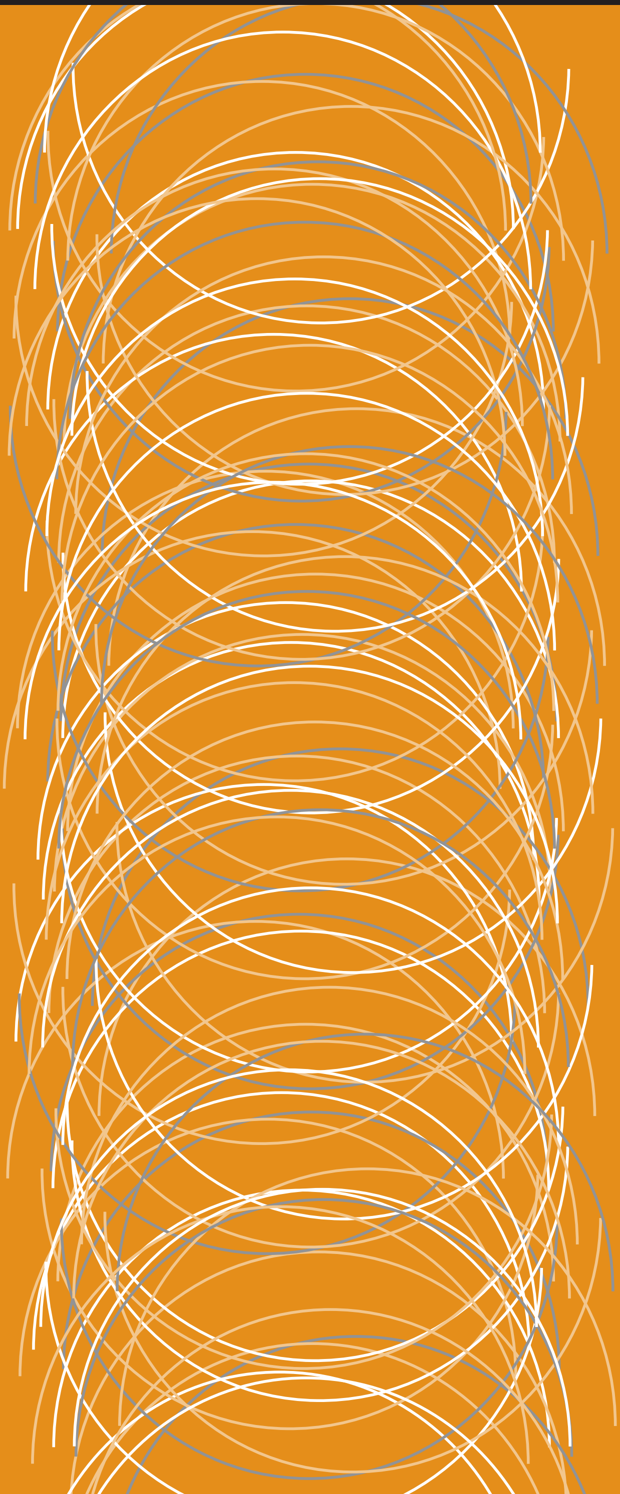
Australian Medical Council Limited

Accreditation of the Joint Medical Program
The School of Medicine and Public Health
University of Newcastle and
The School of Rural Medicine
University of New England

AMC



Medical School Accreditation Committee
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Executive Summary 2009

The Joint Medical Program (JMP), offered by the University of Newcastle and the University of New England was first accredited by the Australian Medical Council (AMC) in 2007 for introduction in 2008 as a major change to the then five-year, undergraduate medical course solely offered by the University of Newcastle. The JMP is unique in Australian medical education as it offers a truly joint medical program and a partnership between universities and Area Health Services. During the initial AMC assessment of the proposal for the JMP, governance arrangements for the program were evolving and effort was concentrated on the immediate priority of introducing Year 1 at the University of New England. Preparation for the JMP's Years 1 and 2 was progressing well, but arrangements for the expanded clinical years component of the program were less well-developed.

This Report sets out the findings of the 2009 follow-up assessment of the JMP which was conducted by an AMC Assessment Team in July 2009.

At the time of the 2009 follow-up visit, which occurred halfway through the inaugural Year 2 of the JMP, governance arrangements had been implemented. While a restructured Year 3 is being trialled for the current University of Newcastle Bachelor of Medicine (BMed) students, there is more work to be done ahead of the larger Year 3 cohort. Detailed planning for clinical placements for Years 4 and 5 is evolving well. Students from both Universities are enthusiastic about their Program.

The Team identified areas of strength and areas which would benefit from further consideration and development.

Strengths identified in 2009:

A clearly articulated governance arrangements and a commitment to transparency and openness among JMP partners, together with a committee structure that can manage and deliver the joint program through the development phase;

B a dedicated communication strategy that seeks to engage a wide audience in the activities and achievements of the JMP and the substantial work to link the new Clinical Schools into the JMP;

C an inclusive management approach that brings together the two University partners at all levels of curriculum development, implementation, evaluation and review;

D Area Health Service commitment at senior level, as JMP partners, that is mostly supported by hospital managers and clinical teachers;

E a common set of rules for students enrolled through two separate Universities;

F complementary expertise in education at the two University campuses and the creation of the new JMP position of Academic Developer;

G improved student representation on key committees, student involvement in JMP governance and curriculum management, and appropriate and timely responses to issues raised by students;

H a student intake showing an increased proportion of rural students, in line with the JMP vision;

I excellent student support for Aboriginal and Torres Strait Islander students;

J a commitment to maximising the use of electronic and video learning opportunities appropriate for a program taught at multiple sites.

Areas for improvement identified in 2009:

1 the relatively new Clinical School arrangements and the need to ensure strong links between all Clinical Schools and the JMP;

2 governance arrangements and a management committee structure appropriate to the Program's needs once the JMP moves from development to a steady state and in particular consideration of whether duplicating course management positions across the two sites continues to be required;

3 the value of formalising the group of staff involved in medical education development into a discrete Medical Education Unit which can meet the Program's needs, based on the strengths developed at both institutions and the University of Newcastle's established reputation as a leader in medical education innovation and development;

4 staff resources, in medical education, information technology support and in the Office of the JMP Dean, and the need to provide respite for staff who have borne the brunt of curriculum development and implementation;

5 development and appraisal needs of clinical teachers;

6 guarantee the planned changes for Year 3 for the acquisition of clinical skills can meet the learning needs of students;

7 development of formal mechanisms to evaluate the consistency of program delivery and educational outcomes across multiple sites, with appropriate feedback to students;

8 continued implementation of the evaluation plan, with initial focus on more systematic tutor and teacher feedback;

9 continued effort to engage students in all significant decisions and student membership on the Monitoring and Evaluation Committee;

10 improved support for international students including facilitating their integration into the student body;

11 strategies for pastoral care and advice for the larger numbers of students in rural and isolated settings;

12 assistance with student travel and accommodation particularly if students are travelling from rural to city or regional placements where no support is available;

13 facilitation of more collaboration and links between the two student associations as well as their ability to contribute to JMP governance;

14 partnership opportunities for approaches to funding agencies and bodies to assist the further development of clinical placements for students including capital investment in general practice facilities and community health facilities;

15 exploration of opportunities for further development of clinical skills learning facilities, including further simulation facilities;

16 remote access to information technology for individual students in remote, primary care and general practice placements;

17 resolution of differences between the two Universities with respect to Blackboard Learning System and streamlined enrolment processes that enable students access to both University libraries and facilities.

The AMC Medical School Accreditation Committee, at its October 2009 meeting, considered the Team's report. Since the visit, a number of changes in senior staff have been announced. In 2010 a new Pro-Vice-Chancellor (Health) is expected to start at the University of Newcastle and the JMP Dean's intention is to step down. The University of New England is also recruiting a new Vice-Chancellor. While the Team had been of the view that the JMP's governance structures are robust enough to accommodate changes in senior staff, it was agreed that the AMC should monitor the JMP's continued capacity to meet standards relating to governance and management. The recommendations included in this report reflect these changes.

Recommendations 2009

Accreditation of a Major Change

The AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures* provides the following options for the accreditation of major course change:

(i) Accreditation for a period up to two years after the full course has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual reports. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation assessment.

(ii) Accreditation of the new course may be refused where the school has not satisfied the AMC that the complete medical course can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the school on the deficiencies to be addressed before it will reconsider accreditation.

Recommendations

The AMC Medical School Accreditation Committee recommends that the AMC Directors confirm accreditation of the Joint Medical Program (JMP) offered by the School of Medicine and Public Health, the University of Newcastle, and the School of Rural Medicine, University of New England until 31 December 2014, subject to:

(i) The JMP's submission of periodic reports to the Medical School Accreditation Committee satisfactorily addresses the areas for improvement set out in the AMC Accreditation Report;

(ii) The following key issues being addressed satisfactorily in the 2010 report:

- staff resources in medical education, in information technology support and in the office of the JMP Dean, and the need to provide respite for staff who have borne the brunt of curriculum development and implementation
- ensuring the planned changes for Year 3 for the acquisition of clinical skills can meet the learning needs of students
- strategies for pastoral care and advice for the larger numbers of students in rural and isolated settings
- remote access to information technology for individual students in remote, primary care and general practice placements
- a report from the JMP Governance Committee on the Joint Medical Program's continued capacity to meet Standards 1.1 to 1.3 dealing with governance, leadership, autonomy and management, with specific reference to appointment of the JMP Dean and other executive level staff involved in JMP governance (also to be reported in 2011).

Introduction: The AMC Accreditation Process

The Australian Medical Council (AMC) is a national standards body for medical education and training. One of its principal functions is to advise and make recommendations to the State and Territory medical boards on the accreditation of Australian and New Zealand medical schools and medical courses. The link between AMC accreditation and registration is a statutory one: under the State/Territory Medical Practice Acts and/or statutes, graduates of AMC-accredited medical schools are eligible to apply for registration, subject to satisfying the medical boards' fitness to practise and character requirements.

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

The standards and procedures for accreditation are published in the AMC's *Assessment and Accreditation of Medical Schools: Standards and Procedures.* The AMC lists the knowledge, skills and professional attributes expected on graduation, defines the curriculum in broad outline, and defines the educational framework, institutional processes, settings and resources necessary for successful medical education. Following a comprehensive review during 2006, the AMC approved changes to the accreditation standards that took effect from January 2007. The standards were reordered under the generally accepted key elements involved in curriculum design and review. Additionally, standards relating to assessment and clinical teaching were strengthened, and the AMC's endorsement of the Committee of Deans of Australian Medical Schools Indigenous health curriculum framework was reflected across the accreditation standards. Following feedback from stakeholders and team members throughout 2007, the Council endorsed some minor adjustments to the new standards. It removed the separate continuous improvement standard, since this addressed elsewhere.

The AMC's Medical School Accreditation Committee oversees the AMC process of assessment and accreditation of medical schools, reporting to the AMC Directors. The Committee includes members of the Council itself, and nominees of the Australian and New Zealand medical schools, the Medical Council of New Zealand, health consumers, medical students, the Confederation of Postgraduate Medical Education Councils and the Committee of Presidents of Medical Colleges.

Accreditation of a new medical course is a two-stage process. The institution submits an initial Stage 1 submission describing the planned curriculum and resources to support delivery. The Medical School Accreditation Committee makes a recommendation to the AMC Directors on whether the institution has the necessary resources and the proposed curriculum is likely to comply with the AMC standards.

Once an institution has approval to proceed to a Stage 2 assessment, the accreditation process is as follows: the AMC appoints an assessment team comprising a balance of members from states and medical schools, from medical science and clinical disciplines, and from the health services. Members with other expertise may be part of the team, as considered appropriate. The medical school submits to the team detailed documentation on the medical curriculum and the resources that underpin its delivery. The team conducts a visit to the school and its clinical teaching sites. This visit normally takes a week.

Following an AMC visit, the team prepares a detailed report for the Medical School Accreditation Committee, providing opportunities for the medical school to comment on successive drafts. The Committee considers the team's report, and then submits the report, amended as necessary, and its recommendation concerning accreditation to the AMC Directors. The Directors make the final decision concerning accreditation. In the case of new medical courses, accreditation for a period up to two years after the full course has been implemented, subject to satisfactory annual reports. The granting of accreditation may also be subject to other conditions.

Once accredited by the AMC, all medical schools are required to report periodically to the Medical School Accreditation Committee on the ongoing evolution of the medical course, emerging issues that may affect the medical school's ability to deliver the medical curriculum, and the school's response to issues raised in the AMC accreditation report. The AMC requires new medical schools to report annually.

The University of Newcastle and New England, the Joint Medical Program

The University of Newcastle (Newcastle) was established in 1965, and now has over 26,000 students in more than 150 undergraduate and postgraduate programs in New South Wales and overseas.

The Faculty of Health at Newcastle comprises the Schools of Biomedical Sciences, Health Sciences, Medicine and Public Health, and Nursing and Midwifery as well as a range of research centres. Program offerings include Medicine, Nursing, Biomedical Science, Podiatry, Diagnostic Radiography, Dietetics, Occupational Therapy, Physiotherapy and Radiation Therapy.

The Newcastle School of Medicine and Public Health was the first medical school in Australia to establish rural placements for undergraduate medical students. The School, in partnership with the University of New England (UNE) and Hunter New England (HNE) Health Service, has established the University Department of Rural Health (UDRH) which operates out of the New South Wales towns of Tamworth, Armidale, Taree and Moree, and conducts undergraduate training and postgraduate research involving Nursing, Allied Health and Medical Education.

The UNE was established in 1938 as a college of the University of Sydney and became fully independent in 1954. The University has graduated over 750,000 students through the Faculties of Arts, Humanities and Social Sciences; Economics, Business and Law; Education, Health and Professional Studies; and the Sciences.

The UNE is establishing a new School of Rural Medicine, which will be responsible for the delivery of the JMP in the Armidale region. It will be the base for new academic, general and clinical adjunct staff and will be responsible for the infrastructure and teaching of the JMP. The School of Rural Medicine will also have teaching input from the Schools of Health, Biological, Biomedical and Molecular Sciences, and Psychology.

The Universities' Stage 2 Submission to the AMC on the JMP describes a unique governance structure in which the JMP Committee will function in the role of a medical school in relation to the JMP. The JMP Committee is chaired by the Dean of Medicine and Public Health at Newcastle, who is also the Dean of the JMP for its first five years. In this report, the Committee is referred to accordingly.

The JMP will be the first jointly run medical program in Australia and will operate across the Universities of New England and Newcastle. The program is an innovative response to the need to expand medical education in a climate of reduced rural resources, with a particular emphasis on rural medicine. The Team was assured that the program has the strong support of the health sector and of both Universities at their most senior levels which result from the partner Universities' complementary strengths. The Team explored the governance arrangements for the unique JMP and these are discussed in the body of this Report.

AMC assessment of the Joint Medical Program, the Universities of Newcastle and New England

Newcastle's five-year Bachelor of Medicine course was first accredited by the AMC in 1992, for the full ten-year period ending in December 2002. In October 2001, on request from the then Dean of the Faculty of Medicine and Health Sciences, the AMC's Medical School Accreditation Committee recommended extension of accreditation until mid-2003 to accommodate changes in leadership and to allow the University to undertake a major external review to restructure its academic units.

A reaccreditation assessment visit to the School of Medical Practice and Population Health was undertaken in 2003. Accreditation was granted for the maximum period of six years, that is, until 31 July 2009, subject to the following conditions:

- in its annual report to the Medical School Accreditation Committee in July 2004, further details be provided regarding a timetable for implementation of the new curriculum for Phases 1, 2 and 3;
- in its report to the Medical School Accreditation Committee in July 2005, further details be provided regarding:
  - the new curriculum introduced in 2004, including management of assessment and progression issues, and resource allocation
  - progress in dealing with financial deficit
  - progress in enhancing the staff development program
  - progress in improving resources at the Mater Hospital;
- in its report to the Medical School Accreditation Committee in July 2008, further details be provided regarding progress in developing resources at, and the functioning of, the Gosford clinical site;
- that, subject to a satisfactory report from the School in its fifth year of accreditation (July 2008), accreditation be extended, up to a maximum of four years, before the School is revisited for accreditation.

The School provided periodic reports in 2004, 2005 and 2006 which were viewed as satisfactory by the AMC's Medical School Accreditation Committee.

In its 2005 report, the School advised the AMC that it had changed its name from Medical Practice and Population Health to Medicine and Public Health.

In its 2006 report, the School advised the Medical School Accreditation Committee of its intention to expand its existing Bachelor of Medicine program. In partnership with UNE and the HNE Area Health Service, Newcastle proposed to deliver a joint medical program,

initially based on the existing Newcastle BMed program. Sixty Commonwealth-funded students would be enrolled at Armidale campus, and an additional 20 students at Newcastle, bringing the total number of students commencing the program, including international students, to 180 in 2008.

The AMC decided that the delivery of the five-year Newcastle program at Armidale would require accreditation as a major change to the Newcastle program.

An AMC Assessment Team visited the School of Medicine and Public Health at Newcastle, and the Faculty of Education, Health and Professional Studies at UNE, from 28 May to 1 June 2007. The Team placed most emphasis on the capacity of the Universities to implement and sustain an educational program equivalent to that of the Newcastle's accredited Bachelor of Medicine program, and to produce graduates who are appropriately trained to practise in the health systems of Australia and New Zealand.

Following the 2007 assessment visit and the Team's accreditation recommendation, accreditation was granted to the JMP until December 2014, subject to a number of conditions. Those conditions included a site visit by an AMC Team, to be undertaken by August 2009, with a brief to review implementation of Years 1 and 2 of the JMP and detailed plans for Years 3 to 5, with particular attention to a number of issues raised in 2007 relating to governance, management, staff workloads and infrastructure as the Program moved into its first clinical years.

The Accreditation Report

This report details the findings of the 2007 and 2009 assessment visits. The style of the report should be noted. Each section of the report begins with the relevant AMC accreditation standards. The AMC's assessment of the medical school and the program against the accreditation standards in 2007 then follows. The specific comments and additions to that report made during the 2009 AMC assessment are included where required. These are headed **2009 Team Commentary.**

The AMC made some minor changes to the accreditation standards in December 2007, and this report includes the version of the standards current at the 2009 AMC accreditation assessment.

The membership of the 2007 and 2009 teams are at **Appendix One**. The groups met during the site visits are at **Appendix Three.**

The executive summary and recommendations of the 2007 report are at **Appendix Two**.

The AMC would like to thank the staff at Newcastle and UNE for their hospitality and cooperation during the assessment process. Considerable thought and work went into developing documentation and preparing for the visit. The AMC appreciates the efforts of those who made their time available, particularly staff and clinicians whose time already heavily committed, and students who interrupted their much-needed holiday break to engage enthusiastically in discussion.

1. The Context of the Medical School

1.1 Governance

The medical school's governance structures and functions are defined, including the school's relationships with its campuses and clinical schools and within the university.

The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and ensure representation from all relevant groups in decision-making.

The school consults on key issues relating to its mission, the curriculum, graduate outcomes and governance with those groups that have a legitimate interest in the course.

The JMP is unique in basic medical education in Australia in that it involves two equal university partners offering a single undergraduate medical degree course. The partners have sought to establish governance arrangements that allow for unitary program management with dual reporting to the decision-making structures of both Universities. The result is a complex but workable structure that can accommodate a genuine partnership.

A Tripartite Agreement that sets out the broad parameters for governance of the JMP has been developed among three of the partners, being: the two Universities and the HNE Area Health Service. There are a number of the detailed supplementary agreements dealing with a range of JMP issues still to be finalised.

The Tripartite Agreement provides that a JMP Governance Committee will act as the peak coordinating body of the program and that the Dean of Medicine and Public Health at Newcastle will be the Head of the JMP across both Universities for the first five years.

The recently established Northern Sydney Central Coast Area Health Service is another key partner in the JMP, although it is not a party in the formal Agreement relating to the JMP. It is important that the roles of all major parties in the JMP be reflected in formal Agreements. Under the Agreement, the Academic Board of UNE and the Academic Senate of Newcastle will continue to play a quality assurance role in course development within their institutions in relation to the JMP.

In addition to the Tripartite Agreement, the Universities are parties to a Memorandum of Agreement, which defines their relationship in terms of a number of key issues, including resourcing, student selection, curriculum and academic staffing.

Initially the JMP Governance Committee was comprised of the Vice-Chancellors of the two Universities, the Executives of the Area Health Services, the Pro-Vice-Chancellors from each University who have responsibility for the JMP, and the Dean of Medicine and Public Health. The membership of the Committee has recently been augmented to include the Executive of the aforementioned Northern Sydney Central Coast Area Health Service. The Team views the membership of the Committee as appropriately structured to oversee the program.

The JMP Governance Committee reports to the two University Councils through their respective Vice-Chancellors. In practical terms, the JMP Governance Committee is currently steering the development of the JMP but will eventually step back and have an oversight role.

At the time of the AMC Team's visit, the Governance Committee had met four times. It is proposed that eventually it will meet twice per year.

No formal procedures for dispute resolution have been included in the JMP Governance Committee's terms of reference. Advice from the Committee is that, in the case of conflict between the two Universities, independent members of the Committee would mediate. The Team would encourage the partners to formalise dispute resolution procedures.

The committee structure is continuing to evolve. For example, the Director of the UDRH and Head of the Rural Clinical School based in Tamworth have recently been included as members on the JMP Committee. The Dean of the JMP chairs a broadly-based JMP Committee and it is intended that this Committee will operate as a medical school for the two Universities in relation to the JMP. The JMP Committee has a number of working parties that are driving the curriculum implementation process. Some of these working parties will be disbanded once the JMP is firmly established. Under the JMP Committee is a sub-committee structure, based on the current committee structure at Newcastle, which reflects the UNE/Newcastle partnership. Development of relevant working parties and sub-committees into an effective ongoing committee structure, including formal terms of reference and membership provisions, will be an important next step in the development of the management structure.

The JMP proposal has developed quickly and to some extent in the absence of an agreed project plan with timelines and targets. A number of key issues raised during the assessment would benefit from a more systematic planning and performance management process, which in turn might guide development and provide a basis for achievement of targets. The JMP Committee accepts that, to date, much work has been done to meet urgent needs and that a more systematic project planning framework can now be developed.

The relationship between the JMP and its clinical schools is also continuing to evolve. For the current BMed program offered through Newcastle, clinical hubs around Newcastle and Gosford/Wyong have appropriate clinical leadership. For the JMP, a third clinical hub will be based around Tamworth/Armidale. It may be that a more formalised structure for clinical schools will be needed, with defined leadership positions in each of the major clinical schools, including the new hub at Tamworth/Armidale. There is a pressing need to clarify the role of the UDRH and Rural Clinical School at Tamworth. This is considered particularly important for the Tamworth area where much of the growth and development in the JMP will occur.

There is considerable goodwill towards the JMP among principal stakeholders, including University staff, clinicians, students, hospital managers and the wider community. The proposal has developed rapidly and is continuing to mature. The JMP Committee is aware that this goodwill has to date not necessarily been harnessed to the extent it could be in the area of curriculum implementation, and that some communities have yet to be engaged in the JMP enterprise, including some key rural clinicians, General Practitioners (GP) and current Newcastle students.

The Stage 2 Submission for the JMP indicates that a strategic planning process will be undertaken in 2008 to review the curriculum and its management structure. A broadly based review process will be important to consolidate engagement with all relevant stakeholders, including current Newcastle students, staff, clinicians and the wider community.

2009 Team Commentary

Governance arrangements between the two University and two Area Health Service partners that make up the JMP are clearly articulated. The arrangements are complex, of necessity to a large extent, given the unique nature of a single medical program offered jointly by two Universities, each of which has its own academic policies, processes and governance arrangements. There is a clear map for strategic and academic oversight of the JMP, as well as for detailed operational decision-making.

Terms of reference and reporting arrangements have been agreed among the partners for the committees involved in JMP governance and management. The continued positive support provided by the Governance Committee and its University and Area Health Service members is vital to the success of the JMP, to its longer term objectives, and to the provision of resources.

The JMP has a small central office led by the JMP Dean. The Head of the School of Rural Medicine at UNE and the Deputy Head of the School of Medicine and Public Health at Newcastle both act in the role of Deputy Dean of the JMP and are responsible implementation of the curriculum.

Five Clinical Schools have been established and are developing in readiness for Years 3 to 5:

- Hunter, based around the John Hunter, Calvary Mater, Belmont, Maitland and Hunter Valley Hospitals;
- Central Coast, based around Gosford and Wyong Hospitals;
- Tablelands, based around Armidale Rural Referral Hospital;
- Peel, based around Tamworth Rural Referral Hospital;
- Manning, based around Taree Rural Referral Hospital.

At the time of the Team's visit, four of the five Clinical Deans had been appointed. While the roles of the Clinical Deans were still developing, the JMP Dean and Deputy Deans, as well as staff in the JMP office, were working to nurture close links between the JMP and its Clinical Schools. Continued strong links will be of key importance to the Program's success and its capacity to ensure consistency across disparate sites.

The 2007 AMC Team pointed to the pressing need to clarify the role of the UDRH and the Rural Clinical School (RCS) at Tamworth. In 2009, the Peel Clinical School (UDRH/RCS) is clearly committed to the Program, but there could still be further clarification of its formal relationships with the Program and the funding relationships. Issues of uncertainty include access of students in varying components of the Program to the funding support available, and the selection processes for students who will participate in the activities of the Clinical School. Lines of communication from local clinicians with the Universities and/or the JMP need clarification.

A commitment to transparency and openness characterises the JMP management approach. This is enhanced by a communication strategy that seeks to engage a wide audience in the activities and achievements of the Program, with additional approaches to ongoing engagement of staff and clinical teachers including a newsletter and e-bulletin. The importance of communication links with stakeholders including Clinical Schools was raised

in the 2007 AMC assessment report. The 2009 Team congratulates the JMP for its initiatives in this area, and sees value in ensuring that all stakeholders, including the student body, are provided with ongoing opportunities to receive information.

Establishment of the JMP has required extensive work to define a common set of rules that ensure a consistency of treatment of students enrolled through the two separate Universities. The Team congratulates the partners for this achievement, recognising also that as students progress in the Program it is likely that additional issues will need resolution. A structure exists between the two Universities – through the JMP Academic Governance Advisory Group – to manage their resolution to the satisfaction of both Universities. This Group integrates the academic needs of the JMP with the academic policies and guidelines of each University. The involvement of the Chair of the Academic Board at UNE and the President of the Academic Senate at the Newcastle, as well as senior administrative staff of the Universities and the JMP Coordinator, makes this group effective in ensuring that academic policy relating to the JMP is internally cohesive as well as conforming to the regulations of each University on matters such as student progression and appeals.

Governance arrangements encourage early recognition of potential difficulties. Governance is operating with the goodwill and commitment of the partners and the highly collegial and collaborative approach taken by the foundation JMP Dean. At the same time, the structures need to be robust enough to accommodate changes in key personnel within the partner organisations, as well as with the potential for underperformance by key portfolio-holders which might mar the collaboration. A dispute resolution process has been agreed to among the partners but it is yet to be tested by a matter of substance.

Some committees are large, and there may currently be duplication, but it is accepted that this is necessary to allow adequate representation and input from the wide variety of staff involved. While this is a strength in the early years of the collaboration, the committee structure may be able to be further refined once the majority of the developmental work of the Program is completed.

The 2007 AMC Team suggested the JMP would benefit from a project planning approach to implementation. Establishment of the JMP Coordinator role and staffing of the Office of the JMP Dean have enabled a systematic approach to planning and better recognition of resource requirements, to the extent that this is possible in the planning and implementation of what is, after all, a unique program. Planning and review are integral to JMP management, both through the committee structure and through dedicated planning and review activities such as the systematic review of the Years 3 to 5 curriculum ahead of introduction of the JMP clinical years.

School's procedures for continuous renewal

At the time of the 2007 assessment, the AMC accreditation standards included a standard relating to the school's procedures for regular review and updating of its structures and functions to rectify deficiencies and meet changing needs.

The 2007 Team observed that perhaps the most overt proposal addressing this standard in the context of the JMP was a commitment to a review in 2008, which, while aligned initially with University of Newcastle processes, also would allow UNE to contribute formally to fundamentals such as the statement of mission and aims for the program.

The Universities' 2007 Stage 2 submission also identified the opportunities for renewal presented by the JMP as including:

- increased focus on rural/remote and general practice program content
- review of program structure and curriculum delivery in the context of accommodating increased demand on clinical training opportunities
- recognition of the continuum of medical education and the role that medical school education plays in preparation for pre-vocational and vocational training.

The Team supported the commitment to renewal of the JMP as identified in the submission, but recognised the additional opportunities for renewal presented by the growth in the program in partnership with UNE, and the value of ensuring broader involvement of other JMP stakeholders in the review processes, including:

- an opportunity to augment the roles and responsibilities of the Medical Education Unit from service and administrative orientations to increase academic and research capacities
- possible involvement of academics in the School of Education of UNE's Faculty of Education, Health and Professional Studies
- building on the overt commitments to the success of the JMP by the partner Area Health Services and ensuring their full participation in the renewal process
- fostering the contribution of an underutilised but similarly committed asset, the student body, in evaluation and renewal processes that look at program direction and outcome, not just content and delivery.

1.2 Leadership and autonomy

The medical school has sufficient autonomy to design and develop the medical course.

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

The JMP structure provides for the JMP Committee, chaired by the Dean, to act as the medical school for the two Universities in terms of its responsibility for planning, development, implementation and management of the JMP. The Team was satisfied that the Committee has sufficient autonomy to carry out these roles. The JMP Committee reports directly to the JMP Governance Committee.

The School of Medicine and Public Health at Newcastle and the new School of Rural Medicine at UNE will co-ordinate delivery of the curriculum at local sites.

The Dean of Medicine and Public Health at Newcastle is, by agreement, the Dean of the JMP for its first five years. The Dean's responsibilities are clearly stated as the academic leader of the JMP.

In its meeting with the JMP Governance Committee and with the two Vice-Chancellors and Faculty Executives, the Team was assured that that the Dean's responsibilities are sufficiently clear and that he is able to refer any issues of difficulty to the JMP Governance Committee for resolution.

2009 Team Commentary

The 2007 AMC Team was satisfied that the JMP Committee had sufficient autonomy to design and develop the medical course. Since the 2007 visit, management roles have become clearer and the statement of the role and responsibilities of the JMP Dean has been developed and agreed between the two Universities.

The current JMP Dean is also Head of the School of Medicine and Public Health at the Newcastle and in relation to the JMP, the Deputy Head of that School carries responsibility for detailed curriculum implementation. There is a weekly Executive meeting of the Dean and the Deputy Deans – the Head of the School of Rural Medicine at UNE and the Deputy Head of the School of Medicine and Public Health at Newcastle – for the day to day management of the Program, and reporting to the JMP Committee. The Executive is able to identify issues at an early stage and develop strategies and resources to address them. The statements of roles and responsibilities of the Heads of School/ Deputy Deans in relation to the JMP are still in development.

1.3 Medical course management

The school has established a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical course.

The JMP Committee has overall responsibility for planning, implementing and managing the JMP, including admission, assessment, quality and standards. The JMP Committee's BMed Program Sub-Committee will have responsibility for detailed curriculum development and achievement of the JMP's objectives. Its membership is based on the membership provisions of the Newcastle BMed Program Committee, augmented to ensure representation from the two Universities. While Year Co-Chairs have been appointed for UNE, and are meeting with counterparts at Newcastle, a number of other key curriculum leadership appointments at UNE, including the Head of the School of Rural Medicine, are still to be finalised. At the time of the Team's visit, the JMP Committee was focusing on the JMP to be introduced in 2008, while the Newcastle BMed Committee was continuing to manage the existing Newcastle BMed course. As the JMP moves to implementation, the JMP BMed Sub-Committee will play a greater role.

2009 Team Commentary

The JMP Committee continues to act as the 'medical school' in relation to the JMP, responsible to the JMP Dean to plan, implement and manage the JMP. The BMed Curriculum and Clinical Placement Committee has oversight of the detailed management of the curriculum and its further development, supported by Year Committees.

The JMP Executive is working to re-invigorate the involvement of Disciplines in curriculum development, with a strengthening of the role of Discipline Leads. Further consolidation of these roles and their contributions to curriculum development and delivery will be important as students progress to Year 3 of the JMP and beyond.

In this development phase, provision has been made for appointment of a Course Coordinator at each University for every course. It may be that when the Program reaches a steady state, a single Coordinator from one or other site may be as effective.

In a cross-university program, there are particularly heavy responsibilities on administrative staff involved in course coordination. Year Managers and staff in the office of the JMP Coordinator are carrying much of this load and the success of the JMP depends largely on the contributions administrative staff bring to course management.

1.4 Educational expertise

The school ensures appropriate use of educational expertise, including the educational expertise of Indigenous people, in the development and management of the medical course.

Newcastle has had a pioneering role in developing novel models of undergraduate medical education. In 2003, in a climate of reduced resources at University level, the AMC Team that visited the School raised the issue of reduction in staff with expertise in medical education.

The current Newcastle Medical Education Unit is oriented towards administrative management of the medical course. UNE brings to the JMP substantial educational expertise and a reputation for teaching excellence with extensive experience in distance education. The Universities, through their Teaching and Learning Centres and Medical Education Unit structure, will need to ensure appropriate ongoing medical education expertise in the development and management of the JMP. This is particularly important as the program expands to a parallel site for Years 1 and 2 and into at least two other major clinical sites in Years 3 to 5. The rapid expansion of the numbers of clinical teachers and sites, including general practitioners, will require a substantial standardised training resource to prepare, deliver and oversee staff training for clinical skills. This issue will need to be monitored by the JMP Committee. It will be necessary to ensure there is appropriate medical education expertise in the JMP Medical Education Unit to provide the program with a base for ongoing education leadership and medical education research.

Both Universities have access to educational expertise of Indigenous people, through the School of Medicine and Public Health and the University-wide Support Centre Wollotuka at Newcastle, and through the Oorala Centre for Indigenous Education at UNE.

2009 Team Commentary

The University partners have complementary areas of education expertise. Distance learning innovation has been a strength for the UNE for many years. Newcastle’s medical curriculum, while largely-paper based, has been a national leader in several aspects of medical education. Newcastle was an early adopter of a problem-based learning approach and was the first university to recognise the need for rural medical education opportunities. It continues to be a national leader in Indigenous medical education.

The 2003 AMC assessment of Newcastle BMed and the 2007 AMC assessment of the proposed JMP pointed out that reduced resources at University level at Newcastle has led to reductions in the number of staff with expertise in medical education to the detriment of the Newcastle course. A jointly funded position of Academic Developer has been created which has enhanced the JMP’s access to educational expertise.

The two Universities have the potential to combine technological innovation with education innovation to the benefit of the JMP. Staff involved in medical education are keen to exploit electronic and mobile learning technologies but this is currently hampered by the lack of staff resources in the medical education area as well as the technological infrastructure and staff

training needed for innovation, particularly at Newcastle which does not have a wealth of experience with these technologies. These issues are taken up later in the Report.

Newcastle's commitment to Indigenous health and education continues for the JMP. The partners understand that substantial growth in Aboriginal and Torres Strait Islander enrolments over the two University campuses will require dedicated staff resources in the Indigenous Health Discipline, which currently provides curriculum development in Indigenous health as well as support to students, in conjunction with the Wollotuka Institute at Newcastle and the Oorala Centre at UNE.

The proposal by JMP managers to formalise the group of staff involved in medical education into a discrete Medical Education Unit is strongly supported by the Team. Along with appropriate resourcing, this seems a logical next step for optimal access to educational expertise across the JMP.

1.5 Educational budget and resource allocation

The medical school has a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

There is sufficient autonomy to direct resources in order to achieve the mission of the school and the objectives of the medical course.

There is an unambiguous commitment from the Vice-Chancellors of the Universities that adequate resources will be available to deliver the JMP. The AMC Team noted advice that the Commonwealth Minister for Education has committed the promised $3 million Commonwealth contribution to capital infrastructure independent of New South Wales State investment.

Income related to student load will come separately to the two Universities. There appears to be room for reallocation of funds between the Universities if this becomes necessary. There is goodwill between the partners at senior level and recognition that the JMP will require start-up and ongoing resourcing, although details of how resource allocation will operate are yet to be determined. The Finance and Resources Committee of the JMP Committee will consider three budgets: the Newcastle School of Medicine and Public Health budget, the UNE School of Rural Medicine budget and the JMP budget. The Committee's terms of reference are yet to be finalised. While the JMP Committee operates in place of a medical school, it is not yet clear what powers will exist to direct resources to deliver the curriculum. Details of the terms of reference of the Finance and Resources Committee and, more importantly, the policy framework in which the JMP Committee will have the authority needed to direct resources, will need to be provided.

There is some uncertainty around the funding streams available under the Commonwealth Department of Health and Ageing Rural Clinical School and UDRH based at Tamworth and how this will support the proposed JMP structure for clinical teaching. Both programs are auspiced by Newcastle with distinct funding contracts, outputs and governance arrangements.

As noted earlier in the Report, the role of the Tamworth UDRH/Rural Clinical School is not clear in the JMP structure, despite being the largest component of the projected clinical training capacity of the New England region. Rural Clinical School program funds from the Commonwealth Department of Health and Ageing are normally based on providing a year of

rurally-based training for 25 per cent of Commonwealth Supported Places (CSP). This will mean that the Rural Clinical School will be responsible for placing 25 per cent of the projected 160 CSP in the JMP. At the same time, it seems that Tamworth will also be the main clinical training site for UNE-enrolled JMP students. This has implications for the Rural Clinical School contract negotiated with the Commonwealth and how this might support the expansion. There are also implications for management structures around resourcing – in particular the question of relationships with Heads of School and the Dean of the JMP.

2009 Team Commentary

Since the 2007 AMC visit, the role of the Resources Committee reporting to the Governance Committee has been formalised. The Dean of the JMP has no line responsibility for resources other than for the JMP central office, and resource allocation is managed through Heads of the relevant schools. The JMP Dean and Deputy Deans meet weekly as an Executive team that can deal with immediate needs. Larger issues are resolved at Resources Committee level. Problems have been addressed within this structure and resources have been available to develop and implement the curriculum.

To date, the JMP income through the two Universities according to student load has been sufficient to meet both shared and individual University staffing and other resource needs. As the institution with an established medical course, Newcastle has devoted substantial resources to aid curriculum development at UNE. No comparable model exists in the Australian context. Other new medical schools have adopted the curricula of existing medical schools on a fee-for-service basis. To date, there has been no transfer of funds from one University to the other but this may change. Current planning will see UNE students undertake Year 4 placements at clinical sites supported by Newcastle budget allocations, in which case there will be a need to negotiate a redirection of resources. This can be dealt with within the existing JMP arrangements for resource allocation.

1.6 Interaction with health sector

The medical school has constructive partnerships with relevant health departments and government, non-government and community health agencies to promote mutual interests in the education and training of medical graduates skilled in clinical care and professional practice.

The medical school recognises the unique challenges faced by the Indigenous health sector and has effective partnerships with relevant local communities, organisations and individuals.

The medical school works with its partners to ensure university staff in affiliated institutions are integrated into the service and administrative activities of the institution. In the same way, the university works with its partners to ensure that staff employed by the affiliated institutions can meet their teaching obligations and that peer review and professional development are a regular part of this interaction.

Health sector managers who met with the Team expressed strong support for the JMP approach and there is considerable support for the program from a wide range of clinicians. While the JMP has developed quickly, much work remains to be done to engage clinicians in the JMP and prepare them for clinical teaching roles.

The JMP Committee is working to establish Agreements with all major Area Health Service partners relating to the JMP. The Universities have an Agreement with HNE Health. A detailed Agreement with the Northern Sydney Central Coast Health is currently being renegotiated. Agreements with other Area Health Services are yet to be renegotiated or finalised. Although there is a formal arrangement with Greater Western Area Health Service, there is a requirement to renegotiate that arrangement because it is currently restricted to mental health attachments. There is no agreement with the fourth relevant service, the North Coast Area Health Service.

While the Area Health Services have an opportunity to raise issues including those relating to education through the Rural Chief Executives Forum, there is as yet no formal mechanism for the major Area Health Services and the Universities to plan strategically together or resolve issues. The JMP Committee might consider establishing a forum for the major Area Health Services and the Universities to manage academic/health sector matters common to more than one Area Health Service.

Engagement with the private hospital sector and GPs is at an early stage. While both Universities have demonstrated their commitment to and progress with respect to Indigenous health education and training, in relation to the JMP more work needs to be done to develop effective partnerships with relevant local communities and organisations.

Recruitment of University and hospital-based staff for the JMP is proceeding as funds become available. The nature of the JMP is such that the staffing arrangements are complex. Both Universities rely heavily on conjoint/adjunct clinical staff. The JMP will have to maintain close links with the Area Health Services to ensure that there is ongoing health service clinical staff availability for teaching commitments. Area Health Services have indicated a willingness to recruit clinicians to staff specialist positions who will then also play a teaching role in the JMP. The Team would encourage the JMP Committee to continue to work with Area Health Service partners on recruitment of such staff specialist positions.

2009 Team Commentary

The JMP is a University-health sector partnership dedicated to rural and regional community health, and Chief Executives of the two Area Health Services sit on the JMP Governance Committee. The Team’s clinical site visits confirmed strong support from Area Health Service Managers, with, for the most part, planning for teaching and learning facilities an accepted part of capital development planning in the immediate future. The Team can see opportunities for partnership in that coordinated University and health service proposals to local jurisdictions, state government and Commonwealth agencies for further capital and resource development for the JMP may be more likely to be supported than individual approaches. This could strengthen the JMP’s capacity in its clinical years.

The Team met with a small group of GPs who were enthusiastic about the JMP and their teaching roles within it. Relationships with general practices are developing ahead of the restructured Year 3 which will involve GPs more heavily in clinical skills teaching. The JMP’s efforts towards constructive partnerships with general practices are affected however by other universities that are offering payment to general practices in return for guaranteed placements over a period. The JMP is taking this matter up with the other universities involved.

1.7 The research context of the school

The medical course is set in the context of an active research program within the school.

The two Universities bring substantial research strengths into the JMP. Newcastle has an active research base in clinically and medically oriented research and UNE has substantial research involvement in biological, biomedical, social and health sciences. The JMP will continue to provide further opportunities for the already established research links between the Universities. The School of Rural Medicine at UNE is yet to be established, and so its research profile is still in formation.

The AMC Team is aware of the work associated with curriculum implementation at UNE and the planned strategic review of the JMP in 2008. It is likely that a relatively small number of staff will take on most of this work and it will be important that the JMP Committee is able to monitor staff workloads to ensure that staff commitment to research can be maintained.

2009 Team Commentary

There is a strong research culture at each of the participating Universities, and students have good input from staff with significant research expertise.

Importantly, there is also a strong interest in medical educational research. The medical program at Newcastle in particular has a history of assessment of educational outcomes, and the Team encourages those involved in the evaluation of the JMP outcomes to continue these important contributions to further educational knowledge.

1.8 Staff resources

The medical school has a detailed staff plan that outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, and between full-time and part-time staff.

The medical school has an appropriate profile of administrative and technical staff to support the implementation of the school's educational program and other activities, and to manage and deploy its resources.

Staff recruitment includes active recruitment by Australian schools of Aboriginal and Torres Strait Islander people and by New Zealand schools of Māori, together with appropriate training and support.

The school has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical course and the responsibilities of the school to these practitioners.

The Team was provided with an academic staffing plan for the JMP's implementation at UNE. The staffing schedule (as at 25 May 2007) indicates an academic staffing complement of 137.5 full-time equivalent (FTE) (including 25.1 FTE at professorial level) available to teach into the JMP. In 2008, the student load would be 626 equivalent full-time student loads (EFTSL) and in 2012 it would be 975 EFTSL, by which time additional staff would have been recruited. As staff may also teach into other programs, it is difficult to determine an accurate student to staff ratio for the JMP. Advice provided following the visit was that,

based on estimates, the academic staff FTE teaching the JMP would be 53 in 2008 and 70 in 2012, resulting in student to staff ratios of 12:1 and 14:1 respectively. Additional advice was that over 75 per cent of these staff would have continuing appointments in the two main Schools delivering the JMP. This matter needs to be monitored in future reports.

Progress is being made on filling vacant positions. UNE has made an offer to a prospective candidate for the position of Professor of Rural Medicine who will head the new UNE School of Rural Medicine. Other forthcoming UNE appointments include two senior lecturers, one in medical education and one in rural clinical medicine, and an associate professor in anatomy.

Recruitment of GP and specialist clinical teachers is also underway across the rural areas of Northern New South Wales. Substantial work remains to be done in hospital, general practice and Indigenous health settings. While initial expressions of interest and goodwill have been garnered around Armidale, it will be important to follow through with appropriate clinical leadership at the key clinical teaching sites, which will now include the Tamworth/Armidale hub.

The JMP Committee accepts that it will be a challenging task to reach the appropriate level of support noting that the increased load in clinical teaching will not occur until 2011. A major redevelopment of the Tamworth Hospital has been signalled by the New South Wales State Government within the next four years, which will increase the capacity and resources for teaching. The redevelopment of the Armidale Hospital is a high priority for HNE Health.

The Team supports the JMP Committee's intention to monitor continually staffing needs.

The JMP Committee is aware of the infrastructure required to support curriculum implementation at the UNE campus and a recruitment plan is in train. Appointment of Year Managers and administrative staff at clinical sites will be of key importance to the program's continuing success.

The JMP places additional responsibilities on the Office of the Dean, and the Team supports the JMP Committee's intention to continue to monitor the need for additional staff resources to support the Dean if these are required.

Both Universities have effective Indigenous employment strategies that complement Equal Employment Opportunities and Affirmative Action policies.

Appointment of conjoint or adjunct staff needs to be appropriately coordinated. A large number of conjoint clinical appointments are anticipated. It will be important to clarify where contracts will be held and managed and what level of support will be provided to clinicians. Some harmonisation around conditions and titles (for example, the use of 'adjunct' and 'conjoint' in clinical titles) may aid perceptions of the JMP as a single program offered jointly.

2009 Team Commentary

The development of new medical schools is resource-intensive and much of the load is carried by academic and support staff involved in curriculum development and management. For the JMP, which crosses two University campuses, there are the added requirements of a true partnership in which curriculum decisions are made collaboratively. In its report to the AMC in February 2008, the JMP provided a staffing plan update. The Team noted provision

for new staff positions, both academic and general, as either jointly or individually funded by the two Universities, in budget plans and submissions for 2010 and 2011.

As planned, academic staff resources appear adequate for Years 1 and 2 of the JMP, but the heavy workload of the staff involved in curriculum development cannot be sustained. Staff planning needs to take account of the need for staff to have opportunities for renewal and regeneration once the JMP is in a steady state. There may be efficiencies to be gained from a program of the JMP's nature, but there remains the reality that while introducing Years 1 and 2 of a medical program, UNE staff are also engaged in the process of creating a new medical school and staff at both Universities and are also engaged in the process of revising the existing Years 3 to 5 of the Newcastle curriculum to accommodate increased student numbers. These pressures should not be under-estimated.

For Years 4 and 5, total resources are likely to be sufficient but the distribution of students across different locations may affect funding allocations and therefore have implications for staff resources. Clinical teachers are being recruited to accommodate the increased numbers of students, both at existing clinical teaching sites and at new sites throughout regional and rural New South Wales. To address the increased clinical teaching needs in Year 3 in 2010, additional GPs are being recruited (see section 8.3).

As indicated earlier in the Report, staff resources in medical education, including in Indigenous education, are under pressure in the combined program. This issue was raised in the 2007 AMC assessment. Resource contraction at Newcastle during the 1990s saw a reduction in the numbers of staff devoted to medical education leadership and research. The need to build a working medical education unit from the strengths of Newcastle and UNE will require additional staff resources, particularly as the Program moves into the clinical years where training of clinical teachers and clinical skills tutors plays such a key role.

The adequacy of staff resources in the office of the JMP Dean was also raised in the 2007 AMC assessment. Academic staff involved in JMP management and development are carrying a heavy load. Support staff on both University campuses bear the brunt of curriculum implementation and support for JMP committees. Added to this are the IT support requirements of a Program traversing disparate sites and genuinely engaged in the use of electronic and mobile learning technologies to aid cross-campus teaching. The JMP office includes jointly funded positions of Academic Developer, JMP Coordinator, JMP Monitoring and Evaluation Officer and JMP Assessment Officer. A further agreed position, of JMP IT Coordinator, is yet to be funded. Advice to the Team suggests staff are currently stretched and while there are planned increases in staffing to support the JMP, this issue needs to be monitored by the AMC.

1.9 Staff appointment, promotion and development

The university and the medical school have appointment and promotion policies for academic staff that address a balance of capacity for teaching, research and service functions, and recognise meritorious academic activities with appropriate emphasis on research and teaching.

The medical school has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those who hold joint appointments between the university and other bodies.

The medical school's employment practices are gender-balanced and culturally inclusive.

Training of Problem-based Learning (PBL) tutors is well underway and interest in PBL participation at UNE exceeds available tutor positions. Training of clinical tutors is less well advanced.

2009 Team Commentary

The JMP has recently reviewed and reaffirmed all appointments for conjoint staff. Clear and transparent criteria have been developed and agreed for all levels of staff appointment.

Training of clinical skills teachers is an important issue for the JMP, particularly with the planned emphasis for the expanded Year 3 on consolidation and learning of clinical skills in general practice and community health settings. The new Year 3 structure has been piloted for the current Newcastle Year 3 students and is discussed in more detail later in the Report. But GPs and others involved in clinical skills teaching in general practice and community health settings need considerable support in terms of developing knowledge about prior student learning, guidance in relation to needs of specific students, and support for their own development as teachers. A further need is for feedback to general practitioner teachers on student progress and outcomes.

1.10 Staff indemnification

The university has arrangements for indemnification of teaching staff, with regard to their involvement in clinical research and the delivery of the teaching program.

The Team was advised that Newcastle indemnifies its academic staff for their teaching activities. Government-employed conjoint staff are indemnified under their employment contracts with the hospital, including for teaching. Private practitioners who provide teaching in their rooms are expected to include teaching within their indemnity arrangements.

The Team was also advised that insurance brokers have indicated that they will provide cover for UNE academic staff and that the University would probably adopt similar arrangements to the Newcastle for public sector conjoint staff and private practitioners.

The AMC standards require universities to have appropriate arrangement for indemnification of all teaching staff. The Team was not assured that the expectation that private practitioners will be covered separately for their teaching activities is made explicit to practitioners, and this should be done for all JMP teaching staff as a priority. The Universities should also review this arrangement to ensure any clinicians involved in teaching JMP students are indemnified. This was a matter of concern to some of the clinicians who met with the Team.

2009 Team Commentary

In its March 2008 report to the AMC, the JMP presented in some detail the arrangements it had for indemnification of its teaching staff, in the context of the two Universities having to provide separately for the students they enrol and the staff they employ. The 2009 Team was provided with details of the arrangements for health service employees and private practitioners, and the limitations of those arrangements. The JMP is aware of the importance of recognising these limitations in the delivery of the Program.

2. The Outcomes of the Medical Course

2.1 Mission

The medical school has defined its mission, which includes teaching, research and social and community responsibilities.

The school's mission addresses Indigenous peoples and their health.

The school's mission has been defined in consultation with academic staff and students, the university, government agencies, the medical profession, health service providers, relevant Indigenous organisations, bodies involved with postgraduate medical training, health consumer organisations and the community.

For 2008, the mission of the JMP will be the mission of the existing Newcastle BMed course. This is discussed in detailed under Section 2.2.

2009 Team Commentary

An extensive consultation process during 2008 resulted in a new vision statement and goals for the combined program, addressing teaching, research and social and community responsibilities, particularly in regional, rural and remote communities. The strong commitment to Indigenous medical education at Newcastle is continued in the JMP goals.

2.2 Medical course outcomes

The medical school has defined graduate outcomes and has related them to its mission.

The outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who possess attributes that will ensure that they are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

The outcomes are consistent with development of the specific attributes incorporating knowledge, skills and professional attitudes of medical graduates endorsed by the Australian Medical Council.

While the JMP is a new program, it will be based on the existing Newcastle program in terms of its mission, objectives and detailed curriculum, at least initially. UNE recognises the need to ensure that its policies mirror the existing Newcastle policies and procedures in the range of areas that impact on the JMP. The program's objectives at this stage remain the same as those of the existing Newcastle BMed program.

The Team recognises the shared vision and strong track record the two Universities have in regional, rural and Indigenous education. The JMP submission includes an intention to undertake a detailed strategic planning process in 2008, incorporating a review of the program mission and objectives.

During its week of discussions, the AMC Team found much evidence of strong support for the JMP's emerging vision among staff in both institutions, senior management and some

parts of the health sector. The Team would support the intended broad review of the JMP's mission and strategic plan so that the program's planned outcomes and curriculum will come to match the shared vision of the Universities, reflecting input from all relevant stakeholders. A broadly based review process will be important to consolidate engagement.

2009 Team Commentary

In 2008, the four partners agreed to a five-year Strategic and Operational Plan which enunciates the vision, goals and strategic priorities for the JMP, reflecting also its origins in the BMed program of Newcastle. The Plan was the result of broad consultation with relevant stakeholders, and provided the means whereby ownership of the program by all partners could be formally confirmed.

The JMP has declared a commitment to the health of the community with a particular focus on regional, rural and remote areas. Its goals include a special commitment to the communities of northern New South Wales, and to Indigenous health and medical education.

3. The Medical Curriculum

3.1 Curriculum framework

The medical school has a framework for the curriculum organised according to the overall outcomes which have, in turn, been broken down into more specific outcomes or objectives for each year or phase of the course.

The current five-year BMed program offered through Newcastle will be adopted as the JMP with only minor modifications required to accommodate site variations. The program is well-established; it underwent restructuring in 2004 and is accredited until 2009. Teaching staff at both campuses see the merit of retaining the Newcastle structure in the short term.

The BMed program has been designed to facilitate increasing independence of student learning and graded participation in patient management. The early years provide a sound foundation in the basic biomedical sciences with problem-based learning as a driver for knowledge acquisition. An early clinical skills course introduces students to professional practice. Years 3 to 5 of the program provide students with structured clinical experience in a wide range of hospital and community settings.

Planning for basic science teaching in Years 1 and 2 at UNE is proceeding well and all components of the Newcastle curriculum can be delivered at this site. The Team met with Year Co-Chairs and Course Co-ordinators at UNE who fully recognise the challenges involved in teaching an already established program. Tutor recruitment for the early clinical skills course at UNE is already well advanced.

Plans for implementation of Years 3 to 5 of the JMP are less well-developed, reflecting the JMP Committee's priority to prepare for Years 1 and 2, and the need to recruit to key leadership positions. Some modification or re-sequencing of the curriculum may be required as the emphasis changes to more community-based attachments. Furthermore, special arrangements may be required to deliver certain components of the program where local expertise is not available. Ophthalmology in some areas, for example, will need to be delivered by non-specialist clinicians.

Staff from both Universities recognise that the implementation of the JMP presents a unique opportunity for reinvigoration and renewal of the current Newcastle program. There is the prospect, for example, of embedding Indigenous health more fully into the curriculum, with both Universities having access to the educational expertise of Indigenous people. This expertise is available through the School of Medicine and Public Health and the University-wide Support Centre Wollotuka at Newcastle, and through the Oorala Centre for Indigenous Education at UNE. The broadening of the student clinical experience into more rural and remote areas may provide another stimulus for evolution of the curriculum.

2009 Team Commentary

The AMC's 2009 visit was tasked to review the implementation of Years 1 and 2 of the JMP and plans for Years 3 to 5. The Program has been successfully implemented, with, at the time of the visit, a second group of students in Year 1 of the Program and the first Year 2 halfway through the year. Plans are in hand for Years 3 to 5. Students who met with the Team were

enthusiastic about the JMP. The collaboration has provided opportunities to review the curriculum which has benefited the Program.

The pre-existing Newcastle BMed program was initially adopted for the JMP. This well-established program was designed to facilitate increasing independence of student learning and graded acquisition of clinical skills. The early years provide a sound foundation in the basic biomedical sciences with problem-based learning as a driver for knowledge acquisition. An early clinical skills course introduces students to professional practice, with Years 3 to 5 of the Program building on this by providing students with clinical experience in a wide range of hospital and community settings. The overall framework has not altered for the JMP.

3.2 Curriculum structure, composition and duration

The medical school has developed descriptions of the content, extent and sequencing of the curriculum that guide staff and students on the level of knowledge and understanding, skills and attitudes expected at each stage of the course.

The course provides a comprehensive coverage of:

- *basic biomedical sciences, sufficient to underpin clinical studies*
- *scientific method, inquiry skills, critical appraisal and evidence-based medicine*
- *clinical sciences relevant to the care of adults and children*
- *the pathological basis of disease*
- *clinical skills (medical history construction, physical and mental state examination, diagnostic reasoning skills, problem formulation and construction of patient management plans)*
- *management of common conditions, including pharmacological, physical, nutritional and psychological therapies*
- *acute care skills and procedures relevant to practice at the level of an intern*
- *communication skills*
- *population, social and community health*
- *an understanding of the culturally diverse nature of Australian or New Zealand society and the development of appropriate skills and attitudes for medical practice in a culturally diverse society*
- *Indigenous health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand)*[1]
- *personal and professional development*
- *law and ethics*
- *patient safety and quality of health care*
- *interprofessional education.*

The broad learning objectives for the JMP have been specified, as have the more detailed objectives at the week level across the five years of the program. Areas of Coverage matrices

[1] *In 2007, this standard read "Indigenous health (studies of the history, cultural development and health of the Indigenous peoples of Australia or New Zealand)"*

map learning objectives to course location, and detailed discipline maps are available for teaching staff. The Course Tracking System (CTS) handles program and course documentation. All materials are currently being placed in a searchable repository called 'Learning Edge'. This will facilitate access by teachers at the UNE site to information about the curriculum and will help promote equity in delivery. Information about the curriculum for students is provided in student handbooks and on Blackboard – a web-based course management system. Log books specify more detailed learning outcomes and objectives for students in the clinical years.

Learning objectives for some components of the preclinical curriculum are still to be explicitly documented. At present, the learning objectives for the medical science courses in Years 1 and 2 are set at week level, with the specific objectives for the fixed-resource sessions being implicit within slides prepared for previous years. The learning objectives need to be detailed explicitly so that tutors who are new to the curriculum at UNE, and who have a different suite of expertise, can deliver the curriculum using their own strengths but still demonstrate that they meet curriculum requirements.

Likewise, learning objectives for the early clinical skills course need to be specified. Clinical tutors at Newcastle have been teaching this course for many years and have built up a tacit knowledge of the developmental level of the students. This knowledge needs to be documented and communicated to the UNE clinical tutors so appropriate scaffolding of skills acquisition can take place. Video material of basic physical examination techniques currently available for Newcastle teachers and students could be converted to a digital media format and disseminated across the UNE clinical teaching sites to assist with instruction.

2009 Team Commentary

The implementation of the JMP has created a stimulus for renewal of the curriculum, driven by the need to standardise delivery across the two University sites and to align the content of the curriculum with assessment. The process has been enhanced by the contributions of academic staff from UNE. In Years 1 and 2, co-ordinators from both sites have worked together to revise curriculum material, in particular the content of the Fixed Resource Sessions (FRSs), through informal interactions and formal end-of-year evaluation. In addition PBL tutors and students have provided feedback on the PBL Working Problems.

The most significant change has been the revision of the public health component of the Program in Year 1 Semester 1 in response to student feedback. The previous course had aligned content with the 'Problem of the Week' with the result that the coherence of the subject matter had been lost. The learning targets have been retained but sequenced in an order that better meets the learning needs of students. There is a greater emphasis on evidence-based practice and its importance in clinical medicine. The epidemiology and biostatistics component has been revised and a new section on critical appraisal has been introduced. Opportunities are being identified for the integration of public health into the later years of the course so students can build on their knowledge and skills in this area.

Another significant change has been the reconfiguration of the Year 3 curriculum which is being trialled for existing Newcastle Year 3 students ahead of implementation in the JMP in 2010. This change has occurred in response to the imperative to free up regional hospital capacity for Years 4 and 5. Curriculum content has remained essentially the same as the previous Year 3 course but has been re-sequenced to accommodate the shift in clinical placements to general practice. The program revolves around a series of PBL working

problems, designed to provide a better link with Years 1 and 2. The problems are focussed on symptom complexes to ensure that students learn to think broadly about patient presentations. In addition, the PBLs are juxtaposed with FRSs and with clinical skills teaching and learning on campus with simulated patients. Students also acquire clinical skills in selected sub-speciality clinic settings as well as in their placements in general practice.

The change to community general practice settings in Year 3 for the acquisition of clinical skills, especially physical examination skills, has led to concern among students who have found that the need to link with on-campus PBL tutorials whilst on placement has often led to a clash of priorities. They also expressed concern about difficulties with IT access for these tutorials and with keeping pace with the delivery of FRSs while off campus. The other major concern about this change relates to the opportunity for students to effectively acquire physical examination skills in the community general practice setting. While students appreciate the quality of the teaching they receive from general practitioners, they feel that the general practice clinical environment does not readily lend itself to practice of clinical skills and feedback leading to improvement in the way that a hospital or residential care or simulation centre might.

General practice teachers who met with the Team echoed the concerns of students. While the teachers who met with the Team felt adequately briefed about the goals of the placement, they reported that crafting clinical experiences for the acquisition of physical examination skills can be challenging in the community general practice setting. The Year 3 program will need to be carefully reviewed to ensure that it meets the learning needs of students, particularly for clinical skills development. A further consideration is the need to gain maximum benefit from the general practice experience. Clinical placements in general practice are scarce resources and are increasingly being sought after by other universities.

No major modifications are planned at this stage for the curriculum in Years 4 and 5 although it is recognised that there will be significant change in student rotations between UNE and Newcastle students in those years. In line with the JMP vision, all JMP students will have opportunities to pursue rural placements in the Rural Clinical School. Review on the basis of student feedback will take place after the first iteration of the program as the JMP.

3.3 Curriculum integration

The different components of the curriculum are appropriately integrated.

The current Newcastle course is structured to ensure appropriate vertical and horizontal integration between its various components. Horizontal integration in Years 1 and 2 between basic and clinical sciences is facilitated by the PBL cases. The early clinical skills program is also suitably integrated with the medical science subjects. These course structures will be maintained in the JMP. Vertical integration is the responsibility of the BMed Program Committee, which will become a sub-committee of the JMP Committee, and is articulated through the various discipline maps.

3.4 Research in the curriculum

The medical course emphasises the importance of research in advancing knowledge of health and illness and encourages, prepares and supports student engagement in medical research.

The Newcastle course provides opportunities for students to engage in educational activities focussed on the theory and practice of medical research. Students are introduced to research methodology during Introduction to Public Health in Year 1. In the later years of the course, they are expected to complete critical appraisal tasks to demonstrate their knowledge of the principles of evidence-based medicine. In addition, students may elect to complete an intercalated research year. This has become an increasingly popular option for Newcastle students and will continue to be available in the JMP.

3.5 Opportunities for students to pursue choices

There are opportunities in the course for students to pursue studies of choice, consistent with course outcomes.

The Newcastle course provides ample opportunity for students to pursue studies of choice. All students undertake an elective subject during the first semester. A wide range of subjects is available, although most students tend to choose from the basic medical sciences. This option will be available to students in the JMP based at the UNE campus. UNE is able to offer a variety of elective subjects such as anatomy, chemistry, philosophy and bioethics, and social determinants of health, as well as languages and drama. Provision of choice for students at both campuses will be enhanced by UNE's extensive range of courses available by distance education.

There is also flexibility during the clinical years so that students can pursue studies in particular areas of interest or at external sites. The health equity selective in Year 3 enables students to participate in field placements focusing on inequality in health and chosen from streams such as mental health, aged care and rural health. Similarly, during the primary health care selective in Year 5, students can choose from a range of clinical placements that allow them to study in depth the interface between community and hospital services from a community perspective. A student may also elect to complete one of the rotations from Years 4 and 5 at another institution, locally or internationally, provided that he or she can satisfy the University that the rotation is of an equivalent standard to the local program. Specifically, an educational exchange program with the University of Oslo in Norway is available for students undertaking paediatrics and reproductive medicine in Year 4. All of these clinical electives will be offered in the JMP.

3.6 The continuum of learning

There is articulation between the medical course and subsequent stages of training.

The current Newcastle curriculum includes a pre-intern year during Year 5. This takes place after a barrier assessment at the end of Year 4 and includes clinical attachments in psychiatry, general medicine, oncology and palliative care, surgery, intensive care, emergency medicine, and anaesthetics. This pre-internship is designed to articulate with the intern year and will be offered in the JMP.

4. The Curriculum – Teaching and Learning

4.1 Teaching and learning methods

The teaching and learning methods are appropriate for the content and outcomes of the course. They include those that are inquiry-orientated, encourage students to take responsibility for their learning process and prepare them for lifelong learning.

The teaching methods in the early years of the program will be based on those used at Newcastle which combine PBL and fixed-resource sessions to strike an effective balance between placing the responsibility for learning with the students while supporting them and increasing efficiency of learning.

The fixed-resource sessions are mostly lectures, but include anatomy practicals when they add value to the overall curriculum implementation. Other sessions such as workshops or discussion forums are used as appropriate.

The teaching staff at UNE are experienced in all of these modes of teaching, with the possible exception of anatomy teaching in a medical course. A new anatomy facility is under construction and recruitment is underway for a new associate professor in anatomy.

In the later years when clinical work becomes the main focus, PBL tutorials play a lesser role but remain in Years 3 and 4 to reinforce the principle of self-directed learning.

The teaching of clinical skills in the Professional Practice element of the early years of the program will be done in small groups of students tutored by local hospital-based clinicians or general practitioners. Again, this is an established method with proven success in the Newcastle course. At the UNE site there are clearly sufficient people interested in taking the tutor role in these sessions, but it was not clear how they would be trained. The Team would urge the JMP Committee to give prompt consideration to the issue of clinical tutor training.

Both Universities have experience with distance education, with UNE having a particularly high proportion of students taking advantage of this mode. The Team recognises this as a potential strength that could assist in maintaining equitable treatment of students in the program at remote sites.

2009 Team Commentary

Teaching and learning methods in Years 1 and 2 have been based on those used in the previous Newcastle curriculum, with a mixture of PBL, FRS and clinical instruction. The revision of the Year 3 curriculum in the current Newcastle course has seen the introduction of teaching and learning through PBLs to link with Years 1 and 2.

5. The Curriculum – Assessment of Student Learning

5.1 Assessment approach

The school has a defined and documented assessment policy which guides student learning towards attainment of the content and outcomes of the course.

The assessment style and methods to be used in the JMP will initially be those used in the current Newcastle course. In discussion during the visit, the Team found evidence of widespread assessment expertise and a deep understanding of the issues involved among staff from both Universities. The Team was satisfied that there were no deficiencies in this area.

The Universities have agreed to use the assessment procedures currently in use at Newcastle. These are described in the Newcastle BMed Assessment Manual, but have been the subject of a recent review, which was mentioned in the JMP's Stage 2 submission. The report from this review was not available at the time of the Team's visit, nor was the revised statement of assessment policy that is expected to result from the review. The Team therefore considered and discussed the assessment procedures as currently documented, on the understanding that any update would not change the basic assessment philosophy.

2009 Team Commentary

The 2007 AMC Team made the point that Newcastle staff bring substantial expertise in assessment to the JMP and that there is also a deep understanding of the issues involved in both Universities. A review of assessment undertaken in 2008 has resulted in further improvements in the structure and quality of assessment. These improvements have led to an enhanced process for development of assessment, with more timely preparation of items and more comprehensive marking guides to ensure equity across sites. The logistics of delivering assessment across two Universities present considerable challenges but these are being accommodated by the partners. There are plans to move to criterion-referenced assessment.

The Assessment Committee now has working parties for specific projects, specifically Clinical Skills, e-Portfolio, Professional Practice and Written Assessment.

5.2 Assessment methods

The school uses a range of assessment formats that are appropriately aligned to the components of the medical course.

The JMP will use a variety of assessment instruments. There is a strong focus on MCQs, facilitated by the Newcastle membership of the International Database for Enhanced Assessment and Learning (IDEAL) consortium, based at the Chinese University of Hong Kong, with associated access to the IDEAL assessment item bank. If this is to continue, UNE will presumably have to join, or make some special arrangement with, the IDEAL consortium. The JMP Committee has taken advantage of the large number of MCQs in the IDEAL bank, and offers formative questions, via Blackboard Learning System, prior to summative MCQ exams.

The details of assessment for each course were provided in the Stage 2 submission. There will be examinations for most courses at the end of each semester, using question types, which are appropriate to the knowledge and skills that are being assessed. In Years 1 and 2

MCQs are prominent in exams that test basic science knowledge. The use of MCQs will continue throughout the JMP, but instruments such as log books, case reports, observed cases, and clinical supervisor reports will assume more importance in the clinical years. Overall, the assessment instruments chosen are appropriate to levels of the courses and the aims of the program.

In many courses, there is a requirement that professional behaviour be satisfactory, but the criteria for assessing this were unclear. This issue is revisited in Section 5.3 below.

2009 Team Commentary

The JMP uses a range of assessment methods aligned to the various components of the course. This includes written assessment and clinical assessment as well as PBL-tutor assessment of group work and professional attitudes.

Written assessment includes MCQs and short answer questions, with an increasing focus on the use of MCQs. The JMP is a member of the IDEAL consortium and adapts MCQ questions from this data bank for the local setting. Those contributing to written assessment questions from both universities are aware of the learning targets, although this requires continued focus. Blueprinting, under the guidance of the Course Co-ordinators, ensures that all disciplines are adequately represented in assessment.

High fidelity Objective Structured Clinical Examinations (OSCEs) are used for clinical assessment with long cases also employed in the later years.

The 2007 AMC Team raised the issue of assessment of professional behaviour which needed to be ‘satisfactory’ although the exact nature of this categorisation had not at that stage been defined. The Professional Behaviour Committee of the Assessment Committee is developing guidelines for assessment of professional behaviour. Terms of reference for a Student Welfare and Fitness to Practise Committee are currently being finalised.

5.3 Assessment rules and progression

The school has a clear statement of assessment and progression rules.

The school has clear and transparent mechanisms for informing students of assessment and progression requirements and rules.

There is currently no statement of assessment and progression rules for the program, for the reasons given under Section 5.1 above. The School of Medicine and Public Health at Newcastle is in the process of updating its rules and procedures, which UNE has agreed to adopt. The Team urges the School to proceed swiftly with writing the new rules, as formal acceptance of them may require passage through several decision-making committees.

The rules could usefully include sections that deal with remediation, both in normal and special circumstances, and time limits for passing courses and the program as a whole.

The Stage 2 submission stated that a course coordinator could overrule a student failure in an assessment item and grant a student a pass in a course, even where it was clearly specified that the student must pass the assessment. On seeking clarification during the visit the Team was assured that such decisions were in fact always made by the Assessment Committee.

The Assessment Committee takes into account all items of assessment for each course and provides an academic judgment with respect to pass, fail or incomplete pending further feedback or supplementary assessment. Where changes of result occur subsequent to formal assessment meetings, the basis on which the change is recommended must be well documented and signed-off by the Head of School prior to referral to the Faculty Pro-Vice-Chancellor who scrutinises, monitors and makes determinations on such recommendations. Changes to results following the general assessment committee approval process are subject to stringent quality assurance checks.

There were some areas that did not appear to be adequately covered in the current Newcastle rules. 'Satisfactory' attendance was required in many courses and it appeared that a student could fail on this criterion alone, but satisfactory was not defined. Similarly, 'professional behaviour' had to be satisfactory, in courses in all years of the program. It is not uncommon for an institutional understanding of such concepts to evolve so that rules such as these can be workable as they stand without clarification, but in the present context of two institutions combining, the Team felt that clear definitions would be necessary. In the case of professional behaviour, there is the added complication of student responsibility to the State Medical Board, which will have its own understanding of acceptable professional standards. In this complex context, it is important that Newcastle and UNE continue to work together to produce clear definitions of the scope and nature of professional behaviour, and that from these they derive working rules for progression.

Both Universities used web-based systems, such as Blackboard Learning System, to make rules available to their students, and this mechanism should prove satisfactory for ensuring that students (and staff) have ready access to the full text of the rules and procedural guidelines.

The detailed requirements for each course are also available electronically, and this system appears to be satisfactory.

2009 Team Commentary

The University partners have agreed assessment and progression rules for the JMP which is an important achievement for the collaboration. The Year Assessment Committees meet to consider recommendations from Course Coordinators and particularly to consider pass marks and results in relation to borderline and failing students. Failure in part of the course leads to an at-risk status, with further failure leading to exclusion.

The JMP operates on the basis of non-graded pass. Students in the bottom 25 per cent are identified. There are some internal differences in the way these students are managed. At UNE, they attend an interview with the Course Coordinator whereas at Newcastle they receive an email and are offered the opportunity for an interview if they wish to pursue the issue.

5.4 Assessment quality

The reliability and validity of assessment methods are evaluated and new assessment methods are developed where required.

The school has processes for ensuring that the educational impact and utility of assessment items are regularly reviewed.

The school ensures that the scope of the assessment, and assessment standards and processes are consistent across its teaching sites.

In order to raise overall reliability, there are several different types of assessment in each course of the existing Newcastle BMed. Although this is a reasonable strategy, the main challenge is to decide the weighting of various components, e.g. the value of an assignment relative to the examination. It was clear from the Stage 2 submission that staff understand the basic strengths and limitations of the assessment instruments they are using, and are using the instruments appropriately.

Reliability is also enhanced by careful checking of examination questions to ensure that they relate to the learning objectives of the course. For the JMP, this will be done jointly by staff of Newcastle and UNE. There had been some concern expressed by Newcastle students that examinations had been unduly focussed on material presented in fixed-resource sessions and not on learning objectives; the Team however was assured that this no longer occurred.

Validity of assessment is assured by setting exercises and questions which relate to the discipline covered by the course, and by using realistic scenarios and contexts wherever possible. This validity tends to follow easily from the nature of integrated professional courses, and the JMP will be no exception.

The Team noted UNE's use of the IDEAL consortium tools to estimate the discriminating power of individual examination questions, and its sound approach to generating new questions. With the impending appointment of a Newcastle-based Medical Education Unit staff member working exclusively in the area of assessment, there will be the opportunity to engage in more comprehensive analysis in the future, perhaps including standard setting.

There was no indication that the School at Newcastle was explicitly aware of the educational impact of its assessment methods and choices, but this may follow from evaluation of the course.

The two Universities have agreed to form a joint committee to oversee the setting and marking of examinations. Members of both Universities will meet to agree on examination content and verify that content relates fairly to the course learning objectives. They will also agree on marking standards for the items other than MCQs.

After the examinations, staff will mark papers at their respective sites, then exchange a sample of papers and re-mark to check consistency between sites. The Team agreed that this was an effective if labour-intensive approach, and noted that it could be facilitated if the answers could be submitted electronically.

In the later years of the program most of the courses have a Supervisor's Report as part of their assessment. This is summarised clearly in the Stage 2 submission, where the domains considered on Supervisor Rating Forms (also called Clinical Supervisor's Report in other documents) are detailed for nine different courses.

There are small but significant differences between the domains in different topics, which the Team thought might be confusing to supervisors and to staff who have to make decisions based on the reports. The use of the forms at multiple sites adds another dimension of

complexity when it comes to assuring consistency - a problem which will become even greater as the program spreads to further rural and remote sites.

The Team suggests that the JMP Committee consider the use of a uniform Supervisor Rating Form for all courses where possible. The Committee should strive to ensure that it has mechanisms to inform clinical supervisors of the standards expected for completing the forms.

2009 Team Commentary

Written assessment within each of the medical student years is the responsibility of Course Coordinators who vet contributions for mix and quality. The Coordinators work to ensure that items contributed by individual academics are aligned to learning targets rather than to 'taught content' FRSs. The Written Assessment Working Party has a brief to evaluate the quality of assessment items. The Nedelsky method – similar to the Angoff – has been piloted for standard-setting and post-hoc analyses are used to determine the degree of difficulty, discrimination index and point biserials of each item. Standards are also monitored using 'marker' questions.

Clinical skills are assessed using OSCEs. There has been an increasing focus on using OSCE stations in Years 1 and 2 that involve clinical interactions rather than paper-based tasks. The Team is confident that Year 3 OSCEs will work successfully, given Newcastle's experience in implementation of clinical assessment at dispersed sites. Having well-articulated procedures for implementation will continue to be important, as will addressing the issue of adequate examiner training. The Team noted that experience with OSCEs has been a driver of further development of the clinical skills curriculum, especially with respect to more detailed documentation of core skills and the level of supervision required for student practice.

The Newcastle BMed featured an intensive assessment load in the early medical student years which served to determine student ability and aptitude for medicine. The JMP collaboration has provided an opportunity to reflect more carefully on this practice, which has led to a reduction in the burden of summative assessment and a shift towards a higher proportion of formative assessment, especially in the first year of the course. In the later medical student years of the current Newcastle program, there has been a move to a more integrated assessment, such as the merger of examinations for Paediatrics and Obstetrics and Gynaecology. This is likely to have flow-on benefits for the JMP as it is implemented in Years 3 to 5.

Assessment in Years 1 and 2 is working well across both sites, with initial results demonstrating equivalence of student outcomes. Although the philosophy of non-graded assessment (and its role in promoting collaboration rather than competition) is supported by students, the students also desire more feedback on performance. The perception among Years 4 and 5 students of the current Newcastle curriculum is that some clinical placements advantage students in assessment and could be addressed by releasing data on comparative performance across various clinical sites.

6. The Curriculum – Monitoring and Evaluation

The Team received a report from the JMP Monitoring and Evaluation Sub-Committee that included a schedule setting out activities planned for 2007. The Sub-Committee held its first full meeting in May 2007.

The starting point for the evaluation program will be to oversee the adoption of the Newcastle arrangements for monitoring and evaluation. The different administrative arrangements of the two Universities, the additional challenges of delivery of a joint program, and the augmented resources and expertise that the JMP will provide represent three of many reasons for a detailed review and redefinition of the monitoring and evaluation program. The JMP Stage 2 submission foreshadows the preparation, by October 2007, of a detailed discussion paper and recommendations to the JMP Committee on procedures for the systematic evaluation and analysis of the JMP. Advice regarding the outcome of the evaluation discussion paper and the JMP Committee's evaluation plan should be provided to the AMC.

With these significant developments yet to be finalised, the AMC Team considered the Monitoring and Evaluation program to be in essence a 'work in progress' building on the current Newcastle program.

The monitoring, evaluation and analysis activities of the Monitoring and Evaluation Sub-Committee were identified as:

- consistency of program delivery;
- comparison of standards of student experience;
- analysis of student performance given the diverse student profile;
- analysis of student performance relative to administration of distinct admissions criteria.

Specific areas of focus will include tutor training, the implementation and management of a medical program across two Universities, and equity and equivalence of teaching. The Committee will develop one set of instruments to be used across both Universities that will capture information from each University for Commonwealth Department of Education Science and Training reporting purposes, measure student satisfaction, allow for comparison of outcomes across both sites and provide measures of teaching performance.

While the Monitoring and Evaluation Sub-Committee has not yet developed a risk profile with associated activities for monitoring and evaluation, it is anticipated that discussions arising from the accreditation visit will assist in focusing priorities in this area.

The Team agreed that the research expertise of the Teaching and Learning Centres of the two Universities and UNE's strength in education would benefit the evaluation program.

2009 Team Commentary

The need for a strategic approach to monitoring and evaluation was raised as part of the 2007 AMC assessment of the JMP. In its February 2008 report to the AMC, the JMP provided a copy of the evaluation plan which is now being implemented. Evaluation continues to be a 'work in progress', with ongoing monitoring of the quality of learning and teaching being well-developed, and data gathering for longer term evaluation in hand. The Monitoring and

Evaluation Committee has overall responsibility for ongoing monitoring and the JMP has been subjected to regular review, covering a range of areas.

6.1 Ongoing monitoring

The school has ongoing monitoring procedures that review the curriculum content, quality of teaching, assessment and student progress, and identify and address concerns.

Teacher and student feedback is systematically sought, analysed and used as part of the monitoring process.

Teachers and students are actively involved in monitoring and in using the results for course development.

2009 Team Commentary

Quality of teaching and learning is monitored through peer review and through a survey instrument developed specifically for the JMP, the LEX (Learning Experience) questionnaire. The format of the LEX questionnaire, with more free comment space and a less intimidating appearance, has been valuable in allowing more wide-ranging feedback from students. The LEX questionnaire was completed by Year 1 in 2008 and Years 1 and 2 in 2009, and will also be completed by Newcastle Year 3 students in 2009 who are piloting the JMP Year 3 Program. The planned peer review for tutors and presenters will also provide a valuable formative element to the feedback received. Novel formats for collection of feedback, such as wikis - websites that allows interlinked web pages, have also been made available.

The quality of assessment and student progress is regularly evaluated. This allows student supervisors to intervene if particular subgroups or individuals appear to be disadvantaged by the differing forms of assessment. The need to bring all students to a similar standard by additional assistance, as necessary, rather than changing the assessment type to suit the student, is recognised.

Online student surveys are coordinated by the Monitoring and Evaluation Officer who is charged with ensuring maximum response rates and posting notification and reminders in a timely manner. Reviews occur at the end of each semester. The surveys are organised to assess the full range of curriculum content and delivery, as well as the quality of teaching and teacher. In anticipation of future publications, ethics approval is obtained for audits and surveys.

As the JMP evolves, the information received from feedback is regularly used to update and fine-tune the Program. Students who met with the Team commented on the rapidity of change resulting from their input. With curriculum content, for instance, there was feedback that the FRSs were not aligned with the learning targets or assessment. As a result, the presenters of the FRSs have been involved in the process of ensuring these elements are aligned.

Tutor and teacher feedback appears less well-developed. Tutors who met with the Team were unclear as to whom or where they would present feedback on either individuals or the course.

The delivery of a curriculum over multiple sites will remain an important challenge. While there is recognition and acknowledgement of the need to ensure consistency of program

delivery across multiple sites, student feedback during the visit suggested the issue of consistency needs ongoing evaluation and follow-up as the JMP rolls out.

6.2 Outcome evaluation

The performance of student cohorts is analysed in relation to the curriculum and the outcomes of the medical course.

Performance is analysed in relation to student background and entrance qualifications, and is used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

The school evaluates the outcomes of the course in terms of postgraduate performance, career choice and career satisfaction.

Measures of, and information about, attributes of the graduates are used as feedback to course development.

Evaluation of graduate outcomes has not been a focus of recent activities by the School at Newcastle, although it did undertake some detailed and valuable research on graduate outcomes about a decade ago. Newcastle will also be contributing to the Medical Schools Outcomes Database (MSOD) of the Medical Deans Australia and New Zealand, commencing last year. Strong links with medical student alumni have not yet developed and the current focus will be to see how well the MSOD will help understand graduate outcomes. If this is satisfactory, it will be the model adopted, as it is seen as the most efficient means of data collection.

6.3 Feedback and reporting

The results of outcome evaluation are reported through the governance and administration of the medical school and to academic staff and students.

The medical school provides access to evaluation results to the full range of groups with an interest in graduate outcomes. The school considers the views of these groups on the relevance and development of the curriculum.

The Team suggested that additional sources of input to the activities of the Monitoring and Evaluation Sub-committee could include stakeholders such as practitioners, students and community representatives. This may help with addressing the feeling of disenfranchisement indicated in student feedback about a lack of presence on the evaluation committee.

2009 Team Commentary

Students do not have a presence on the Monitoring and Evaluation Committee. There is the potential for considerable benefit from student representation on this Committee. It would ensure contextualisation of results and allow the student body to be aware of the action being taken as a result of the evaluations. The Team supports the Monitoring and Evaluation Committee’s intention to include student members on the Committee.

6.4 Educational exchanges

The medical school collaborates with other educational institutions and compares its curriculum with other programs.

The School collaborates with other educational institutions with regard to sharing its expertise in medical education. The School provides information and assistance to numerous institutions seeking to adopt problem-based learning or other elements of the Newcastle curriculum. Internationally, the School's longstanding membership of the Network of Community Oriented Medical Schools will continue with the JMP. The School's policy of developing formal agreements with other institutions regarding international students will also continue with the JMP. By agreement with the International Medical University (IMU), Malaysia, a small group of students are currently accepted into the final three years of the Newcastle program.

7. Implementing the Curriculum – Students

7.1 Student intake

The size of the student intake, including the number of fee-paying students, has been defined and relates to the capacity of the medical school to adequately resource the course at all stages.

The school has clearly defined the nature of the student cohort, and quotas for students from under-represented groups, including Indigenous students and rural origin students.

The school has defined appropriate infrastructure and support to complement targeted access schemes for under-represented groups.

The Stage 2 submission to the AMC indicates that the increased student intake planned for the JMP will see growth from the Newcastle load of 527 EFTSL in 2006 to 975 EFTSL in the JMP by 2012. According to the submission, there is no proposal at this stage to increase the number of full fee-paying students in the JMP. Newcastle has no plans to increase its full fee-paying student load and UNE has not declared an intention to take full fee-paying students. Having said this, the JMP's financial projections indicate that UNE will have a full fee-paying load of approximately 30 EFTSL by 2012. Were the JMP to maintain the same proportion of full fee-paying students as the current Newcastle program is achieving at present, the total cohort could rise to in excess of 1100 EFTSL. It should also be noted that many other medical schools achieve a higher proportion of full fee-paying students than Newcastle has achieved, which in 2006 was for internationals 26 per cent of CSP and for domestics 3 per cent of CSP.

The Team has concerns about the JMP's capacity to double its clinical placements, particularly in rural areas (which are planned to increase from 48 EFTSL to 130 EFTSL over the period 2008-2012). For this reason, the JMP Committee should ensure that its CSP load can be adequately supported before further FFP students are admitted. The Team believes that strong evidence would be needed to support any increase in student places beyond that proposed in the submission.

The Universities have confirmed with the Commonwealth Department of Education Science and Training that they may take a quota of 30 per cent students from Rural, Remote and Metropolitan Area (RRMA) Zones 3-7 (rural) and 20 per cent of students from RRMA Zone 2 (regional). This intent is consistent with the direction and objectives of the JMP.

Newcastle has demonstrated a consistent commitment to recruiting and supporting Aboriginal and Torres Strait Islander students through its support centre Wollotuka. UNE is similarly committed and this should be very successful with the support of its Oorala Centre for Indigenous education, whose accommodation has recently been refurbished.

2009 Team Commentary

The total student intake of 196 in 2009 (193 in 2008) is within the guidelines set by the AMC in 2007 to allow the JMP to resource the Program. The Team noted advice from the JMP Dean that the target for rural origin students of 30 per cent CSP had been exceeded, with 36 per cent of the 2009 commencing domestic student cohort of Rural, Remote and Metropolitan

Area (RRMA) 4 to 7 origin (41 per cent at UNE and 33 per cent at Newcastle). The stated aspiration to attract 40 to 60 per cent of students with a rural background into UNE is consistent with priorities identified in the JMP Strategic and Operational Plan.

Recruitment of Aboriginal and Torres Strait Islander students remains impressive across both Universities, with seven new students into the program for 2009.

7.2 Admission policy and selection

The medical school has a clearly defined selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that are intended to minimise discrimination and bias, other than explicit affirmative action in favour of nominated under-represented groups.

The school publishes details of the process, including the mechanism for appeals.

The school has specific admission and recruitment policies for Australian Aboriginal and Torres Strait Islander or New Zealand Māori students.

The intended relationship between selection criteria, the objectives of the medical course and graduate outcomes is stated.

The JMP will adopt uniform selection and admission policy and procedures. These are clearly defined and consistently applied. There are also clear procedures for student equity groups including Aboriginal and Torres Strait Islander students. These are based on the proven experience of the School at Newcastle which has been extensively evaluated and reported in the literature.

Although there is a demonstrable relationship between the selection criteria, the objectives of the medical course and the graduate outcomes, this is not clearly stated in terms of the Mission of the JMP and does not appear to be linked to Continuous Renewal. Greater clarity is required to demonstrate this relationship.

7.3 Student support

The medical school offers appropriate student support, including counselling, health and academic advisory services, to cater for the needs of students including social, cultural and personal needs.

The school has procedures to detect and support students who are not performing well academically.

The school has policies on the admission of, and procedures for, the support of students with disabilities and students with infectious diseases, including blood-borne viruses.

The school has procedures for identifying and dealing with students with needs related to mental health or professional behaviour issues.

The school has appropriate support for students with special support needs including those coming from under-represented groups or admitted through widening-access schemes.

Both Universities have well-developed procedures and services for supporting students experiencing difficulties. This includes assistance for Aboriginal and Torres Strait Islander students, based on longstanding experience of student needs. Working from this strong base, the Universities will need to develop clear joint protocols to support students in difficulty or crisis at off-campus locations and clinical settings. This needs to be managed in a harmonious way so that students can receive the same level of care and support, independent of the origin of their 'home' university. Protocols will also need to be in place to ensure separation of responsibilities for student academic supervision from medical care or pastoral needs, particularly at small sites.

Both Universities have extensive facilities and accommodation, and student services to support under-represented groups on campus. Students, on commencement of the program, should also have a clear understanding of their potential student journey through the program. This is important so that they can plan appropriately for their long-term accommodation needs, transport arrangements and part-time employment if required. The Team was provided with copies of the Student Handbook and Survival Guide for Newcastle students. The intention is to develop common policies and procedures for students and to revise these Newcastle information resources to accommodate UNE students and clinical sites.

2009 Team Commentary

Student support was identified as an area for consideration and development in the 2007 AMC assessment report, particularly with a more geographically distributed model of clinical placement and increased use of small rural teaching sites. This continued to be a concern in the AMC's response to the JMP's February 2008 report. It remains an issue of concern among students and staff in 2009. Enhanced student support on clinical placements is an area the JMP will need to be mindful of, particularly as larger numbers are on distant clinical placements. Consideration might be given to providing a single point of contact (ie named individuals) for access to pastoral support and advice while on rural placements, including after-hours availability.

The 2007 AMC assessment report also highlighted the problem of uncertainty about location of clinical placements for students. While this is to be expected to some extent, efforts should continue to be applied to providing as much advance notice as possible so that students are able to plan accommodation, part-time employment and arrange their other commitments. The mismatch between accommodation and travel support for city students on rural placements vis a vis rural students on city or regional placements is an issue students are aware of. UNE students who spend a year in Newcastle or on the Central Coast, for instance, will currently not be eligible for support. This is a matter that will need consideration.

Indigenous student support within the JMP remains strong, with dedicated senior Indigenous academics providing and brokering support for Indigenous students (including academic and cultural mentors) in concert with the Wollotuka Institute at Newcastle and the Oorala Centre at UNE.

The issue of support for international students (who comprised 18 per cent of the 2009 intake at Newcastle) was raised in the student submission to the AMC as well as with the Team by individual students. The survey undertaken by the Student Association reported the majority of international students were negative or neutral on the level of support that had been provided for the transition and integration with other students. Cultural orientation (including

education of the broader student body) and continuing attention to safety and security on campus are areas for continued attention.

7.4 Student representation

The medical school supports and encourages student representation in its governance and curriculum management.

The Team received representations both in writing and verbally from students that there was insufficient engagement with the Newcastle student body on the JMP proposals and the governance of the existing medical course. The issue of engagement with and representation from students was raised by the AMC Team that visited the Newcastle School in 2003.

The JMP Committee could do more to maximise opportunities for student involvement in curriculum development. At Newcastle, there is currently a Student Consultative Committee that includes students from each year and meets with the Dean monthly. Students are represented on the BMed Committee but not on other committees. Students should be involved at all levels of curriculum development, management and governance in line with the AMC Standards.

Related to this, development of the JMP presents an opportunity to engage current Newcastle students who appear somewhat disengaged from the JMP planning process. While this is partly a problem of the speed with which the JMP has developed, it is an opportunity that should be taken up. Current Newcastle students will be involved with UNE students on clinical placements and could be later year mentors to the new students. They have much to contribute to the JMP.

The Team supports the development of an integrated Rural Health Club across both Universities and one student Medical Society.

2009 Team Commentary

Student engagement in the JMP is much stronger than it appeared to be in 2007. Students are represented on most committees and those who met with the Team felt their views are heard and responded to. Students are confident to raise issues formally at a committee level as well as at monthly meetings with the JMP Dean. Continued efforts to enlist students in important decisions are required. The Team noted, for instance, that students are concerned about their level of involvement in the changes to Year 3 as well as the lack of input into the Operational and Strategic Plan. Student participation on the Evaluation and Monitoring Committee should be considered.

Formal links between the two student associations have potential for further development and this could be fostered by the JMP. Links across the two groups (for instance through the proposed Joint Medical Student Association Council as well as social connections) are likely to be important for the cohesion and brand identity of the JMP.

7.5 Student indemnification

The school has adequately indemnified students for relevant activities.

The Team notes that Newcastle has professional indemnity insurance for its medical students. UNE is investigating suitable arrangements for its students through its insurer UniMutual,

who are optimistic of satisfactory cover. The AMC should be informed when suitable arrangements for student indemnification have been agreed.

8. Implementing the Curriculum – Educational Resources

8.1 Physical facilities

The medical school has sufficient university-based physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

The school has sufficient clinical teaching site physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

The teaching and learning facilities at the Newcastle campus were assessed by an AMC Team in 2003 and were found to be adequate to deliver the curriculum. For the on-campus component of the JMP at Newcastle, planned growth in student numbers can be accommodated.

At UNE, construction of impressive PBL and anatomy and histology laboratory facilities is underway and purpose-built space is scheduled to be ready for the 2008 intake, although no specific contingency plans are in place should the construction schedule falter. There are strong links with existing educational resources in the Faculty of Education, Health and Professional Studies and the Faculty of the Sciences at UNE.

As UNE students move into clinical years, the number of students will increase substantially across the JMP's clinical teaching sites. A detailed plan will need to be prepared before the end of 2007 so that funds can be made available, and plans and facilities development can be completed in time.

A major redevelopment of the Tamworth Hospital has been signalled by the State Government within the next four years, which will increase the capacity and resources for teaching. The redevelopment of the Armidale Hospital is a high priority for HNE Health. The AMC Team endorses the current plans for teaching and clinical facilities.

Teaching facilities at the new Gosford and Wyong Hospitals are adequate, although the library at Wyong is in a temporary building. Teaching space at Taree is satisfactory but will need to be expanded to cater for increased numbers of students. Teaching space at Tamworth is excellent, but will need expansion to cope with the planned number of clinical students.

In the current Newcastle course, student accommodation is an issue at Gosford/Wyong. Students on short rotations can access accommodation in Gosford. Students on longer placements often commute, from Newcastle or Sydney, which is not ideal. Teaching infrastructure, student accommodation and support services for students in clinical locations will need to expand considerably to take into account the 50 per cent increase in student load as the JMP rolls out. As part of this development, consideration should also be given to the needs of equity groups, for example, teaching facilities for students with disabilities, student accommodation for low income students and pastoral care for Aboriginal and Torres Strait Islander students. The JMP Committee should report on the issue of student support arrangements in clinical settings as the program develops.

Provision of physical facilities at clinical sites will need to be monitored as the detailed clinical program for the JMP is developed.

2009 Team Commentary

The JMP has given considerable attention to the further development of resources in preparation for expansion in clinical teaching. This includes expansion of physical resources at some of the existing sites, and the recruitment of general practices and community health facilities, particularly regional and rural ones, to the teaching program.

UNE's Armidale campus facilities are now well-developed, including clinical skills learning facilities and problem-based learning tutorial rooms. The Anatomy facility is well equipped and provides excellent teaching opportunities.

The JMP will utilise existing and new clinical teaching sites in Armidale, Gosford/Wyong, Maitland, Newcastle, Tamworth and Taree and will include hospital, general practice, Indigenous health and community health settings. The Team was able to visit clinical teaching sites in Armidale, Gosford/Wyong and Tamworth, and to meet with GPs, hospital clinicians and current students in clinical settings.

Existing facilities at Tamworth are of a high standard. The Team was informed by members of the Regional Health Service that plans are underway for significant further development at Tamworth which will include patient and staff facilities and the expansion of teaching facilities. There is also a plan for development at Armidale.

Physical facilities for student learning within general practices and community health facilities are under active consideration by the Program. There is need for further capital investment in a considerable number of practices and community facilities, through either University, health sector or Commonwealth sources (or all three) to ensure capacity is increased to accommodate the teaching and learning needs of the increased numbers of students on placements.

Student accommodation has the potential to be an issue at Gosford and Wyong and the JMP will need to plan ways of assisting students with accommodation needs, particularly as more UNE students relocate for clinical placements. Students have few accommodation options at Gosford and none at Wyong other than private rental arrangements. There is an acknowledged need at Wyong to further develop student facilities to reflect the planned increases in student numbers. The library at Wyong is still in a temporary building.

8.2 Information technology

The school has sufficient information technology resources and expertise for the staff and student population to ensure the curriculum can be delivered adequately.

Library facilities available to staff and students include access to computer-based reference systems, supportive staff and a reference collection adequate to meet curriculum and research needs.

The IT facilities are adequate at University campuses. Visits to regional and remote clinical sites suggest the need to review IT support. Greater use might be made of distance-based lectures and tutorials to improve teaching quality and relieve demand on busy clinicians. The potential for insufficient access to University electronic facilities at general practices, private practices and Indigenous Health Services has been identified and is under consideration.

The Newcastle curriculum has been a paper-based one for the entirety of its existence and this has served it well. The replication of the program across two separate sites will make informal personal contact, maintenance of version control and management of curriculum drift more difficult. The Medical Education Unit across the two Universities will need additional administrative staff resources to manage the increased complexity. The Team also supports the development of course tracking software that will allow interrogation of curriculum elements.

Blackboard Learning System is being used to deliver learning materials related to fixed-resource sessions and other sessions. It appears to work well and will be enhanced by the proposed installation of software that can act as a long-term repository of teaching materials. The Team encourages the School to review its current IT network, especially its impact on student learning and curriculum renewal, as it is introduced. The JMP would also benefit from the introduction of student placement software to manage the complexities inherent in a very large number of opportunities for student experience.

Library resources on University campuses are adequate, with plans for mirroring the Newcastle collection at UNE. There is good interaction between UNE and Newcastle libraries and a will to ensure a seamless experience for students across the JMP. The library resources at Newcastle generally meet student needs. Library and library IT resources are being increased at UNE. Online electronic resources and teaching interfaces are adequate at all sites. Access to online resources beyond the reach of ARNET is recognised as an issue and solutions are being developed. IT support will be critical to support increased numbers of tutors and students in more teaching sites across a large geographical area.

UNE students at Armidale will have adequate access to PBL rooms and learning materials, both tangible and electronic, through their PBL rooms and at a refurbished ground floor of the library. On-campus accommodation also has broadband wireless access.

In terms of Library and IT access in hospitals, Newcastle students are currently linked to their university campus through the hospital campus library in a seamless manner and the intention is to provide the same links to the University campuses to all JMP students. Multipurpose clinics will be connected to the University network through lines shared with the Area Health Service. There are enough multipurpose clinics to manage a substantially increased community teaching base as hospital teaching resources alone are unlikely to meet projected clinical teaching needs.

The Team was advised by NSW Health library staff that NSW Health is currently considering rationalisation of staff resources in hospital libraries across the State. Subsequent advice was that the review is addressing library services with particular reference to levels of service provision and possible improvements. The Team noted this clarification but remained concerned that any reduction of staffing would have a negative impact on library support for the JMP.

The Libraries at Gosford and Wyong Hospitals are adequate. The Library at Armidale Hospital lacks computers and physical space for the increase in students. A part-time librarian appointment at Armidale may be inadequate with increased student numbers. Current library resources in the hospitals need to be maintained. Library resources in hospitals will also need to be reviewed to ensure they can meet growth in demand. The JMP Committee is working

closely with Area Health Services to ensure that existing library facilities are at least maintained, if not enhanced.

2009 Team Commentary

High level information technology infrastructure and support are essential to adequate delivery of the teaching and learning program in a widely dispersed model. Videoconferencing is used frequently both for delivery of the curriculum (for example, lectures, FRSs) and also for administrative support for the Program (eg Committee meetings, interactions among staff).

The provision of seamless and easy-to-use videoconference facilities is a challenge. Support staff work hard to set up and deliver videoconference sessions, and there is equipment for videoconferencing at many sites to allow involvement of multiple sites and participants. But there is a need to further expand videoconferencing facilities, including dedicated videoconference lecture theatres. There is also a need to expand the technical support available to those delivering videoconferencing learning activities to ensure that technical aspects of the delivery are of high quality, that sessions commence on time, and that interruptions to delivery of sessions because of technical failures can be remedied quickly and effectively. This will be important to maintain the confidence of staff and students in the delivery of learning.

At an individual level, all students will require access to central information technology resources during a wide range of regional, remote and primary health care placements. The JMP has made extensive advances in ensuring that this will be available, but there is a need to further ensure that such access is of reasonable speed for downloads and uploads at all sites.

Blackboard Learning System’s technology still differs from the Universities’ technology, and this also needs to be addressed.

There is exciting potential to further develop resources that allow use of personal digital devices, and mobile phones, and the JMP has commenced some planning for this. The development of the proposed e-portfolio for students is an excellent initiative, and students and staff are supportive of the intention to introduce e-portfolios.

There is also the opportunity to further develop e-learning resources. This may be in conjunction with other schools, agencies and partners to ensure efficiency and appropriate use of scarce resources.

Library facilities are well-developed, and in particular there has been very active collaboration between the two Universities in sharing and providing access to library resources.

One issue that has been recognised and is being addressed is the need to have one enrolment and registration process for incoming students which will allow direct access to library resources of both Universities for all students in the Program, independent of the University of enrolment and the site of placement of the student during their progression through the Program.

8.3 Clinical teaching resources

The medical school ensures there are sufficient clinical teaching and learning resources, including sufficient patient contact, to achieve the outcomes of the course.

The school has sufficient clinical teaching facilities to provide a range of clinical experiences in all models of care (including primary care, general practice, private and public hospitals, rooms in rural, remote and metropolitan settings and Indigenous health settings).

The school provides all students with experience of the provision of health care to Indigenous people in a range of settings and locations.[2]

The school actively engages with relevant institutions including other medical schools whose activities may impact on the delivery of the curriculum.

The school ensures that the outcomes of the programs delivered in the clinical facilities match those defined in the curriculum.

The Team notes the challenges facing the JMP in accommodating growth in rural clinical placements from 48 EFTSL in 2008 to 130 EFTSL in 2012. In terms of clinical teaching resources, the JMP Committee is aware of the need to expand the nature and place of learning environments as additional students in the JMP need access to clinical teaching resources. In particular, considerable planning and development will be needed to resource teaching in general practices across the whole area. It is important that clinicians are adequately recognised for their service.

The Area Health Services have committed to supporting the JMP. Prior to the last election, the New South Wales Department of Health had signalled a new hospital at Tamworth and a refurbished and extended hospital at Armidale. Among other hospitals, student and teaching facilities at the Mater hospital have been upgraded and, with the appointment of a Professor of Medicine, the Mater has become an excellent teaching site.

The Team was impressed by the current facilities and staff commitment to clinical teaching in the Rural Clinical School based at Tamworth. Students are exposed to a wide range of patients and have the opportunity to learn and practise an equally wide range of clinical skills. In terms of the JMP, clarity is needed about the role of Tamworth. If it is to be one of three key large hospitals across the JMP, each with a Clinical Dean, then this structure needs to be explicit and the role of the clinical leader filled. If Tamworth Hospital staff are to be linked predominantly to UNE, there is currently inadequate clarity of reporting lines, communication and engagement by UNE with the clinical teaching staff and insufficient planning apparent to grow the teaching facilities.

The established clinical and community networks and expertise of the existing staff at Tamworth will be critical to the success of developing the required clinical teaching capacity in the New England area. There is likely to be considerable lead-time involved in this task, particularly where recruitment of community-based teaching might require brokering of additional infrastructure. For instance, there will be issues of consulting space, IT networks and accommodation, engagement of local government in helping broker solutions,

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[2] *In 2007, this standard read "The school has sufficient clinical teaching facilities to provide all students with exposure to Indigenous health settings"*

development of skills, and recruitment of additional clinical staff. An investment in Tamworth-based clinical teaching leadership would seem to be an early priority and the Team notes the stated intention to move in this direction.

There is a high level of involvement of local clinicians in the implementation of the curriculum. Access to a wide range of hospital-based clinical teaching environments is available at John Hunter Hospital as well as the Mater, Gosford and Wyong hospitals. New hospitals at Wyong and Gosford have excellent facilities for teaching and substantial capacity for growth. Student accommodation is an issue. Taree Hospital provides excellent experiences for students but facilities will need expansion and staff trained to meet the expanded needs of the JMP.

There is a large number of general practices keen to have students, but planning and investment will be required to sustain the foreshadowed substantial shift from a predominantly hospital-based clinical experience. The shift will be required to manage the substantially greater number of students in the region. The JMP Committees recognises that this will impose an additional load on already busy GPs. The enthusiastic participation of GPs and the community in Armidale to teaching students in the preclinical years is acknowledged as an important asset at UNE.

As more students are located at distant sites for longer periods of time, the JMP Committee will need to continually review its educational practices to ensure that students at these locations are not disadvantaged.

2009 Team Commentary

The JMP has engaged with many health providers at institutional and individual levels. There has been careful planning and enumeration of placements needed to deliver the curriculum to the significantly increased numbers of students progressing through the Program, and a clinical placement mapping exercise has been undertaken. In particular there has been very active recruitment of general practitioner placements for the proposed Year 3 program to commence in 2010, and the emphasis on learning and gaining experience in primary health care environments, especially in rural placements, is seen as a particular strength of the program.

Concerns were expressed during the visit about whether it will be possible to sustain and further recruit general practice attachments, and also whether the practices recruited will be able to meet the teaching expectations. The JMP is aware of this, and is putting in place measures for more staff support for teachers in clinical practice. Recruitment of GPs in the region by at least one other medical school is hindering this process and the Team supports the JMP Dean’s intention to take this matter up with other medical schools and come to cooperative arrangements. There will also be a need to engage with other medical schools interested in placements in other settings in the region, and development of processes to ensure adequate access to learning opportunities for all students within the health facilities of the region that are encompassed by the JMP.

There are opportunities for further development of general practice and community health centre facilities to support teaching and learning. This may be in the form of one-off capital investments initially which can provide extremely valuable infrastructure resources for medical student placements (and potentially for educational facilities for students in other health professions). The current Commonwealth initiatives in relation to the National Health

Workforce Taskforce will be important in this regard, and the JMP, as a University health sector partnership dedicated to rural and regional community health, is well placed to be considered for support.

The recent appointments of Clinical Deans will assist communication and integration across the clinical sites and the Program overall. These roles can be further developed to ensure robust links between the JMP and its Clinical Schools.
The JMP has an excellent record of development of opportunities for learning in relation to Indigenous Health, and of highly committed staff supporting Indigenous students and actively engaging in curriculum development in Indigenous health. The Program will be recruiting additional staff to assist these developments further.

Appendix One Membership of the 2007 and 2009 AMC Assessment Team

The 2007 Assessment Team

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Telethon Institute for Child Research

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The University of Melbourne

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Dean, School of Medicine
James Cook University

Associate Professor Tim Neild BSc Hon PhD *Bristol*
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Flinders University

Associate Professor Wayne Ramsey AM CSC BMedSci MB BS *Tas* MHA *NSW* GradCertHighEd *ANU* FRACMA
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Faculty of Medicine, Nursing and Health Sciences
Monash University

Dr Johann Sheehan
Accreditation Development Officer
Australian Medical Council

Ms Mary-Rose MacColl
Secretariat
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The 2009 Assessment Team

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James Cook University

Professor Don Roberton MBChB, MD *Otago* FRACP FRCPA
Pro Vice-Chancellor, Division of Health Sciences and Dean, Faculty of Medicine
University of Otago

Dr David Strong BSc BMedSc MBBS *Tas* DipPaed MPubHlth *NSW* FRACP (Observer)
Specialist in General Paediatrics
Launceston General Hospital
University of Tasmania

Ms Anna Boots
Assessment Project Officer
Australian Medical Council

Ms Mary-Rose MacColl
Secretariat
Australian Medical Council

Appendix Two   Executive Summary 2007

This AMC Report relates to the accreditation of the proposed Joint Medical Program (JMP) developed by the University of Newcastle (Newcastle) in partnership with the University of New England (UNE) and the Hunter New England Area Health Service (HNE Health).

The joint proposal put to the AMC by Newcastle and UNE describes a five-year undergraduate medical program, initially based on the accredited Newcastle BMed program, to be offered in 2008 at existing sites associated with the University of Newcastle, and at the University of New England and various clinical sites throughout New South Wales. The plan is to increase the Newcastle Commonwealth-funded student load by 20 students and to add an intake based at Armidale of 60 students, bringing the total number of students commencing the program to 180 in 2008.

An AMC Team visited the two Universities and associated clinical sites in Newcastle, Gosford/ Wyong, Armidale, Tamworth and Taree from 28 May to 1 June 2007. This Report presents the Team's findings against the AMC Standards.

The Team congratulates the Universities and health service partners on the cooperative approach that has characterised development of the JMP. The Chief Executives and senior staff are working towards the common goal of a genuine joint medical program which will increase access to medical education in a rural context.

The Universities are confident that they will be in a position to introduce Years 1 and 2 of the JMP in Newcastle and Armidale in 2008, although the clinical years are less developed, particularly at the new clinical sites around the Armidale-Tamworth hub. Much work remains to be done to fully engage these clinical communities in the JMP.

The Universities are planning to undertake a strategic planning process in 2008 when the new School of Rural Medicine at the University of New England is better established. This is appropriate so that the mission and vision of the JMP are shared by the Universities and relevant stakeholders. It may be that this review will result in fundamental changes to the JMP. These matters will need to be monitored by the AMC.

The Team identified the following areas of strength and areas which would benefit from further development or renewal.

1. The Context of the Medical School

Strengths identified in 2007:

A an innovative response on the part of two universities with complementary interests to increase medical education places, particularly in a rural context

B the close and positive working relationships between the leaders of the University of Newcastle, UNE and Area Health Services and a strong commitment to make the JMP a success and to sustain it into the future

C recognition by the Universities that each brings strengths to the partnership that can inform a strategic planning review

D the positive engagement of UNE staff in the planning and rollout of the preclinical programs

Areas for improvement identified in 2007:

1 development of current ad hoc working parties and sub-committees into an effective ongoing committee structure, with formalised terms of reference, decision-making authorities and membership provisions

2 formalisation of arrangements for directing resources to deliver the curriculum, in terms of the role of the proposed Finance and Resources Committee and the JMP Committee

3 formalisation of dispute resolution procedures for the JMP partners.

4 adoption of a project management approach to further development and implementation of the JMP, with a project plan that includes action plans in the following areas:

   - monitoring of the JMP management structure to ensure it reflects the need for leadership of not only the overall program but of the Newcastle and Armidale components and the clinical teaching hubs
   - monitoring of staff workloads and staffing needs, particularly in light of the heavy load of curriculum development and implementation which will continue to fall on a relatively small number of staff, and ensuring appropriate administrative and technical staff supporting the office of the Dean
   - provision of an appropriate medical education leadership and administrative support for what will be a larger scale program across multiple sites
   - coordination of the appointment of conjoint or adjunct staff across the two Universities
   - finalisation of arrangements for indemnification of staff teaching through either University
   - development of clinical tutor training
   - address of the detailed curriculum and assessment issues arising from introduction of the program at UNE, including the need for detailed learning objectives for fixed-resource sessions and the early clinical skills course, development of a uniform Supervisor Rating Form for all courses and electronic submission of assignments
   - documentation of the student experience through the course for both Newcastle and UNE students and development of clear joint protocols to support students in difficulty or crisis at off-campus locations, regardless of home university
   - harmonisation of policies and procedures between Universities relating to progression, student conduct, discipline, complaints, financial support, scholarships etc.
   - involvement of students at all levels of curriculum development, management and governance in line with the AMC standards
   - finalisation of suitable arrangements for student indemnification.

2. The Outcomes of the Medical Course

Areas for improvement identified in 2007:

1 clarification and articulation of the mission of the JMP (staff in both institutions recognise the opportunity for renewal that UNE's involvement brings)

2 invitation of broader engagement with the JMP from stakeholders including current Newcastle students, staff, clinicians and Indigenous communities

3. The Medical Curriculum

Strengths identified in 2007:

A the medical education program at Newcastle which has been a leader in Australia

B UNE experience and performance in distance education programs and quality of teaching and learning

C the success of the Rural Clinical School and University Department of Rural Health based at Tamworth which is central to increasing clinical placements in rural areas

D the proven track record and experience in Indigenous education across both Universities.

6. The Curriculum - Monitoring and Evaluation

Areas for improvement identified in 2007:

1 continued development of the evaluation plan for the JMP.

7. Implementing the Curriculum - Students

Areas for improvement identified in 2007:

1 limitation of the maximum student load to 1000 EFTSL, in total, up to 2012 as set out in the Stage 2 Submission unless satisfactory evidence can be provided to the AMC that sufficient teaching resources and clinical places can be provided.

8. Implementing the Curriculum – Educational Resources

Areas for improvement identified in 2007:

1 clarification of the role of the Rural Clinical School in terms of its support for the JMP and its relationship with Newcastle and UNE, ensuring there are appropriate resources for clinical training in terms of teaching clinicians, physical teaching resources and student accommodation

2 facilitation of greater involvement of Rural Clinical School clinicians in curriculum planning and workload distribution between disciplines

3 investigation of the use of software for clinical placement management.

Appendix Three Groups Met by the 2007 and 2009 AMC Assessment Teams

The 2007 Assessment Visit

Senior Executive Staff
Vice-Chancellor, University of Newcastle
Vice-Chancellor, University of New England
Pro-Vice-Chancellor Health, University of Newcastle
Pro-Vice-Chancellor Education, Health and Professional Studies, University of New England
Dean of Medicine, University of Newcastle

Medical School Academic Staff
Executive Officer, School of Medicine and Public Health
Professor of Reproductive Medicine
Bachelor of Medicine Program Convenor
Senior Lecturer in Medical Education and General Practice
Head, School of Biomedical Sciences
Director of Clinical Operations, Hunter New England Health Service
Secretary, Discipline of Reproductive Medicine
Professor, Clinical Toxicology/General Medicine
Professor, Discipline of Anatomy
Associate Professor, Discipline of Human Physiology
Associate Professor, Rural Medicine
Biomedical sciences teachers and tutors
General Practice Liaison Consultant
Education Consultant
PBL tutors

Medical School Groups/Committees
JMP Governance Committee
Bachelor of Medicine Committee, the University of Newcastle
Year Course Coordinators for Years 1 to 5, the University of Newcastle
Year Chairs for Years 1 to 5, the University of Newcastle
Year Managers for Years 1 to 5, the University of Newcastle
Year Mangers for Years 1 and 2, the University of New England
Year Coordinators for Years 1 and 2, the University of New England
Curriculum Implementation and Clinical Placements Committee, the University of Newcastle
Monitoring and Evaluation Sub-Committee
Assessment Committee
JMP Committee
PBL Tutors

Students
Current Bachelor of Medicine students, University of Newcastle

Clinical teaching sites
Armidale Base Hospital Precinct
John Hunter Hospital Precinct
Mater Hospital Precinct

Tamworth Hospital
Tamworth Rural Clinical School
Tamworth University Department of Rural Health
Gosford Hospital
Wyong Hospital
Manning Precinct
Divisions of General Practice

External Bodies
Chief Executive, Hunter New England Area Health Service
Director of Clinical Operations, Hunter New England Health Service
Chief Executive Officer, Northern Sydney Central Coast Health Service

The 2009 Assessment Visit

Senior Executive Staff
Vice-Chancellor, University of Newcastle
Deputy Vice-Chancellor, University of New England
Pro-Vice-Chancellor, Faculty of Health, University of Newcastle
Pro-Vice-Chancellor, Faculty of the Professions, University of New England
Dean, Joint Medical Program
Head, School of Rural Medicine, University of New England
Deputy Dean of Medicine, University of Newcastle
Joint Medical Program Coordinator and JMP support staff

Medical School Academic Staff
Clinical Deans: Central Coast, Manning, Peel, Tablelands and Hunter
Conjoint Associate Professor, School of Medicine and Public Health, Clinical Liaison
Conjoint Professor, School of Medicine and Public Health, Medical Education Unit
Director Clinical Operations, Hunter New England Area Health Service
Bachelor of Medicine Program Convenor
Biomedical sciences teachers and tutors
Executive Officer, University Department of Rural Health
General Practice Liaison Consultant
General Practitioners, Year 3 Program Teachers
PBL tutors
Academic Developer and Medical Education Unit
Representatives from the Biomedical Sciences and the Clinical Sciences
Unit Coordinators, Year 1, 2, 3, 4 & 5 Chairs

Medical School Groups/Committees
JMP Resources Committee
JMP Governance Committee
JMP Executive
JMP Assessment Committee
JMP Monitoring and Evaluation Committee
JMP Academic Governance Advisory Group
JMP Committee
Indigenous Medical Education Committee
Bachelor of Medicine Curriculum and Clinical Placement Committee
Medical Education Technology Advisory Group (including Library Working Party)
Clinical Skills Advisory Group

Clinical teaching sites
Gosford Hospital
Tamworth Hospital
Wyong Hospital
Met with Clinical Deans, Area Health Service Managers and clinical teachers.

Students
Bachelor of Medicine students, Joint Medical Program Years 1 and 2, University of Newcastle AND University of New England
Bachelor of Medicine students, Years 3, 4 and 5, University of Newcastle
JMP Students' Consultative Committee

External Bodies
Representatives, Hunter New England Health
Representatives, Barwon and New England Divisions of General Practice
Representatives, Northern Sydney Central Coast Area Health Service