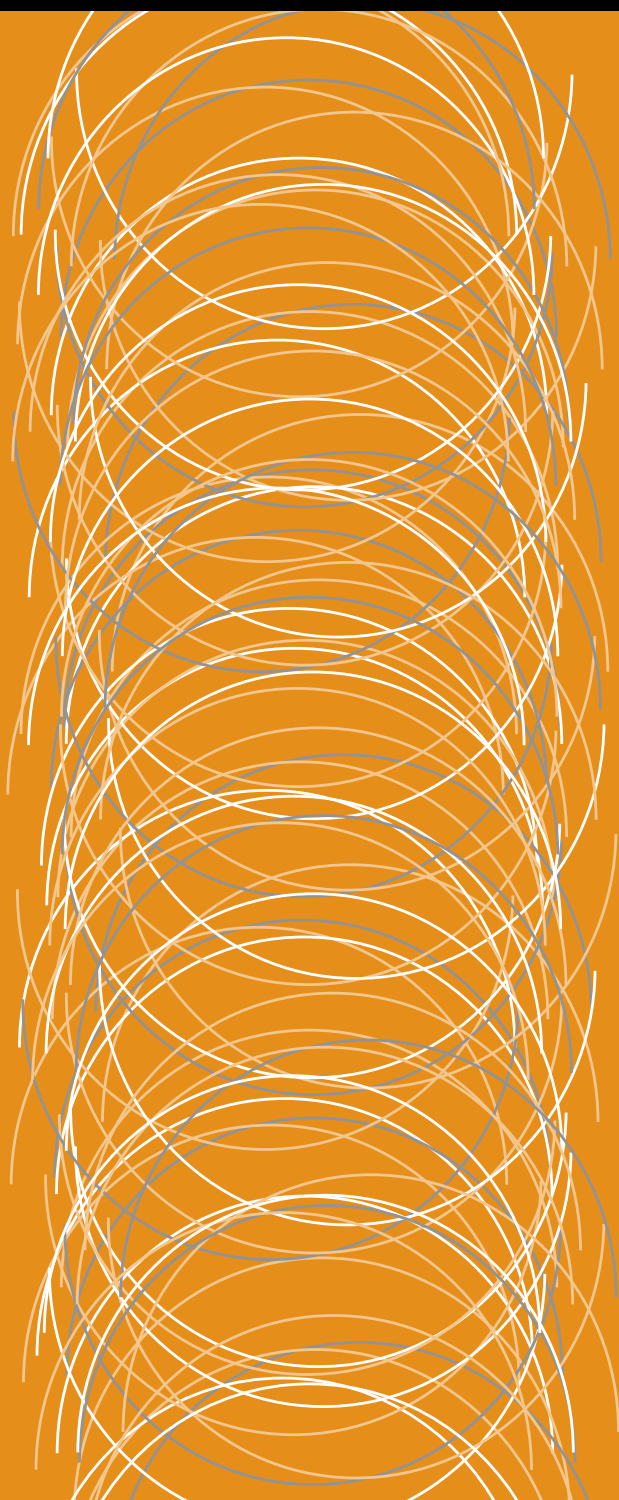


Australian Medical Council Limited

Accreditation of
University of Western Australia
Faculty of Medicine, Dentistry
and Health Sciences

AMC



Medical School Accreditation Committee
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Executive Summary 2015

The AMC in 2015 conducted a follow-up assessment of the Doctor of Medicine (MD) of the Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia. This assessment was one of the conditions on accreditation placed on the program following the AMC's 2013 major change assessment. As per the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2011*, following a major change assessment, the AMC also conducts a follow-up accreditation assessment to review the plans for the later stages of a new program development and confirm the accreditation decision. This accreditation report includes the 2013 and the 2015 findings.

The AMC first assessed the University of Western Australia's medical program in 1990. That assessment resulted in accreditation for a period of ten years, the maximum period of accreditation. In 1998, the Faculty advised the AMC of plans to introduce a new curriculum for its medical program in 2000. The revised program was assessed in 1999 and granted accreditation until December 2006. A follow-up assessment in 2000 confirmed the accreditation decision. Following this, the AMC granted the program accreditation until December 2007, subject to annual reporting. In 2003 the Faculty advised the AMC that it intended to introduce a stream to enable graduates to complete the six-year MBBS program in four and a half years. The AMC conducted a major change assessment and granted accreditation until December 2007. Following submission of a satisfactory comprehensive report for extension of accreditation to the Medical School Accreditation Committee in 2006, the Faculty's accreditation was extended to 31 December 2010. In 2010 the AMC conducted a reaccreditation assessment, and granted the six-year undergraduate medical program and four-year graduate entry program accreditation for six years until 31 December 2016, subject to conditions being met, and satisfactory progress reporting.

2013 major change assessment

In 2011, the Faculty of Medicine, Dentistry and Health Sciences of the University of Western Australia formally advised the AMC that it planned to replace its six-year Bachelor of Medicine / Bachelor of Surgery (MBBS) program to a four-year graduate-entry Doctor of Medicine (MD) program, delivered as a masters degree (extended) to commence in 2014. The Faculty submitted a Stage 1 major change submission to the AMC in June 2012 for consideration.

At their 22 August 2012 meeting, the AMC Directors accepted a recommendation from the Medical School Accreditation Committee that the Stage 1 submission from the Faculty for a major change to the accredited medical program be approved, enabling the Faculty to proceed to a Stage 2 accreditation assessment in 2013.

In 2013 the AMC conducted a major change assessment of the proposed four-year

graduate-entry MD program. The AMC Directors reviewed the accreditation report in October 2014, and found that the proposed MD program met the approved accreditation standards. Directors agreed:

- (i) that the major changes proposed to the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences including the change to a four-year Masters degree program be approved
- (ii) that accreditation of the MBBS medical program of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences be extended until 31 December 2017, subject to the submission of a satisfactory report to the Medical School Accreditation Committee in 2015 on the teach-out phase of the course
- (iii) that the four-year program of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences leading to the award of Doctor of Medicine (MD) be granted accreditation for five years until 31 December 2018, subject to the following conditions:

(a) **By 18 November 2013** a report on the conditions listed in the key findings table of the accreditation report:

- The Faculty must confirm its budget model for 2014, including necessary mechanisms for engagement of staff from Schools outside the Faculty, by 18 November 2013. (1.5)
- The Faculty must provide a detailed assessment plan which aligns with learning outcomes by 18 November 2013. (5.1)
- The Faculty must provide a detailed assessment plan including details of the assessment blueprinting, formats, and standard setting by 18 November 2013. (5.2)
- The Faculty must develop a detailed assessment plan which provides for regular feedback to students and supervisors for reporting by 18 November 2013. (5.3)
- The Faculty must clarify how the assessment quality assurance process will work in practice, and how outcomes will be disseminated by 18 November 2013. (5.4)

(b) **Submission of satisfactory annual progress reports** to the Medical School Accreditation Committee including a report on conditions for those conditions listed in the key findings table for reporting in 2014:

- Review the effect of the University-wide staffing freeze on the capacity to fill positions necessary to deliver the medical program and implement measures to address the findings. (1.8)
- Provide evidence that the Faculty's clearly defined approach to managing MBBS students who do not progress as expected through the program is communicated to students. (7.1)

(c) **A follow-up assessment in 2015** to review the implementation of the first two years of the program and detailed plans for Years 3 and 4, including a report on conditions as listed in the key findings table:

- Provide detailed mapping of objectives for Phase 1 – 4 of the program as well as the Scholarly Activity component to specific learning event objectives. (3.2)
- Provide evidence of vertical integration in the program, particularly of bioscience material into Phases 3 and 4. (3.3)
- Evaluate the effectiveness of the teaching and learning methods, specifically the seminar series and case-enhanced learning, in meeting the outcomes of the program. (4.1)
- Evaluate the effectiveness of the reflective portfolio in encouraging students to evaluate and take responsibility for their own learning and prepare them for lifelong learning. (4.2)
- Provide evidence of the incorporation of IPL into the MD program. (4.7).
- Develop and implement the plans for ongoing evaluation and monitoring processes in the MD program. (6.1)
- Please provide the results of outcome evaluations, including any systematic analysis of graduate cohorts. (6.2)
- Provide a breakdown of clinical learning placements for all clinical disciplines for Years 3 and 4 of the MD program. (8.3)
- Provide evidence, in the form of completed agreements, that clinical placements will be available at Fiona Stanley Hospital. (8.4)

(d) **Submission of a report on conditions** for those conditions listed in the key findings table for reporting in **2017**:

- Provide evidence that the medical program meets standard 2.2.3, namely that it achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. (2.2)
- As Phase 3 of the program is implemented provide evidence of patient centred care and collaborative engagement. (4.6)

The AMC Team did not review the MBBS course, which enrolled its last cohort of graduate-entry MBBS students in 2012. The Faculty did not have a 2013 intake in order to adequately plan and resource the MD program. The last cohort of MBBS students will finish in 2016.

Scope of the 2015 assessment

For the 2015 follow-up assessment, an AMC team reviewed the Faculty's follow-up

submission and the Western Australia Medical Students' Society's submission, and visited the Faculty and associated teaching sites in the week of 3 August 2015.

This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*.

Decision on accreditation: 2015

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider that provides it meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

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

The accreditation decision that can be made by the AMC as a result of this assessment is:

- (i) extend the Faculty's accreditation up to six years from the 2011 assessment, taking the accreditation of the program to 31 March 2018 subject to satisfactory progress reports
- (ii) if the Faculty is found not to meet all the standards, to set conditions to ensure the standards are met in a reasonable timeframe.

The AMC is satisfied that the medical program of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences continue to meet the approved accreditation standards.

The 14 December 2015 meeting of the AMC Directors agreed:

- (i) That accreditation of the Doctor of Medicine program at the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences be confirmed until 31 March 2019, subject to satisfactory progress reports
- (ii) That accreditation is subject to the following conditions:

By 2017:

- Financial constraints facing the University of Western Australia, combined with the introduction of an activity based funding model by the Department of Health, have the potential to have significant negative impacts on the medical program. The Faculty is required to clarify the proposed changes and quantify the impact to the funding of the program. (1.5)
- Provide evidence of implementation of additional cases on the virtualMD platform as a vehicle for vertical integration of bioscience material in Phase 3. (3.3)
- Provide evidence of appropriate education for those staff who write MCQ questions, and provide an update on progress in improving the discrimination power of MCQ examination questions. (5.4)
- Provide evidence of the implementation of actions arising from the evaluation of the Foundation and Systems 1 phases of the program, and dissemination to all stakeholders of both the evaluation results from and the actions taken. (6.1)
- Given the uncertainty surrounding the ongoing support of clinical academic staff, and the teaching capacity of non-academic clinicians in the new activity-based funding environment, the Faculty is required to provide an update on the clinical placement capacity across the program. (8.3)

By 2018:

- Provide evidence that the medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. (2.2)
- Provide evidence of evaluation of the reflective portfolio for the later years of the course. (4.2)
- Provide an update on initiatives to integrate interprofessional learning into the curriculum. (4.7)
- Provide evidence of evaluation of the clinical years. (6.1)
- Provide evidence of analysis of graduate cohorts following graduation of the first MD cohort. (6.2)

Key findings of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences

1. The context of the medical program	Met
--	------------

This standard is met.

Condition on Accreditation: 2017

Financial constraints facing the University of Western Australia, combined with the introduction of an activity based funding model by the Department of Health, have the potential to have significant negative impacts on the medical program. The Faculty is required to clarify the proposed changes and quantify the impact to the funding of the program. (1.5)

2. The outcomes of the medical program	Met
---	------------

This standard is met.

Condition on Accreditation: 2018

Provide evidence that the medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. (2.2)

Commendation

The team commends the Faculty on the development and implementation of the PLACES (Professional, Leader, Advocate, Clinician, Educator and Scholar) themes, which appear to have the widespread support of students, staff and clinicians.

3. The medical curriculum	Met
----------------------------------	------------

This standard is met.

Condition on Accreditation: 2017

Provide evidence of implementation of additional cases on the virtualMD platform as a vehicle for vertical integration of bioscience material in Phase 3. (3.3)

4. Teaching and learning	Met
---------------------------------	------------

This standard is met.

Condition on Accreditation: 2018

Provide evidence of evaluation of the reflective portfolio for the later years of the course. (4.2)

Provide an update on initiatives to integrate interprofessional learning into the curriculum. (4.7)

Commendations

Feedback regarding students in the clinical phase (Integrated Medical Program 1) indicated that the MD students as a group were more mature, self-directed and willing to take responsibility for their own learning than the previous MBBS cohort. The team commends the Faculty on the progress made in this area. (4.2)

The team commends the Faculty's longitudinal mentoring program which assigns each medical student a dedicated clinical mentor who acts as a role-model of appropriate clinical behaviour as well as monitors their assigned student's professional development. (4.5)

5. The curriculum - assessment of student learning	Met
---	------------

This standard is met.

Condition on Accreditation: 2017

Provide evidence of appropriate education for those staff who write MCQ questions, and provide an update on progress in improving the discrimination power of MCQ examination questions. (5.4)

Commendation

The assessment group is commended on their comparative trial of Cohen's method of standard setting. The results achieved with the Cohen method are very similar to those derived from the more labour intensive modified Angoff method. (Standard 5.2)

Recommendations for improvement

The Assessment and Feedback Committee may wish to consider an overall (longitudinal) blueprinting process to assist in planning their program of assessment. (5.2)

There is limited feedback to teachers on cohort performance in the various units, other than from those staff who are directly involved in the assessment. The Faculty may wish to consider a method for providing such feedback to assist teachers to adapt and develop their content and delivery to improve performance. (5.3)

The training of academics in the use of the In-Training Assessment should be expedited

through the discipline networks. (5.4)

6. The curriculum – monitoring	Substantially met
---------------------------------------	--------------------------

This standard is substantially met.

Condition on Accreditation: 2017

Provide evidence of the implementation of actions arising from the evaluation of the Foundation and Systems 1 phases of the program, and dissemination to all stakeholders of both the evaluation results from and the actions taken. (6.1)

Condition on Accreditation: 2018

Provide evidence of evaluation of the clinical years. (6.1)

Provide evidence of analysis of graduate cohorts following graduation of the first MD cohort (6.2)

Recommendation for improvement

The team encourages the Faculty to consider broadening the areas surveyed in the evaluation instruments to include some broad indicators related to site amenity and facilities, student safety and administrative support. (6.1)

7. Implementing the curriculum – students	Met
--	------------

This standard is met.

Commendation

The team commends the Faculty for their engagement with the student body through the student membership of committees.

8. Implementing the curriculum- learning environment	Met
---	------------

This standard is met.

Condition on Accreditation: 2017

Given the uncertainty surrounding the ongoing support of clinical academic staff, and the teaching capacity of non-academic clinicians in the new activity-based funding environment, the Faculty is required to provide an update on the clinical placement capacity across the program. (8.3)

Commendation

The team was particularly impressed with the facilities at Bunbury and Busselton, and commends the Faculty for providing such excellent facilities for rural-based students.

Recommendation for improvement

The limited availability of dedicated medical student teaching spaces in wards and other areas of Fiona Stanley Hospital is inadequate; the team suggests the needs of medical students are considered in future planning processes. (8.1)

Introduction

The AMC accreditation process

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

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

The standards and procedures for accreditation are published in the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* and in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2011*. The accreditation standards list the graduate outcomes that collectively provide the requirements that students must demonstrate at graduation, and define the curriculum in broad outline, as well as the educational framework, institutional processes, settings and resources necessary for successful medical education.

The AMC's Medical School Accreditation Committee oversees the AMC process of assessment and accreditation of primary medical education programs and their providers, and reports to the AMC Directors. The Committee includes members nominated by the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Committee of Presidents of Medical Colleges, the Medical Council of New Zealand, the Medical Board of Australia, and the Medical Deans of Australia and New Zealand. The Committee also includes a member of the Council, and a member with background in, and knowledge of, health consumer issues.

The medical education provider's accreditation submission forms the basis of the assessment. The medical student society is also invited to make a submission. Following a review of the submissions, the team conducts a visit to the medical education provider and its clinical teaching sites. This visit may take a week. Following the visit, the team prepares a detailed report for the Medical School Accreditation Committee, providing opportunity for the medical education provider to comment on the draft. The Committee considers the team's draft report and submits the report, amended as necessary, with its recommendation on accreditation to the AMC Directors. The medical education provider is provided with the report and accreditation recommendations and may confirm the report be submitted to Directors, or may ask the Committee to consider changes. The Directors make the accreditation decision. The granting of accreditation may be subject

to conditions, such as a requirement for follow-up assessments.

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

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

The University, the Faculty and the program

The University

The University of Western Australia was established in 1911 as Western Australia's first University. In 2015 the University has approximately 24,500 undergraduate and post graduate students enrolled and almost 4,000 academic and professional staff members.

The University consists of nine Faculties:

- Architecture, Landscape and Visual Arts
- Arts
- Business School
- Education
- Engineering
- Law
- Medicine, Dentistry and Health Sciences
- School of Indigenous Studies
- Science.

The Faculty

The Medical Program was initially established in 1957, as part of the Faculty of Medicine. In 1994, following a review of the governance structure, the two separate Faculties of Medicine and Dentistry were combined into the Faculty of Medicine, Dentistry and Health Sciences.

The Faculty has approximately 405 FTE academic staff, and approximately 1,000

adjunct and clinical staff who assist with teaching and research. The Faculty has 150 FTE equivalent professional staff. The Faculty has 2489 FTE equivalent students enrolled in the programs.

The Faculty of Medicine, Dentistry and Health Sciences consists of the following Schools:

- Dentistry
- Medicine and Pharmacology
- Paediatrics and Child Health
- Pathology and Laboratory Medicine
- Population Health
- Primary, Aboriginal and Rural Health Care
- Psychiatry and Clinical Neurosciences
- Surgery
- Women's and Infants' Health.

Additionally there are five UWA Research Centres, which operate outside the School structure, but under the Faculty governance:

- Child Health Research
- Genetic Origins of Health and Disease
- Medical Research
- Neuromuscular and Neurological Disorders
- Ophthalmology and Visual Science.

The MD program student intake has been 475 students since its commencement. There are approximately 240 students per cohort, including approximately 157 Commonwealth supported places, and up to 30 full-fee international places.

Report on the outstanding conditions

The following tables list the outstanding conditions and recommendations for improvement arising from the 2013 accreditation report.

Standard 1: The context of the medical program

Outstanding accreditation condition:				
<ul style="list-style-type: none"> Continue to report on the effect of the University wide staffing freeze on the program's capacity to fill positions necessary to deliver the medical program and implement measures to address the findings. (1.8) 				
2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X *New condition		
Team commentary				
Discussions with the Department of Health indicate that additional resources will be required to retain clinical academic staffing at the current level, and this is likely to impinge on any efforts to relieve the staffing freeze of full-time academic staff.				

Standard 3: The medical curriculum

Outstanding accreditation condition:				
<ul style="list-style-type: none"> Provide detailed mapping of objectives for Phase 1 – 4 of the program as well as the Scholarly Activity component to specific learning event objectives. (3.2) 				
2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				X
Team commentary				
A detailed map has been provided.				

Outstanding accreditation condition:				
<ul style="list-style-type: none"> Provide evidence of vertical integration in the program, particularly of bioscience material into Phases 3 and 4. (3.3) 				
2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X *New condition	
Team commentary				
<p>The major vehicle for integration of biosciences into the clinical phases (now Phase 3) is the proposed virtualMD program. The team was impressed with the potential of the platform as it currently stands, but notes that, as yet, only one case is available. A significant effort is required over the remainder of 2015 to provide this learning resource for students in Years 3 and 4.</p>				

Standard 4: Learning and teaching

Outstanding accreditation condition:				
<ul style="list-style-type: none"> Evaluate the effectiveness of the teaching and learning methods, specifically the seminar series and case-enhanced learning, in meeting the outcomes of the program. (4.1) 				
2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				X
Team commentary				
<p>The Faculty has undertaken formal evaluations of teaching and learning methods, including the seminar series and case-enhanced learning, and has made appropriate changes in response to the results.</p>				

Outstanding accreditation condition:

- Evaluate the effectiveness of the reflective portfolio in encouraging students to evaluate and take responsibility for their own learning and prepare them for lifelong learning. (4.2)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				x

Team commentary

The Faculty has made excellent progress in implementation of the reflective portfolio, and has made appropriate changes in response to evaluation results. Further evaluations will be required as the students reach the later stages of the course (new condition for 2018).

Outstanding accreditation condition:

- Provide evidence of the incorporation of interprofessional learning into the MD program. (4.7)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X *New condition		

Team commentary

The formal pilot activities in interprofessional learning have been discontinued due to resource constraints.

Standard 6: The curriculum - monitoring**Outstanding accreditation conditions:**

- Develop and implement the plans for ongoing evaluation and monitoring processes in the MD program. (6.1)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				X

Team commentary

The team commends the Faculty on its successful completion of first year of the MD program and was impressed with the comprehensive implementation of the evaluation plan for the Foundation and Systems 1 phases of the program. The implementation was faithful to the detailed evaluation proposal seen at the initial visit, and the team viewed the aggregate data for those evaluations. The preliminary analysis of those data has been completed by the Faculty with proposed actions identified.

Outstanding accreditation condition:

- Provide the results of outcome evaluations, including any systematic analysis of graduate cohorts. (6.2)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X *New condition		

Team commentary

The Faculty provided evaluations of the outcomes to date, but analysis of graduate cohorts will not be possible until after the first cohort has graduated at the end of 2017.

Comment:

The MD program now has students entering the second of four years, and will not be able to address this standard until 2018.

Standard 8: Implementing the curriculum – learning environment

Outstanding accreditation condition:

- **Provide a breakdown of clinical learning placements for all clinical disciplines for Years 3 and 4 of the MD program. (8.3)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X *New condition	

Team commentary

Clinical learning placements for the Integrated Medical Placement (IMP) Unit 1 were underway in the second half of 2015, and sufficient placements were also planned for IMP2 and IMP3 at this stage. The uncertainty surrounding the ongoing support of clinical academic staff, and the teaching capacity of non-academic clinicians in the new activity-based funding environment, suggests that this condition should be carried over to the next assessment.

Outstanding accreditation condition:

- **Provide evidence, in the form of completed agreements, that clinical placements will be available at Fiona Stanley Hospital. (8.4)**

2015 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				X

Team commentary

Clinical placements were in place at Fiona Stanley Hospital at the time of the visit, and were planned to roll out for subsequent clinical phases in the next two years.

1 The context of the medical program

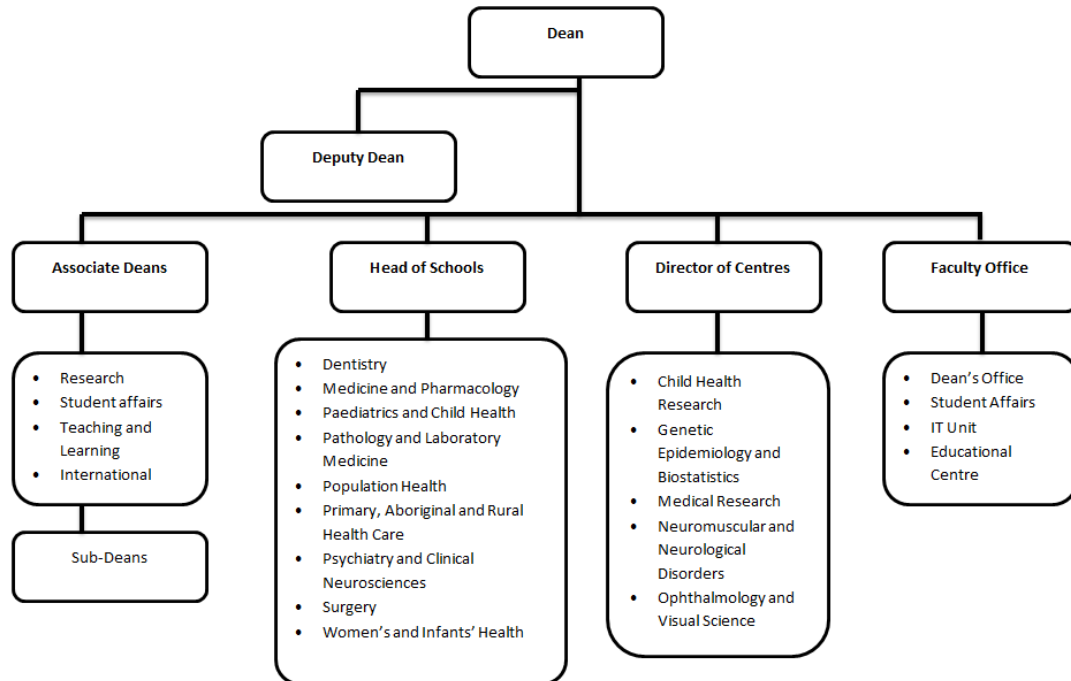
1.1 Governance

- 1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher education institution.*
- 1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.*
- 1.1.3 The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance.*

2013 Team findings

The Faculty of Medicine, Dentistry and Health Sciences of the University of Western Australia includes nine Schools and a number of Centres (including affiliated research institutes). The University of Western Australia uses the term "School" as an administrative unit below the level of Faculty, and as a result, there is no University of Western Australia "Medical School". The Faculty is also responsible for professional-entry programs in Dentistry, Podiatric Medicine, Pharmacy, Nursing and Social Work.

Faculty of Medicine, Dentistry and Health Sciences: Administrative Organisational Structure



The medical program has educational input from a number of Schools within the Faculty. The School of Anatomy, Physiology & Human Biology and the School of Chemistry and Biochemistry from the Faculty of Sciences also contribute to the medical program. Other professional-entry courses within the Faculty may have a similar model of delivery, with educational input from a variety of Schools.

The Dean of the Faculty is the academic head of the medical program, with overall responsibility and accountability for the program.

The Faculty leadership team includes: the Deputy Dean, Faculty Manager, Associate Dean (Research), Associate Dean (Student Affairs), Manager (Student Affairs), Associate Dean (Teaching and Learning) and Associate Dean (International). The Faculty Manager has delegated responsibility for the overall administration of the Faculty, ensuring among other duties the effective interface between the Faculty and the University's central administration.

The MD Curriculum Contents Committee provides leadership and direction in relation to all matters associated with the development of the MD curriculum. The terms of reference clearly lays out the major functions of the Committee and its membership. The Committee includes a nominee from each School teaching into the MD program, representatives from the Centre for Aboriginal Medical and Dental Health (CAMDH) and

the Rural Clinical School, a student representative, and a Resident Medical Officer.

While the governance structures of the Faculty and the MD program are complex, the structures are defined and understood by those delivering the medical program. The governance structure ensures wide consultation and the integration of medical sciences and clinical practice, and the Faculty anticipates simplifying the governance structure as the program matures.

As the program moves from development to implementation during July and August 2013, the MD Curriculum Contents Committee will retain its current membership and evolve into the MD Implementation Committee.

The Faculty consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance. The amount of consultation undertaken within the Faculty, and with clinicians and students via the Western Australian Medical Students' Society (WAMSS) has been extensive and commendable. The Faculty developed and delivered an MD Roadshow to present the structure, philosophy and plans for the MD program to clinicians at key hospitals.

2015 Team findings

The Faculty leadership has altered slightly since the last visit. At the time of the team's visit, a part-time Acting Dean provided leadership to the medical program while the search for a new Dean was underway¹. Three Deputy Deans are responsible for education, research and external relations.

The governance structure of the program continues to evolve with the implementation of the MD program, as evidenced by updated governance models.

At the time of the team's visit, the University was actively recruiting to the Dean's position, but had encountered challenges in identifying a suitable candidate. The Acting Dean has committed to carry out the role until the end of 2015. The team understands that once a permanent Dean is appointed, there may be restructuring of the Faculty.

The team strongly supports the University's efforts to fill the currently vacant Dean's position with a suitable applicant as soon as possible, while recognising the efforts of the Acting Dean to protect the interests of the Faculty. The team observed the prolonged absence of a permanent Dean appears to have impeded strategic planning and development for the medical program, and relationship building within the health sector. During a time of significant change and challenge in the Western Australian health system, it appears critical to have permanent senior leadership in place.

¹ Following the AMC assessment visit, the University of Western Australia announced the appointment of the new Dean of the Faculty of Medicine Dentistry and Health Sciences in September 2015.

The program staff engage with external organisations including the Department of Health, health services, other universities and the wider community. While the Faculty has many positive and effective relationships with the health sector, there is scope to enhance key partnerships. The team notes that senior level dialogue between the Faculty and the Department of Health concerning significant issues such as funding of clinical academic appointments appears limited. The recent appointment to the role of Director General in the Department of Health, and the impending appointment of a Dean, should improve this situation.

The Faculty maintains a positive relationship with the University of Notre Dame Australia, School of Medicine Fremantle, particularly in the rural clinical school setting. The recent announcement of a proposed medical school at Curtin University means that it will be important for the Faculty to establish a similar relationship with key individuals in that organisation. The team observes very positive relationships with some elements of the hospital sector, particularly in rural areas.

1.2 Leadership and autonomy

1.2.1 The medical education provider has autonomy to design and develop the medical program.

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

2013 Team findings

The Faculty has had substantial, but not complete autonomy in the design and delivery of the program. The University's requirements for a unit-based structure has had a detrimental effect on a number of aspects of the program design. The Team encourages the Faculty to explore an exemption on educational grounds from the University's requirements for a unit-based structure which affects the integrated nature of the medical program.

Following the assessment site visit, the Faculty presented an alternate unit plan, featuring phase-based units to provide a more integrated teaching and learning structure, to the University of Western Australia's Board of Studies. The proposal will be reviewed at the University's Academic Council meeting in early September 2013.

The Dean is academic Head of the Faculty, has delegated authority from the Vice-Chancellor to manage resources, and is a chair or member of the key committees responsible for the program. He meets regularly with each Head of School and senior members of the Western Australian Medical Students' Society (WAMSS). He is accountable for the delivery of education in the Faculty and ensuring the resources for any new programs are available. It is clear that despite his broader role in the Faculty, the medical program has been a major focus of activity for the Dean.

2015 Team findings

The team is pleased to note that the medical program has been exempted from the University's requirement for a unit-based structure. This has enabled the program to develop in an integrated manner.

The Acting Dean continues to have autonomy in relation to the medical program.

1.3 Medical program management

1.3.1 The medical education provider has 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 program.

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

2013 Team Findings

The MD Curriculum Contents Committee is responsible for all matters associated with the development of the MD curriculum. Reporting to this Committee are the Foundations of Medical Practice Committee, Systems Based Learning and Practice Committee and the Clinical Learning and Practice Committee. Each Committee has a significant number of people with wide ranging representation to inform the program's development.

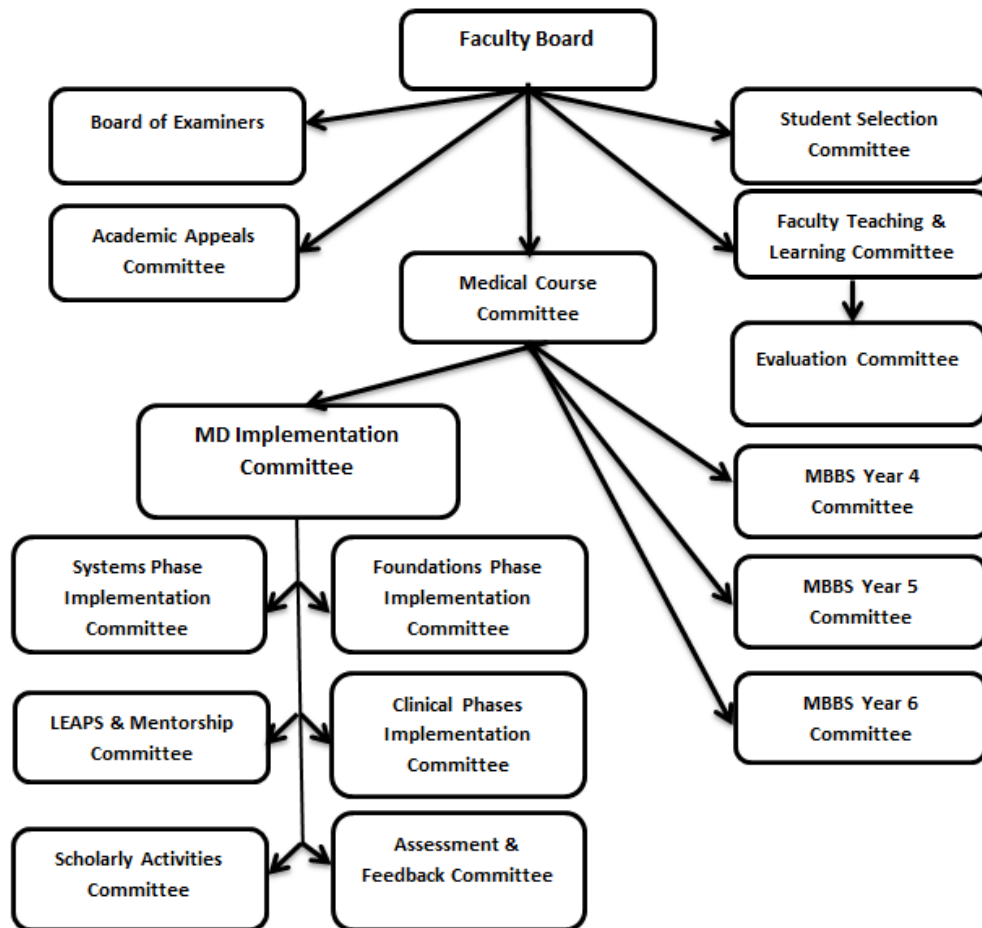
There is a strong sense of collegiality within the Committees responsible for planning the MD program. The Committee structure has the authority and capacity to plan and implement the curriculum, within the limits imposed by University policies.

As the planning for the MD program progressed, the Faculty established additional committees to provide leadership to specific areas of importance. The Assessment and Feedback Committee was created to define outcomes and to support assessment. The Scholarly Activity Committee assumed responsibility for developing the innovative Scholarly Activity component of the program. A number of scholarly retreats have been held and proposed changes tested by polling of the retreat participants, although it is not clear what proportion of the total potential stakeholders were involved in the retreats. There has been extensive consultation within the Schools of the Faculty.

As part of the Faculty's curriculum retreat in December 2012, the potential governance model for the transition between the MBBS and MD program was defined and later agreed upon by the MD Curriculum Contents Committee.

MD Program Governance Structure

MD Implementation Committee with Major Committees



The MD Implementation Committee will be the principal representative and ratification committee for the MD program as it moves into implementation. The Chair of the MBBS Medical Curriculum Committee has been appointed Chair of the MD Implementation Committee.

There are several committees and working groups supporting the MD Implementation Committee including:

- Foundations Phase Implementation
- Systems Phase Implementation
- Clinical Phases Implementation
- Scholarly Activities
- Assessment and Feedback

- LEAPS and Mentorship (LEAPS represents the graduate themes of the MD Program without the Clinician Component: Leader, Educator, Advocate, Professional, Scholar) This Committee will review and modify learning outcomes and assessments of the themes of the MD program.

Several working groups will support the MD Implementation Committee:

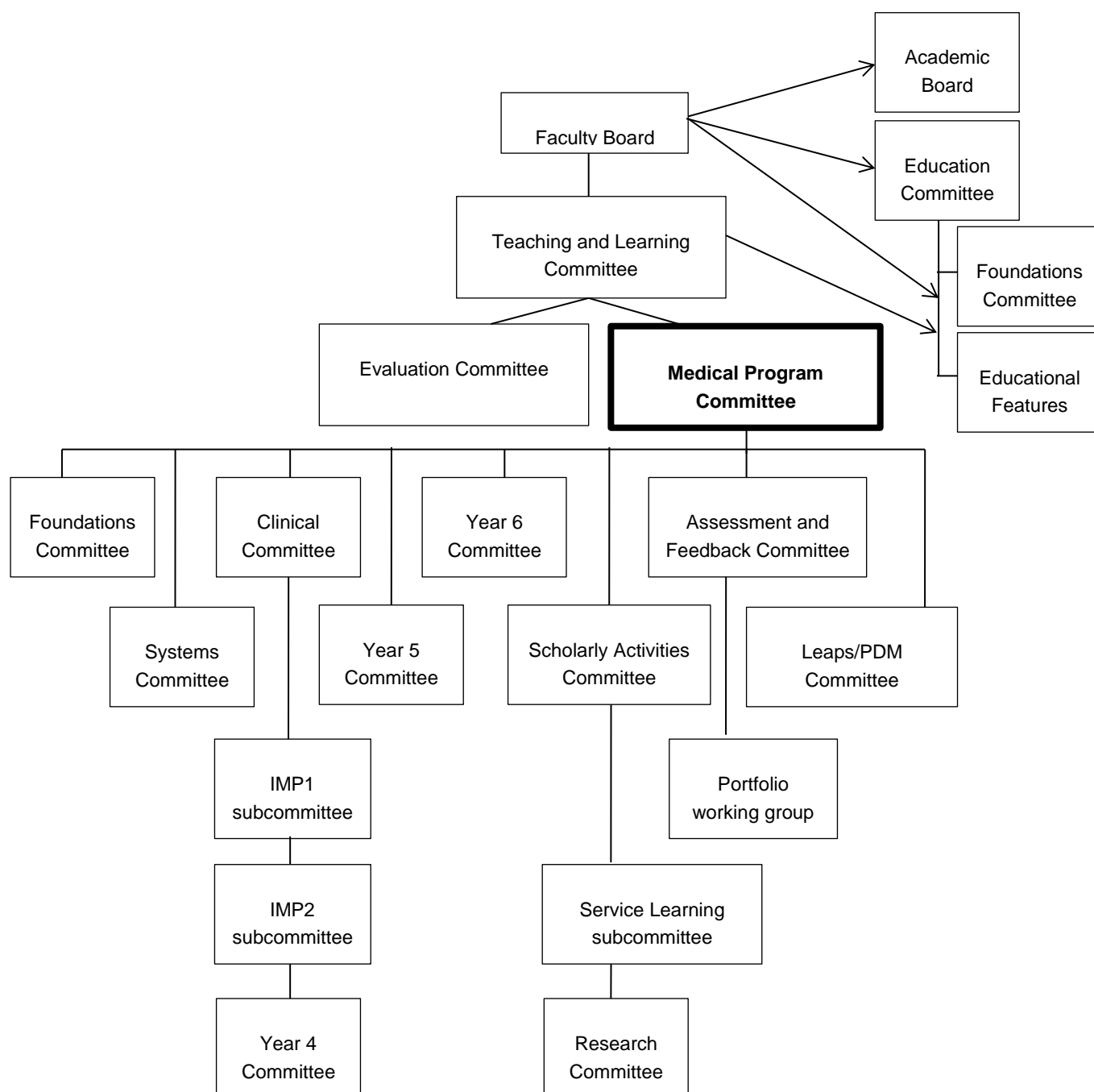
- Evaluation and Improvement
- Orientation & Introductory Weeks
- Cases integration
- Clinical Skills and
- Year 2 Semester 2.

The University of Western Australia embarked upon a restructure of all coursework degrees in 2008 which included rationalisation of undergraduate degrees, and transition to postgraduate professional qualifications including Medicine, Dentistry and Podiatry. The Faculty has assessed the level of the proposed qualification against the Australian Qualifications Framework (AQF) and determined that it will meet the criteria for Level 9 (Extended Masters). The University has confirmed this assessment.

2015 Team findings

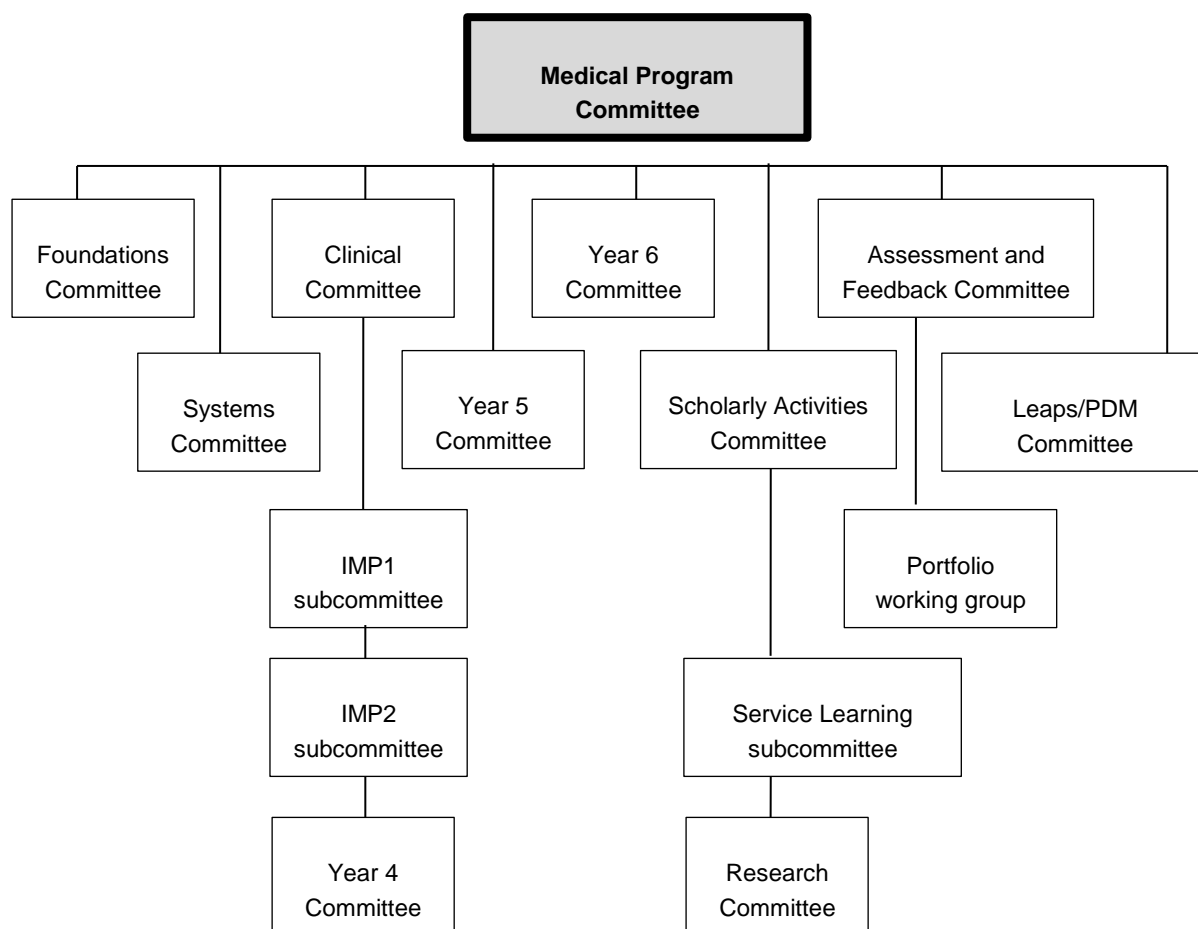
The committee structure continues to evolve at both Faculty and program level. The Medical Program Committee is now the main decision-making body responsible for governance, communication and innovation for both the MBBS and MD programs.

Faculty of Medicine, Dentistry and Health Sciences Governance



The Assessment and Feedback Committee and the LEAPS/Professional Development and Mentorship Committee are advisory and operational committees. It is anticipated that the Portfolio Working Group will be absorbed into the Assessment and Feedback Committee once the Portfolio is fully implemented and running smoothly. The team notes there appears to be some uncertainty as to the precise roles of other high-level committees involved with the MD program. The terms of reference for major committees such as the Medical Program Committee and the Faculty-wide Teaching and Learning Committee would benefit from updating, to ensure that they accurately reflect current activities and lines of reporting.

Medical Program Committee Structure



The Faculty has assessed the level of the proposed qualification against the Australian Qualifications Framework (AQF) and determined that it will meet the criteria for Level 9 Masters (Extended) program.

1.4 Educational expertise

1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.

2013 Team findings

The Faculty has excellent expertise in medical education, both within and outside the Education Centre, and a strong teaching culture.

The Education Centre, established in 1998, maintains the primary role in supporting medical education, including curriculum development and review. It forms part of the Faculty Office and provides educational support roles for all courses in the Faculty. The Centre works with individuals and groups to review teaching practice and is led by the Professor of Medical Education.

The Education Centre includes 11 academic and seven administrative staff and coordinates a suite of staff development workshops, postgraduate courses in health professional education and education research programs across the Faculty.

Centre Staff provide administrative support for components of the medical program and the curriculum development committees.

The Faculty has a particular strength in Indigenous Health education based in the Centre for Aboriginal Medical and Dental Health (CAMDH), which has been involved in the MD development process. The Team was greatly impressed by the Centre's work in recruitment and retention of Indigenous students, and contribution of the Centre to the MD program development. CAMDH appears to be an important resource for the Faculty in achieving its goals in relation to Indigenous Health and the Team encourages its ongoing support within the Faculty and University.

The departure of the Professor of Medical Education (Curriculum Development) from the Education Centre will mean the Director of the Education Centre will need to assume additional responsibilities in providing leadership to the implementation phase of the MD program. However, it appears there remains adequate expertise and enthusiasm in the Faculty to successfully implement the program.

2015 Team findings

Although there has been some reduction in the staffing levels of the Education Centre and the Centre for Aboriginal Medical and Dental Health (CAMDH), both continue to provide high quality input to the medical program. While both centres provide Faculty - wide services, the majority of their resources support the medical program.

The previous Professor of Medical Education (Curriculum Development) left his role with the Education Centre shortly after the 2013 assessment. As a result, the Director of the Education Centre has assumed additional responsibilities as Director of the Medical Program to provide leadership with the implementation phase of the MD program. The work load associated with this position, and some other positions within the program, is significant and the team is concerned about the sustainability of such workloads.

The Director of the Medical Program plans to take extended sabbatical leave in 2016. The Director's dedication and capacity to manage a high workload appear critical to the successful implementation and sustainability of the MD program. The team has concerns that the absence of the Program Director in 2016 may create a significant deficiency at the leadership level.

The Faculty will need to develop a risk management plan to mitigate the potential risks

this staffing situation may pose to the program. The team strongly supports the University's efforts to fill the currently vacant Dean's position with a suitable applicant as soon as possible², while recognising the efforts of the Acting Dean to protect the interests of the Faculty.

1.5 Educational budget and resource allocation

1.5.1 The medical education provider has an identified line of responsibility and authority for the medical program.

1.5.2 The medical education provider has autonomy to direct resources in order to achieve its purpose and the objectives of the medical program.

1.5.3 The medical education provider has the financial resources and financial management capacity to sustain its medical program.

2013 Team findings

The Dean is a member of the University Planning and Budget Committee. The overall University funding for the Faculty is projected to decline slightly over the next five years.

The move from a six to four year medical program will result in a net reduction in teaching income for the Faculty. This will be partly offset by the 20% additional loading allocated by the University for medical student places. The Faculty estimates that the overall difference in its income will be less than 10% (for a smaller number of students). There are no plans to increase the number of international students or introduce full fee paying students.

The Faculty's educational budget is distributed to Schools for the delivery of the program. Previously, funding has been allocated according to teaching responsibility and participation after an "off the top" deduction for the Education Centre and other support services. The amount of salary support from the health service varies markedly between Schools and this has led to a reassessment of the distribution of funding within the Faculty. As a result, some Schools experienced reduced funding this year. It is not clear what the long-term model for distribution of funds will be and not surprisingly, some Heads of School expressed concerns about the potential impact of this uncertainty.

The two Schools outside the Faculty that contribute to the program have previously been funded separately based on student loads, however the future funding model has not been finalised.

An issue that may impact on this is the longer semesters in the medical program and the

² As noted at 1.1, following the AMC assessment visit, the University of Western Australia announced the appointment of the new Dean of the Faculty of Medicine Dentistry and Health Sciences in September 2015.

different conditions negotiated for the Enterprise Bargaining Agreement with staff in the Faculty of Medicine, Dentistry and Health Sciences and from other Faculties.

The team identified a need for clarity in relation to funding as early as possible to allow Schools to predict and manage their financial positions. The employment status of staff teaching into the medical program from Schools outside the Faculty, and any potential impact on the MD program, need to be clarified as a matter of urgency.

The Faculty has resourced capital developments, including clinical skills teaching rooms and computer laboratories, but major works are centrally funded by the University through a competitive bidding process. The Faculty also has some bequest funding. There are excellent library facilities located on the main campus but small group teaching space is barely adequate for the proposed curriculum. The teaching facilities in the MD program would benefit from two additional tutorial rooms.

The Faculty has been awarded \$9 million by Health Workforce Australia for capital works to increase clinical training capacity. These funds have been used to expand the Rural Clinical School and to refurbish some metropolitan teaching facilities.

The team noted that current budgetary constraints have resulted in a freeze on University funding of new staff positions and re-appointment to some vacancies. The team encouraged the Faculty to seek short-term financial assistance from the University to support this major educational initiative.

2015 Team findings

Although facing a challenging financial environment, the University has ensured the medical program has been implemented as planned. The budget allocation process referred to in the 2013 report has been implemented and the Heads of School have reported satisfaction with the process.

However, the team is concerned that the financial constraints facing the University, combined with the introduction of an activity based funding model by the Department of Health, have the potential to have significant negative impacts on the medical program. The Faculty must clarify the proposed changes and quantify the impact to the funding of the program.

The team is also concerned that the proposal to considerably reduce funding for clinical academics in the WA Health System could result in a substantial reduction in time available for teaching in the health system. This presents a significant risk to the clinical teaching for the medical program and is very concerning for the Faculty.

The appointment of a new Dean and Director General will facilitate further negotiation and the team encourages both parties to ensure that any change is implemented over a timeframe that will allow successful adaptation of the medical program.

1.6 Interaction with health sector and society

1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.

1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.

2013 Team findings

The Faculty has worked closely with WA Health in planning clinical training for medical students. The Dean has regular meetings with WA Health executives. There are formal agreements with WA Health and the Brightwaters Care groups, the Silver Chain Hospice Care service and Ramsay Health for students to have access to the premises and facilities controlled by these organisations for purposes of training. The Faculty transfers Department of Education, Employment and Workplace Relations (DEEWR) medical student funding to hospitals, general practices and other health services that take UWA students on clinical placements for specific educational purposes, including the employment of teaching registrars, library support and maintenance of areas used by medical students. The Faculty provides an equivalent per student amount for international students who are not eligible for DEEWR funding. Organisations in receipt of this funding must report on expenditures to the Faculty.

As with many medical schools, faculty members are employed as lead clinicians in public hospitals and primary care. Clinical academic staff employed in public hospitals have parity with their clinical colleagues.

Clinical academic staff are required to spend 50% of their time undertaking clinical duties. Jointly funded appointments are formalised through a funding agreement signed by the Dean and the CEO of the relevant hospital. There is considerable variation in funding sources for clinical academic staff and the expectations from the health service about how much clinical activity they should undertake.

It is anticipated that contracts for current clinical academics relocating to the Fiona Stanley Hospital will be honoured. However, the uncertainty regarding the long term contractual arrangements for the clinical academic positions at the Fiona Stanley Hospital poses a significant obstacle to the development of 'new' clinical academic positions in Women's Health and Paediatrics, unless the University is prepared to allocate more funding to these schools for clinical academic salary support.

During site visits, the team met the CEOs of the Fiona Stanley Hospital and Joondalup

Health Campus. The team also spoke with the Executive Directors of the King Edward Memorial Hospital and Sir Charles Gairdner Hospital. The team commended the positive and supportive relationships between the Faculty and senior executives at these health facilities. The commitment and enthusiasm of the staff at the King Edward Memorial Hospital and the Joondalup Health Campus were of particular note. The Faculty has stated that it will continue its efforts to promote similarly close partnerships with newly developing facilities within the public and private facilities in the state health system.

The Faculty has successfully collaborated on shared clinical placements with the University of Notre Dame Australia, School of Medicine Fremantle (UNDAF) through two joint placements committees. A Combined Universities Medical Student Clinical Placement Executive Committee agrees on the overall distribution of clinical student placements from UWA and UNDAF at all clinical facilities at which students may undertake placements. The Local Clinical Placement Committees, comprised of academic and non-academic clinicians and administrators, determine the capacity for clinical teaching for medical students at each site. The two medical programs appear to have developed cooperative and independent approaches to manage the clinical placements effectively.

The Dean of the UNDAF School of Medicine does not foresee that the change to a MD program will affect the good working relationship between the two medical programs, particularly in the shared Rural Clinical School model.

The Faculty has effective relationships with a range of Indigenous medical and education services through the Centre for Aboriginal Medical and Dental Health (CAMDH).

2015 Team findings

The Faculty has continued to work with WA Health in planning clinical training placements for medical students. The Acting Dean has regular meetings with WA Health executives. There are formal agreements with WA Health and Ramsay Health for students to have access to the premises and facilities controlled by these organisations for purposes of training. As with many medical programs, faculty members are employed as lead clinicians in public hospitals and primary care. Clinical academic staff employed in public hospitals have parity with their clinical colleagues.

There are particularly strong relationships between the program and the health sector in rural environments. The team visited Busselton and Bunbury and were impressed by the collaborative relationships that existed between the Rural Clinical School and the local hospitals, local practitioners, and other tertiary providers working in the area. There is obviously a good working relationship with the University of Notre Dame Australia, School of Medicine Fremantle as evidenced at shared clinical sites.

The team also visited a number of suburban hospitals. Several clinicians who spoke to the team indicated facilities were currently teaching at full capacity. In the team's estimation, the potential influx of more students from the proposed new medical school at Curtin University is a cause for concern.

The clinical staff employed within the health service have, in general, a strong commitment to medical student education and it is essential to the program that this attitude is fostered and supported.

1.7 Research and scholarship

1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.

2013 Team findings

The Faculty has a strong research record, with strong performance in the Excellence in Research for Australia initiative 2012, and high levels of research funding from competitive sources (nearly \$59M in 2012 to staff of the Schools and Centres associated with the Faculty).

The direct link between research and scholarship and learning and teaching in the medical program will be primarily through the Scholarly Activity component. Scholarly Activity allows students the opportunity to explore the development and application of scholarship in a range of contexts. Students will choose one of three streams: Research, Service Learning, or Coursework, which will become the focus of their Scholarly Activity undertaken in Years two to four of the program.

Once students select a particular stream, their focus will comprise four units with at least three of the units taken in their stream. The Scholarly Activity database will contain all projects that are on offer in Year one, and students will select the projects that may interest them. A Project Expo is planned to offer students the ability to meet and discuss projects with potential supervisors.

Students who elect to complete the service or research streams complete a mandatory first unit in the stream designed to equip them with the basic knowledge and skills to undertake their chosen service activity or research project.

This range of choices provides options for students not particularly interested in undertaking research, but will also allow other students undertaking the Research stream to experience research activity with active researchers within the Faculty. The Research stream of Scholarly Activity will include relevant learning from Year 2 to Year 4 in basic research methods, critical evaluation of the literature, ethical issues around research (including their chosen project where relevant), and completion of any training or safety courses required for the conduct of the specific research project (as indicated

by their supervisor or the school in which their research will be conducted). Up to 450 hours will be available across Years 2, 3 and 4 for students to undertake their research project. Some students will replace one research unit (150 hours over one semester) with a unit from a different stream.

Assuming the Faculty can successfully implement the Scholarly Activity component, it will form a clear link between the strong research profile of the Faculty and research training and experience for these students. It is less clear how learning and teaching in the program more generally is linked to the research profile.

2015 Team Findings

The structure of the Scholarly Activity component, which will be undertaken in Years 2-4 of the program, has not altered since the last visit and implementation has progressed well.

In March 2015 approximately 200 students attended a Scholarly Activities expo, which showcased a range of options from the Service Learning, Research and Coursework streams. The expo provided an opportunity for students to discuss potential projects and rank their top five preferences. 49% of students indicated a first preference for a research topic, 33% chose coursework and 18% preferred a service learning project. Supervisors matched students to each project based on an expression of interest and CV.

The program reports there are sufficient projects for the number of students (some projects are designed for two students working cooperatively), with a number of projects available for the next cohort. The Faculty is confident that it will have sufficient projects when the program is fully implemented.

1.8 Staff resources

1.8.1 The medical education provider has the staff necessary to deliver the medical program.

1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and to manage and deploy its resources.

1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.

1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.

1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.

2013 Team findings

The Faculty is comprehensively staffed to deliver the medical programs with a total of 429 academic staff, 272 with some role in teaching.

The Dean has overall responsibility for ensuring that staffing profiles match the functions of the Faculty but Heads of School have delegated authority for this within their own Schools. New appointments are approved by the Dean and Deputy Vice Chancellor.

Business recovery plans have had to be developed for some Schools as a result of current budget constraints and by freezing all new positions and re-appointment to some vacancies (including clinical academic positions) by WA Health. This has led to some vacant positions not being filled and several initiatives for new jointly funded academic positions being indefinitely postponed. The team had some concern that these constraints will need to be carefully managed to avoid any impact on the implementation of the MD program.

The curriculum development process is well advanced. The significant implementation work that will be required over the next six to twelve months is likely to require some short term reassignments of staff. The team regards the Dean's leadership role as crucial, and commends the engagement of senior leadership and the Faculty's clear commitment to the MD program.

The departure of the Professor of Curriculum Development, who provided leadership to the MD program development, will place significant additional burden on the Chair of the MD Implementation Committee who is also the Chair of the MBBS Curriculum Committee, Chair of the Clinical Phases Implementation Committee and Director of the Education Centre. The Team considered this was a very high workload, and that some key individuals within the Faculty were responsible for a significant amount of the program's development and implementation.

Administrative support for the program is provided by approximately 45 FTE staff at Faculty level and additional staff in Schools and the Rural Clinical School. Faculty administrative units involved in the medical program include the Faculty executive team, Information Communication Technology (ICT) support, student support team and staff of the Education Centre. Administrative staff are located at all sites involved in teaching as well as on campus. The Faculty has very strong support for ICT (23 FTE).

The Faculty employs nine Indigenous staff. The University of Western Australia was the first medical program to graduate an Indigenous doctor (who was coordinator of the Indigenous health curriculum in the MD until January 2013). There are currently 30 Indigenous students (which represents 3.3% of the total student cohort) enrolled in the program. The Faculty has an effective range of policies and processes to encourage recruitment and retention of Indigenous staff and students.

The Faculty provides appropriate induction and support for volunteers who contribute to the program as simulated patients for clinical skills, communication skills and examinations.

The University's insurance policy provides indemnity insurance for staff for their University related activities.

2015 Team findings

The program relies on significant contributions from a small number of key staff who appear to have very high workloads, and the team encourages the Faculty to develop succession plans for key staff.

The school continues to provide appropriate training and support for patients and community members participating in planned learning activities.

1.9 Staff appointment, promotion and development

1.9.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions.

1.9.2 The medical education provider has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those staff who hold a joint appointment with another body.

2013 Team findings

The University has clearly documented staff appointment policies and offers a range of opportunities for staff to improve their skill levels. Although this occurs mainly at the level of the individual staff member and their line manager, the University supports this centrally through the UWA Organisational and Staff Development Services. New staff undergo orientation to the teaching, learning and research and access to workshops relating to the University processes and systems and teaching development delivered by the Centre for the Advancement of Teaching and Learning.

Staff have access to programs run by the Education Centre including teaching on the run, peer observation of teaching and formal postgraduate award courses in health professional education. New academic staff are encouraged to take part in the Foundation and Teaching and Learning course within two years of appointment and can earn credits towards the postgraduate courses.

Clinical Academics can be recommended for adjunct appointments. Appointments below Professorial level can be approved by the Dean but level D (Professor) and E (Winthrop Professor) appointments require approval by the Faculty Adjunct Appointments Committee.

Public health service employees have a commitment to teaching medical students in

their contracts and position descriptions (whether or not they have an adjunct appointment) and the understanding from the health service is that they will have one to two sessions per week available for this (in addition to supervising students in the program of normal clinical work) although not necessarily linked to any one University. There are no formal arrangements for annual performance review of adjunct staff teaching but discipline leads have to recommend whether or not to renew adjunct appointments every three years.

2015 Team findings

University policies with regard to staff appointment, promotion and development are unchanged. Staff employed by the health department nominally have 80% of their time allocated to clinical work and 20% to non-clinical. Teaching can occur in the clinical time, but specific time for teaching has not always been allocated. With the advent of activity based funding the clinical load has become significant and teaching has become limited. This has the potential to significantly impact on the student experience.

2 The outcomes of the medical program

Graduate outcomes are overarching statements reflecting the desired abilities of graduates in a specific discipline at exit from the degree. These essential abilities are written as global educational statements and provide direction and clarity for the development of curriculum content, teaching and learning approaches and the assessment program. They also guide the relevant governance structures that provide appropriate oversight, resource and financial allocations.

The AMC acknowledges that each provider will have graduate attribute statements that are relevant to the vision and purpose of the medical program. The AMC provides graduate outcomes specific to entry to medicine in the first postgraduate year.

A thematic framework is used to organise the AMC graduate outcomes into four domains:

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

2.1 Purpose

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

2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Maori and their health.

2.1.3 The medical education provider has defined its purpose in consultation with stakeholders.

2.1.4 The medical education provider relates its teaching, service and research activities to the health care needs of the communities it serves.

2013 Team findings

The Faculty's stated mission is to provide education, service and research that creates better health for the benefit of the West Australian, Australian and international communities. Implicit in this statement is acknowledgement of the rights and needs of Indigenous people.

The Faculty has established nine generic outcomes that graduates from each of the Faculty's programs are expected to achieve. These outcomes are reviewed regularly by the Faculty Teaching and Learning Committee. In developing the MD curriculum, the Faculty has included feedback from UWA academics with responsibility for new courses

to ensure the course structure is consistent with UWA policies.

The Faculty has defined its overall purpose (mission) for the MD program and also has developed the following priorities:

- Promote teaching and learning to the highest international standards
- Contribute to culturally safe health-care and health-care practice
- Increase understanding, prevention and effective management of disease
- Development of knowledge in the biomedical and health sciences within the multidimensional views of health.

2015 Team findings

The program's defined purpose is unchanged from the last visit.

2.2 Medical program outcomes

2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.

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

2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

2013 Team findings

Within the Faculty's broader generic outcomes, the MD program has developed more detailed statements as a set of graduate outcome statements consistent with the AMC attributes, and the Australian Junior Doctor Curriculum Framework.

The overall Graduate outcome statement for the UWA MD program is:

The UWA MD Graduate is committed to the well-being of the patient, community and society by being a responsible, accountable, scholarly, capable and caring doctor.

Subsequent mapping to the AMC graduate outcome statements demonstrated broad consistency, although the number and thematic arrangement of the MD graduate outcomes differ. The learning outcomes were developed to prepare graduates for the roles of the doctor as outlined in the program's PLACES themes (Professional, Leader, Advocate, Clinician, Educator and Scholar). Students were positive regarding the use of

the PLACES themes, and believe that the use of the themes will assist learning more than the broader themes underlying the MBBS program.

These graduate outcomes have included input from a wide range of stakeholders, including the Centre for Aboriginal Medical and Dental Health (CAMDH). The Consumer Research Liaison Officer from the School of Population Health provided feedback during curriculum development and attended the curriculum retreat to provide input from a consumer perspective. In the curriculum development process the Faculty made presentations to the Post Graduate Medical Council of Western Australia and provided updates to the tertiary hospital specialist management committees. MBBS students have a high level of engagement and interest in the development of the MD program.

The team was impressed by the processes underlying the development of the graduate outcomes and themes.

The MD outcomes are consistent with the Australian Curriculum Framework for Junior Doctors, the AMC's Graduate Outcome Statements and the overall goal for medical education which is to produce graduates competent to practise safely and effectively under supervision as interns, and with an appropriate foundation for lifelong learning and for further training in any branch of medicine.

The Team could not determine if the medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline (Standard 2.2.3). This will need to be determined during follow up assessments as it applies primarily to the latter half of the program. The precise location of teaching and learning in some of the clinical disciplines has not yet been determined because of the current major changes occurring within the WA Health sector. This standard will be an important area to be considered when Years 3 and 4 of the MD are addressed in more detail in the coming years. The Faculty appeared to be fully aware of the importance of consistency between clinical sites.

2015 Team findings

The program's outcomes are unchanged from 2013.

The team commends the Faculty on the development and implementation of the PLACES (Professional, Leader, Advocate, Clinician, Educator and Scholar) themes, which appear to have the widespread support of students, staff and clinicians.

The student submission commented favourably on modifications to the key learning terminology used within the learning outcomes, which have enhanced student understanding of what is expected of them.

Given the early stage of implementation of the clinical phase of the MD program, it is not yet possible to comment on the achievement of comparable outcomes through

comparable educational experiences at all sites, but the structure of discipline leads operating across sites is expected to promote this.

The team requests the Faculty provide evidence that the medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites following the graduation of the first cohort from the MD program.

3 The medical curriculum

3.1 Duration of the medical program

The medical program is of sufficient duration to ensure that the defined graduate outcomes can be achieved.

2013 Team findings

The duration of the MD program will be four years, which is consistent with other graduate medical programs in Australia and internationally.

The Faculty proposes to provide learning opportunities to achieve the 24 graduate outcomes organised around the six PLACES themes (Professional, Leader, Advocate, Clinician, Educator and Scholar), and delivered in four Phases.

Phase 1 (Foundations of Medical Practice) has been designed to build key bioscience knowledge and skills in a sequence that is suitable for all selected students in the first semester. The first two weeks of this Phase introduces the students to the broad aims of the program in the context of the six themes in a commendable and interesting program.

Phase 2 (Systems Based Learning and Practice) builds on Phase 1 using a systems based integrated approach over two semesters. Learning in all six themes is developed in this Phase.

The team was impressed with the rigor and depth of processes for determining the learning material and its sequence in the first two Phases. This learning will prepare the students for the more clinically oriented later Phases of the program.

Phase 3 (Clinical Based Learning and Practice) is delivered over three semesters and focuses students' learning in the fulltime clinical environment in rotating terms. The details of this phase of the program were less developed at this time but the proposed breadth of terms in the context of established clinical rotations suggested to the team that the requisite clinical learning would be achieved in this Phase. The team will be interested in the further development of learning opportunities to support students achieving outcomes in all six proposed program themes.

Phase 4 (Transition to Postgraduate Practice) is also under development but the proposed rotating terms, including selectives, appeared appropriate to achieve and consolidate the remaining graduate outcomes. The team will be interested in the further development of learning opportunities for all students to achieve the graduate outcomes in program themes such as Educator, Advocate and Leader.

The final component of the program is the innovative Scholarly Activity. This program element is delivered over four semesters and students will complete one of three streams (Research, Service Learning and Coursework).

The proposed duration of the four phase program will offer opportunities for every student to achieve the program's 24 graduate outcomes.

2015 Team findings

The overall structure of the MD program has changed only slightly since the last visit. Phases 3 and 4 have been coalesced into a single phase of Integrated Medical Placements with a duration of two and a half years, and incorporating placements in Internal Medicine, Musculoskeletal Medicine/Geriatrics, Surgery, Psychiatry, Paediatrics, Obstetrics and Gynaecology, General Practice/Ophthalmology, Emergency Medicine, Rural General Practice, and a combined placement covering Cancer, Palliative Care, Anaesthesia and Pain medicine. The final two 4-week rotations include Transition to Internship and a student selective.

The team commends the overall program structure and is satisfied that the proposed program will allow students the opportunity to achieve the planned graduate outcomes.

3.2 The content of the curriculum

The curriculum content ensures that graduates can demonstrate all of the specified AMC graduate outcomes.

3.2.1 Science and Scholarship: The medical graduate as scientist and scholar

The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of medical knowledge.

3.2.2 Clinical Practice: The medical graduate as practitioner

The curriculum contains the foundation communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession.

3.2.3 Health & Society: The medical graduate as a health advocate

The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations.

3.2.4 Professionalism and Leadership: The medical graduate as a professional and leader

The curriculum ensures graduates are effectively prepared for their roles as professionals and leaders.

2013 Team findings

The MD Outcomes Working Party defined the initial graduate outcomes of the program. They were then refined by the MD Curriculum Contents Committee. Each of the 24 graduate outcome statements were allocated to one of the six PLACES themes (Professional, Leader, Advocate, Clinician, Educator and Scholar).

A map of the 24 medical program graduate outcomes with the AMC graduate outcome statements showed alignment between the outcomes. The mapping process demonstrated that achievement of the graduate outcomes of the MD program would lead to students achieving the AMC graduate outcomes.

Curriculum content provided for the first two years of the MD (Phase 1 Foundations of Medical Practice and Phase 2 Systems Based Learning and Practice) appears well developed, although much work remains to be completed in terms of preparation of materials for delivery. The curriculum content and structure have been mapped against the AMC graduate outcome statements to illustrate where the outcomes are specifically addressed in the program.

The medical program's graduate outcome statements were used to derive high level learning objectives for each of the four Phases (and Units) of the program and the Scholarly Activity component. These objectives are currently being aligned to specific learning event objectives in an ongoing iterative process. The alignment of Phase and Unit level objectives is appropriate to achieve the graduate outcomes suitable for Phases 1 and 2. A detailed curriculum map is under development, including specific unit outcomes, teaching and learning activities and assessment mechanisms. Further work on the map will continue pending the result of the Faculty's request to the UWA Academic Council for an exemption from the University's six point unit structure. A decision on the unit structure is expected in September 2013. The team will be interested in this detailed mapping when it is available, as well as detailed mapping of objectives in Phases 3 and 4 of the program.

2015 Team findings

The team reviewed a detailed outcome map, linking graduate outcome statements with learning objectives for all three Phases and specific learning opportunities. This outcome map satisfied the outstanding condition arising from the 2013 assessment.

3.3 Curriculum design

There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.

2013 Team findings

The Faculty has designed the MD curriculum through a collegial and effective process. The team was impressed by the high level of engagement of all members of the large curriculum development team. The Faculty will benefit from this engagement in the curriculum implementation phase of the program. There is also evidence of consideration of MBBS students' input into the curriculum redesign process.

The Faculty has developed a strong set of curriculum principles which embrace the

integration of disciplines and provide links between the Phases of the program to allow every student the opportunity to achieve the MD graduate outcomes.

Although the team was impressed with the espoused principles of vertical and horizontal integration, the application of these principles to the implementation of Phase 1 and 2 is at an early stage and the mechanisms by which integration will be achieved have not been fully tested. Horizontal integration is relatively weak in the early phases, given that the first Phase is organised by units, promoting a strong focus on division of material into disciplines. Should the Faculty's proposal for a phase-based unit structure receive University approval, horizontal integration should be improved. Case-enhanced learning and the Seminar series will promote integration but the Faculty will need to work in detail with all of the disciplines in Phases 1 and 2 to ensure meaningful integration throughout the program.

The team was aware of plans for vertical integration particularly of bioscience material into Phases 3 and 4 and will be interested in the details of implementation.

2015 Team findings

The team notes a much stronger degree of horizontal integration throughout Phases 1 and 2.

The plans for vertical integration of bioscience material into Phase 3 remain unfulfilled at this stage, despite students moving into Phase 3 in the middle of 2015. The major vehicle for this will be the virtualMD platform that has been developed within the program. While the team was impressed by the potential for this program to deliver science-based material in a clinical context, as demonstrated by the demonstration case, significant work needs to be done over the next six months in order to populate it with a range of cases. The program should provide evidence of progress in implementing a significant number of additional cases on the virtualMD platform as a vehicle for vertical integration of bioscience material in Phase 3.

3.4 Curriculum description

The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.

2013 Team findings

The Faculty has developed the specific learning objectives for the Units in Phases 1 and 2 and these have been mapped to the broader graduate outcome derived objectives for each Phase. The Faculty is currently aligning learning event specific learning objectives (for large group learning sessions, practical classes, cases and seminars) to these Phase and Unit level objectives. The Team was satisfied with the process of alignment of

objectives and confident that these objectives will be available for students when they commence in 2014.

The Faculty has developed clear learning outcomes expected at each stage of the program and addressed the communication of learning outcomes and expectations to staff. However, the Faculty is encouraged to consider how best to collate and present the learning activities and outcome statements to students. In particular, the University is strongly encouraged to provide resources to develop an on-line curriculum database, similar to the one that exists for the MBBS program, which would communicate learning outcomes to students and enable curriculum audit. Such a database would significantly assist communication with students concerning what is expected at each stage of the program.

2015 Team findings

Resource constraints have prevented development of an on-line searchable curriculum database. However, a comprehensive map of the learning outcomes has been developed in the form of an Excel spreadsheet. Students reported that they were comfortable with the learning outcomes provided in specific learning sessions.

3.5 Indigenous health

The medical program provides curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).

2013 Team findings

The Faculty presented an Aboriginal (the program uses the term Aboriginal rather than Indigenous) health curriculum map which outlined a program of learning through the four Phases of the program. The teaching and learning content includes seminars, small group learning and discussion in Phase 1 and 2 and then more clinically oriented tasks in the later phases of the program.

Students can qualify for recognition of a planned Aboriginal health specialisation within the MD program. The specialisation is awarded to students who undertake an Aboriginal Health project within the Scholarly Activity component (either through the Research or Service Learning stream), along with a Year 4 elective in an Aboriginal health context, Aboriginal health content in the reflective portfolio though the entire program, and submission of a detailed reflective case report on an Aboriginal patient seen by the student from each clinical year.

The MD curriculum acknowledges the CDAMS (formerly the Committee of Deans of Medical Schools Australia, now Medical Deans Australia New Zealand) Indigenous health curriculum framework, although the Faculty did not provide a specific map to this resource. The staff from the Centre for Aboriginal Medical and Dental Health (CAMDH)

have had involvement in the development of the Aboriginal health curriculum map, and were keen to participate fully in the implementation phase of the MD.

The team was satisfied with the development of the program in Indigenous health and encourages the curriculum implementation team to maintain its close liaison with CAMDH.

2015 Team findings

The Aboriginal (the program uses the term Aboriginal rather than Indigenous) health curriculum has been delivered as planned in the first two phases of the program.

3.6 Opportunities for choice to promote breadth and diversity

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

2013 Team findings

The MD curriculum map proposes a number of opportunities for students to pursue choice that promotes a breadth and diversity of experience without comprising core learning outcomes.

Most significant in these opportunities will be a wide choice of topic in the Scholarly Activity component which will include a range of areas and activities to cater to student's varying interest. The Scholarly Activity component will allow students to choose topics from three streams (Research, Service Learning and Coursework).

The team highly commends the Faculty for the Scholarly Activity component which, when implemented, will serve the students well in developing knowledge and skills in all of the curriculum themes for the MD. Students will have additional opportunities for choice in the final year of the program with an elective and two clinical selectives. MD students should have a variety of opportunities for choice.

2015 Team findings

Further details were available regarding the Scholarly Activity component, the preparatory phase of which had commenced shortly before the visit of the team (see Standard 1.7). The Faculty has provided students with a broad range of options within the three streams of the Scholarly Activity, and students have chosen options in all three streams. Sufficient research projects have been made available, and supervisors, including those based in rural settings, appeared to be prepared for the start of research activity in 2016.

4 Learning and teaching

4.1 Learning and teaching methods

The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program.

2013 Team findings

In developing the MD program, the Faculty has completely redesigned the MBBS medical program in terms of both content and learning and teaching methods.

The Faculty is proposing innovative teaching and learning methods, some of which are well developed, while others require further development, in particular the seminar series proposed as a core part of the first two years of the program. The seminars will allow experts in each area to coordinate a multi-disciplinary approach to topics related to patient care, and provide an integrating focus for the knowledge students have acquired in a specific period.

While the schematic principles (collaboration, communication, content, compassion, creativity, critical thinking, concept mapping, confidence, and capability) for developing clinical excellence through the seminars are aspirational, the Team suggested a more grounded set of goals for these activities would benefit both staff and students. The seminars have great potential to contribute to integration within the program, but maximising their benefit is likely to be challenging. In particular, it is not clear as yet how the Seminars will be delivered in Years 3 and 4. It will be interesting to observe the outcomes of this initiative.

Years 1 and 2 feature the newly developed case-enhanced learning approach, a variation on case-based learning. Within the case-enhanced learning, students will be given pre-reading followed by two sessions of case discussion and case-related learning. While the format appears well designed to provide clinical context for the students' learning, it did not appear capable of developing a high level of clinical reasoning, because case information will be provided without any requirement for students to reason their way through the clinical problem. It appeared that relatively few cases had been prepared to date, and that a major effort in terms of case writing would be required over the next six months. Following the assessment visit, the Faculty reported a medical educationalist was appointed on .4 FTE basis to assist in the refinement of cases to ensure they encourage critical reasoning. Additionally, the Faculty developed a guide for staff regarding delivery methods in the Foundations and Systems Phases. The guide covers the definition, purpose and educational principles of the seminars and case-enhanced learning methods and general points concerning delivery methods.

The Faculty is to be congratulated for these learning and teaching innovations and the outcomes should be revisited at a later date.

Much of the learning and teaching of the biomedical science components in the early part of the program is weighted towards the use of large group sessions (in a lecture format). The Faculty may wish to consider whether more of this content could be addressed in small group interactive sessions. The team was impressed with the approach to Anatomy and Pathology teaching, both of which have a focus on clinically relevant material rather than excessive detail.

2015 Team findings

The Faculty has undertaken formal evaluations of teaching and learning methods, including the seminar series and case-enhanced learning, and has made appropriate changes in response to the results. The evidence provided by the Faculty satisfied the outstanding condition regarding evaluation of teaching and learning methods arising from the 2013 assessment.

The team notes that the Case-enhanced learning (CEL) sessions and Seminars had been subjected to appropriate evaluations following the first delivery of the Foundations and Systems 1 phases, and changes had been made in response to the views of students and staff. The students were satisfied overall with the CEL sessions, but had some suggestions for improvement, many of which have been adopted in the second delivery.

There was mixed feedback from students about the multi-disciplinary seminars, with some students rating them very highly and others being less positive, particularly about the clarity of learning objectives. The Faculty appears well aware of the need to respond to feedback on these issues.

4.2 Self-directed and lifelong learning

The medical program encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.

2013 Team findings

The Faculty has planned several approaches to encouraging students to take responsibility for their own learning and prepare them for lifelong learning. These include a reflective portfolio (the detailed delivery of which is still under development), and a mentoring program that will encourage students to identify their own learning needs and to reflect on what they need to do to obtain the maximum benefit from the program. The Faculty reported following the site visit the Pebble Plus e-portfolio system was selected for implementation in the MD program. Further details will be required as the implementation process proceeds.

The Faculty anticipates that, as graduate entry students, the MD cohort will be more experienced learners and will be able to undertake self-directed learning more readily than the current school-leaver cohort.

2015 Team findings

The Faculty has made excellent progress in implementation of the reflective portfolio since the last assessment visit, and made appropriate changes in response to evaluation results. Although it remains early in the implementation phase, students reported that the portfolio has increased their sense of responsibility for learning. Further evaluations will be required as the students reach the later stages of the course.

An impressive mentoring program has continued from the previous MBBS program. Feedback from clinical teachers (Integrated Medical Program 1) indicated that, compared with the previous MBBS cohort, the MD students as a group were more mature, self-directed and willing to take responsibility for their own learning. The team commends the Faculty on the progress made in this area.

4.3 Clinical skill development

The medical program enables students to develop core skills before they use these skills in a clinical setting.

2013 Team findings

Students will be taught clinical skills in safe environments, including low fidelity simulation and in clinical skills sessions using surrogate patients before they are expected to use them in clinical practice. An interprofessional (IPL) simulated clinical environment has been purpose built for several schools in the Faculty within an aged care facility, and this incorporates 16 clinical rooms in which interprofessional teams will be able to simulate management of aged care patients. Other simulation facilities are predominantly located within hospital settings.

2015 Team findings

The development of core skills before they are required in a clinical setting has been ensured by the use of surrogate patients in clinical skills tutorials, and an intensive program of training through the first 18 months of the program. Unfortunately, resource constraints have resulted in the closure of the simulated clinical ward planned as a student-led facility to promote interprofessional learning (IPL), but this has not impeded the development of appropriate clinical skills as the students move into the clinical phase.

4.4 Increasing degree of independence

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

2013 Team Findings

The clinical skills program will commence early in the MD program, and students will then be exposed to patients in a relatively conventional clinical apprenticeship model from late in Year 2 through to the end of Year 4. The overall plan for clinical training will allow a progressive increase in students' involvement in clinical care as they move through the program.

2015 Team findings

The clinical skills program has been developed as planned, and the first cohort of students commenced their first clinical placements several weeks before the team's site visit. Both students and staff reported favourably on the degree of preparation of students for this move into the clinical environment.

4.5 Role modelling

The medical program promotes role modelling as a learning method, particularly in clinical practice and research.

2013 Team findings

Supervisors and mentors will be expected to provide both good role models, and an opportunity to discuss both desirable and less desirable role modelling observed by the students in clinical settings. The mentoring program in the MD program will commence in the first week of Year 1. The MBBS program includes exercises requiring students to reflect on negative experiences in clinical environments, and discuss appropriate behaviours in relation to these experiences. The Faculty intends to continue this activity in the MD program, and the team would encourage this.

2015 Team findings

The mentoring program, clinical skills tutorials, and experiences during clinical placements are providing students with opportunities to observe and discuss role models. As the Scholarly Activity component is further rolled out in 2016, there will also be opportunities for students to observe role models in research settings.

The team commends the Faculty's longitudinal mentoring program which assigns each medical student a dedicated clinical mentor. The mentor acts as a role-model of appropriate clinical behaviour as well as monitors their assigned student's professional development.

A comprehensive mentor guidebook provides information on the Faculty, curriculum and the mentoring program. It also includes information about expected professional behaviour of the student. If the student is facing any difficulties, the mentor is given information about student support services, and where to refer the student.

A Professional Development and Mentoring interview record, completed by the mentor, is a mandatory formative assessment task.

The students who spoke to the team were very complimentary of the mentoring program and spoke favourably of their mentors. Some students remarked that they used sessions with their mentor to discuss both positive and unprofessional behaviour they had observed from senior clinicians.

4.6 Patient centred care and collaborative engagement

Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.

2013 Team findings

The Faculty expects its clinical teachers to promote these concepts of patient centred care and collaborative engagement. The provision of evidence that this is the case will need to await implementation of the clinical teaching program.

2015 Team findings

The clinical teaching program is at too early a stage of delivery to allow reliable assessment of this standard.

4.7 Interprofessional learning

The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.

2013 Team findings

There are several different forms of interprofessional learning within the MBBS, but currently this form of learning is underrepresented in the MD program.

The need to incorporate interprofessional learning within the MD program has been recognised since 2010, but there has been variable feedback from Faculty staff. MD Program organisers are aware of the need to embed IPL activities within the new program, and are working towards that. There are already activities in which students from other programs attend lectures together with the MBBS students, but more active learning opportunities need to be identified. The Team encourages the Faculty to continue to explore this area actively.

2015 Team findings

Since the last visit, the University has closed the nursing and postgraduate physiotherapy programs, and budget issues have also resulted in closure of the student-led multi-disciplinary ward intended as a vehicle for delivery of interprofessional learning (IPL).

While few formal interprofessional learning activities remain in the program, staff indicate that they will focus on attempts to formalise the existing interprofessional learning which occurs through the program. The team requests an update on initiatives to integrate interprofessional learning into the curriculum.

5 The curriculum – assessment of student learning

5.1 Assessment approach

5.1.1 The medical education provider's assessment policy describes its assessment philosophy, principles, practices and rules. The assessment aligns with learning outcomes and is based on the principles of objectivity, fairness and transparency.

5.1.2 The medical education provider clearly documents its assessment and progression requirements. These documents are accessible to all staff and students.

5.1.3 The medical education provider ensures a balance of formative and summative assessments.

2013 Team findings

The MD program will adopt the University of Western Australia's principles of assessment, namely that the primary role of assessment is education and that assessment should be well designed, equitable, transparent, defensible and assured. The Faculty has clearly documented policies and guidelines for assessment and feedback.

While these principles of assessment are sound, the team was concerned that the planning for assessment of student learning in the MD is currently at an earlier stage of development than would be expected. The team highlights assessment as an area of concern and the Faculty may wish to direct additional resources to developing the MD assessment approach and methods.

Following the site visit, the Faculty provided a blueprint of student assessment for the Foundations and Systems phases based on the proposed phase-based unit structure. The decision on the new structure is expected in September 2013.

An Assessment and Feedback Committee was formed in April 2012 to develop the philosophy of assessment in the new program and recommend an assessment framework. The Committee, which reports to the MD Curriculum Contents Committee, is chaired by the Assessment Lead in the Faculty with membership including staff currently involved in the MBBS, students, a Centre for Aboriginal Medical and Dental Health representative and e-Learning academic Lead. Final decisions on assessment are made by the MD Curriculum Contents Committee.

Assessment requirements are communicated to students through the program outlines and handbook which details marking templates as well as dates of examination.

There is a plan to provide a formative assessment in similar format to the subsequent summative assessments throughout the program; however it seems clear that these items have not yet been written. There was a general acknowledgement that mentors would be of value in assisting students reflect on the results of the formative feedback,

but no further detail was provided.

It is planned that the results of some formative assessments will be part of the assessment using a portfolio, although the portfolio is also a summative assessment item. There is discussion about the implementation of progress testing and the possible use of international benchmarking examination such the National Board of Medical Examiners International Foundations of Medicine examination.

The Faculty has designed the assessment structure and allocation of credit points to meet the University's requirements for compliance with Australian Qualifications Framework Level 9 Masters and University policy.

2015 Team findings

The principles of assessment adopted for the MD program have not changed since the last visit. The Faculty has clearly documented policies and guidelines for assessment and feedback.

In the first iteration of assessment in Year one of the MD program, student feedback indicated concerns relating to the assessment load. These included not only the number of assessments but also the occurrence of different assessments in the same timeframe. In response to student feedback there has been a reduction in the assessment load and re-alignment of assignments in Foundations and Systems 1. The students report positively on these changes and the feedback associated with them.

The program of feedback is extensive and well-liked by the students. The documentation of summative and formative assessment is included in all handbooks for students.

The program has a process of examining item psychometric values prior to finalising examination results. This enables poorly functioning questions to be excluded prior to finalising student results.

5.2 Assessment methods

5.2.1 The medical education provider assesses students throughout the medical program, using fit for purpose assessment methods and formats to assess the intended learning outcomes.

5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.

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

2013 Team findings

The Faculty provided a proposed assessment schedule for the first two years of the program, containing some information concerning the nature and weighting of the

assessments. It is apparent assessment has yet to transition from the development to implementation phases. The Faculty acknowledged that there needed to be more urgency in the implementation of assessment and that to support this, there would be greater involvement from senior leadership in this over the next six months.

In the first two Phases of the MD, the Faculty proposes to assess the science focused units by end of unit and end of semester written assessments and objective structure practical examination (OSPE).

The LEAPS (Graduate Themes of the MD Program without the Clinician Component: Leader, Educator, Advocate, Professional, and Scholar) outcomes of the Clinical Practice units will be assessed by assignment, clinical skills assessment and the integrated portfolio.

The bridging semester in the second semester of Year 2 will be assessed by a combination of written examinations and in training assessments (ITAs).

Phase 3 assessment will be a combination of written examinations and an Objective Structured Clinical Examination (OSCE) at the end of the semester and ITAs throughout the clinical placements.

The ITAs will be continued in the final year of the program, in addition to a structured written examination. These will probably include case-based discussion. The Faculty's submission stated that standardised workplace based assessment (WBA) will be used to assess competencies rather than an OSCE, which seems appropriate but somewhat out of keeping in terms of assessment hierarchy with the retention of a written examination.

While the Faculty has conceived a high level approach to assessment, very few items for the Phase 1 written assessments or Objective Structured Practical Examinations (OSPE) examinations have been written. In addition, significant decisions need to be made on the scoring of the portfolios and standard setting processes.

The portfolio will form 60% of the score for the Clinical Based Learning and Practice unit. Key content items have been identified for inclusion but it remains unclear how this will develop reflective practice in students or how it will be summatively assessed. The team felt that asking students to include items of reflection in the portfolio would not necessarily achieve the purpose of developing reflective practice.

While the lack of progress on assessment in the later years is not as critical at this juncture, the team has considerable concerns with the relatively slow progress on Year 1 and 2 assessment methods and formats to assess learning outcomes.

The Assessment and Feedback Committee is currently looking at a range of possible standard setting methods to set pass marks for written assessment items and OSPEs in the first Phase of the program. These marks will be moderated to have a standardised pass mark of 50% with students scoring between 45 and 50% being allowed to take a

supplementary assessment. The team noted that students scoring less than 45% on two units will be excluded from the program, and questioned whether such a policy would be supported by the University.

The team noted that the University's requirement for unit-based scores has disrupted the Faculty's original philosophical approach to integration of assessment. While the Faculty has developed some workarounds to minimise the effect on the longitudinal clinical placements at the Rural Clinical School, unitisation has effected the first two Phases of the program, Foundations of Medical Practice and Systems-based Learning and Practice.

The Assessment and Feedback Committee seemed uncertain about the impact of unit scores on student progression rules. There is an urgent need to finalise these decisions in order to inform incoming students in 2014.

There has as yet been little detailed planning of assessment blueprinting, formats, or standard setting.

These key aspects of assessment will need to be addressed before the commencement of the program in 2014.

2015 Team findings

The program employs a broad range of assessment methods which reflect modern assessment practice and provide appropriate assessment of the various learning outcomes.

Examinations are blueprinting individually, with links to learning objectives, to ensure broad coverage of the material in the relevant part of the course. All examinations are fully integrated. The Assessment and Feedback Committee may wish to consider an overall (longitudinal) blueprinting process to assist in planning their program of assessment.

The assessment group is to be commended on their comparative trial of Cohen's method of standard setting. The results achieved with the Cohen method are very similar to those derived from the more labour intensive modified Angoff method.

The end of phase examinations are the same for all students. There is the potential for variation in clinical placement assessments between different units and clinical sites, which will require active management by discipline leads and unit coordinators. For the 25% of the students who will undertake their training in the Rural Clinical School, there will necessarily be differences in In-Training Assessments because of the integrated nature of the placements. This is not likely to cause difficulties but will require close monitoring by Rural Clinical School staff to ensure that the expected standard remains consistent with the metropolitan program. Given the program has previously published

research comparing outcomes of rural versus urban students, the team is confident that this will be well managed.

The team noted the extensive development that had taken place to implement and host the MD portfolio in PebblePad . The team is concerned that if the University ceased to support PebblePad, it is likely that the Faculty would have to move the portfolio to a paper-based system, with attendant loss of efficiency and functionality (see also Standard 8.2).

One area identified as a concern in the 2013 assessment was the issue of those students who were delayed in completing the MBBS program during its teach-out. The team notes that progression rules have now been clarified and include the complexities associated with the teaching out of the MBBS (6 years) and the relationship with the MD (4 years). The Faculty provided a detailed plan which outlines the Faculty's approach to student who fail to progress in the MBBS program during the teach-out phase and the team is satisfied this plan is adequate and fair.

5.3 Assessment feedback

5.3.1 The medical education provider has processes for timely identification of underperforming students and implementing remediation.

5.3.2 The medical education provider facilitates regular feedback to students following assessments to guide their learning.

5.3.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.

2013 Team findings

The Faculty has clearly defined policies on moderation of assessment, feedback to students, remediation and supplementary assessments which will carry through to the MD program.

The Faculty indicates that students will be provided with the results of summative assessments and information on the mean and distribution of scores for their cohort in the same item.

Feedback to supervisors is provided through each School's Teaching and Learning Committee within each discipline. The Faculty reports that it has changed to clinical supervision arrangements where students have provided negative feedback.

The Faculty's commitment to a multimodal structure for assessment, and transparency in assessment is commendable. The Faculty should develop urgently a detailed assessment plan which provides for regular feedback to students and supervisors.

2015 Team findings

The program has a well-established process for identifying students at risk of failure and early intervention occurs once a student is identified. Students receive detailed feedback on each written assessment, including feedback on exam performance in each discipline.

There is limited feedback to teachers on cohort performance in the various units, apart from those staff who are directly involved in the assessment. The Faculty may wish to consider a method for providing such feedback to assist teachers to adapt and develop their content and delivery to improve performance.

5.4 Assessment quality

5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.

5.4.2 The medical education provider ensures that the scope of the assessment practices, processes and standards is consistent across its teaching sites.

2013 Team findings

The Faculty has a six-step process to ensure quality of assessment, which includes review of blueprints, pre and post examination item analysis, quality of assessment at year level, student feedback and comparison across cohorts.

The centralised review of assessment is contemplated to facilitate modification and rationalisation of assessment, although it is not clear who will have operational responsibility for this, and how the outcomes will be fed back to Unit and course coordinators. The Faculty must clarify how the assessment quality assurance process will work in practice, and how outcomes will be disseminated.

It appears the Faculty has established mechanisms for gathering quality data on assessment, including item analysis that will continue in the MD program.

The Faculty acknowledged a need for staff development to use the new assessment tools and provide feedback but there appears to be no plan as yet as how this will occur.

2015 Team findings

The Faculty has established mechanisms for gathering quality data on assessment, including item analysis, that will continue in the MD program. The item analysis is reviewed prior to finalisation of the scores so that poorly performing questions can be removed.

The team was concerned to hear that 75% of MCQ examination questions were unable to discriminate between students because they were “too easy”. This indicates that the

quality process is not producing the required outputs and may indicate that the question writing process needs improvement. The program should provide evidence of appropriate education for staff who write MCQ questions, and an update on progress in improving the discrimination power of MCQ examination questions

The 2013 assessment noted a need for staff development to use the new assessment tools and provide feedback. The team noted the training of academics in the use of the In-Training Assessment needs to be expedited through the discipline networks.

6 The curriculum – monitoring

6.1 Monitoring

6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.

6.1.2 The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.

6.1.3 The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.

2013 Team findings

The Faculty Evaluation Committee reports to the Faculty Teaching and Learning Committee and provides oversight of the evaluation processes within the Faculty. The Faculty Education Centre directs the curriculum evaluation renewal and development processes within the MBBS and MD program.

The Faculty Evaluation Policy and Procedures Manual is comprehensive and, fully implemented, would result in appropriate evaluation. The Evaluation Committee provides feedback on the educational quality of programs within the Faculty to the respective course curriculum committees. The Faculty provided two completed evaluation reports for the MBBS as evidence of the methodology used in evaluation and the reports that can be generated.

The MBBS program engages in regular monitoring and periodic review of its teaching and supervision using both program specific, as well as University-wide evaluation tools, to update and modify curriculum. This evaluation approach will continue in the MD program.

The plans for evaluation and monitoring in the MD program are not yet fully developed. The Faculty plans to introduce course evaluation mechanisms to all students and staff in the first two weeks of the MD program. All students will be provided with information about planned evaluation activities and be asked to sign an agreement that they will participate. Evaluations are planned for multiple points in the year using quantitative and qualitative methods. Ongoing evaluation will involve random sampling of small groups of the student to minimise evaluation fatigue, with end of unit and phase evaluation involving the entire student cohort. Evaluation methods will include surveys, and focus group sessions, involving both students and staff, to provide timely feedback

and effectively manage concerns.

Two University administered surveys, the Student Unit Reflective Feedback (SURF) and Student Perceptions of Teaching (SPOT), will continue to be used in the MD evaluation process. The Student Unit Reflective Feedback survey (SURF) is a compulsory on-line evaluation for every unit in the University. The results are immediately available to unit coordinators for review and action. Teaching staff are encouraged to use the Student Perceptions of Teaching survey (SPOT), an evaluation instrument designed to provide feedback to teachers about their teaching.

MBBS students report that these university-administered student feedback programs (SURF and SPOT) have limited relevance to the medical program. The Faculty may wish to review the place of these tools in the evaluation of the MD program.

The Team commended the Faculty on its detailed review of curriculum content for the MD program, and the extensive consultation with Faculty members and MBBS program students in the development of the new program.

Curriculum monitoring and evaluation is well described in theoretical terms. The Team recognised the difficulty in allocating the considerable time and resources required to monitor and evaluate the curriculum. It will be important to identify a Faculty member with time and expertise to guide ongoing monitoring and evaluation processes.

The Faculty has limited collaborations with other education providers within Australia. The Team recommended further engagement and perhaps utilisation of existing collaborations such as Australian Medical Schools Assessment Collaboration (AMSAC) or the Australian Medical Assessment Collaboration (AMAC). Benchmarking of OSPEs should also be examined.

2015 Team findings

The team commends the Faculty on the implementation of the evaluation plan for the Foundation and Systems 1 phases of the program. The implementation was faithful to the detailed evaluation proposal seen at the initial visit, and the team viewed the aggregate data for those evaluations. The preliminary analysis of those data has been completed by the Faculty with proposed actions identified. The Medical Program Committee plans a review of the evaluation data and proposed actions. The condition arising from the 2013 assessment regarding evaluation is now satisfied.

However, the team looks forward to confirmation of implementation of those actions, and dissemination to all stakeholders of both the evaluation results and the actions taken.

One consequence of the integrated curriculum is greater visibility of the Student Perceptions of Teaching (SPOT) data by unit coordinators. The team notes this is a

welcome reduction in the “silo” structure of the previous course.

The team commends the Faculty’s engagement with the student body via student membership of committees. This provides an important source of (unstructured) feedback to the Faculty as well as a vehicle for the Faculty to communicate to the student group the results and consequences of formal evaluation processes.

The current evaluation tools used for clinical placements in the MBBS program Years 4, 5 and 6 were available to the team, and provided valuable information about the academic aspects of placements.

The first group of MD students have commenced their clinical placements in the first Integrated Medical Placement unit of second year and a comprehensive evaluation program is planned including discipline / rotation specific evaluation, continuation of the SPOT evaluations and targeting surveys and focus groups. The team encourages the Faculty to consider broadening the areas surveyed in the evaluation instruments to include some broad indicators related to site amenity and facilities, student safety and administrative support.

Given the successful implementation of the Faculty’s evaluation of the 2014 Foundation and Systems 1 phases, the team looks forward to receiving the results of the evaluation of the clinical years.

6.2 Outcome evaluation

6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.

6.2.2 The medical education provider evaluates the outcomes of the medical program.

6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.

2013 Team findings

The Team recognises the difficulty for a new program in achieving this standard. The MD Outcomes Working Party has concluded its substantive body of work in defining the graduate outcomes of the program, with refinement by the MD Curriculum Contents Committee. The outcomes will be subject to continual review by the MD Implementation Committee, informed by the results on ongoing evaluation.

The Team was pleased to learn of an imminent manuscript on the evaluation of the outcome of its MBBS medical program in terms of career paths of its graduates. The Faculty contributes data to the Medical Schools Outcomes Database (MSOD) managed through Medical Deans Australia New Zealand and the data is used to inform Faculty

policies, e.g. selection. To date no systematic analysis of the various graduate cohorts has been completed. Further definition of outcome evaluation strategies by the Faculty, and appropriate resourcing by the University, is needed.

This is an area that requires further development as the MD program is implemented.

2015 Team findings

The MD program now has students engaged in the second of four years. While evaluations of the outcomes to date were provided, analysis of graduate cohorts will not be possible until after the first cohort has graduated. Although plans are in place to undertake outcome evaluations, the program will not be able to fully address this standard until 2018. Assessment data is regularly fed back to the relevant admission, student support and curriculum committees, via shared membership of committees, and cohort analysis is undertaken.

The team notes the continuing engagement of the Faculty with the Medical Schools Outcome Database, and its contribution to benchmarking exercises including the Australian Medical Schools Assessment Collaboration (AMSAC), the Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) and International Foundations of Medicine examinations.

6.3 Feedback and reporting

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

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

2013 Team findings

The Faculty Evaluation Committee will be responsible for feedback and reporting the evaluation results of each course. The relevant curriculum committee will be required to examine results and provide a written response and action plan, with the final reports circulated to all relevant committees and student associations and placed on the evaluation web page within the Faculty. A follow up brief is also prepared so that actions and progress can be tracked.

The Faculty plans a specific Evaluation and Improvement Committee, reporting to the MD Implementation Committee, will be responsible for the MD program. This Committee will produce reports that will also be sent to the Faculty Evaluation Committee.

The Team consulted with teaching staff in the MBBS program who report that the

results of student evaluations are made available to them with reasonable frequency and adequate detail.

There does not appear to be a systematic process allowing results of student evaluations to be available to stakeholders beyond staff and students with an interest in graduate outcomes or that the Faculty utilises data available from organisations such as Medical Deans Australia and New Zealand. This is an area that requires further development.

2015 Team findings

As noted in Standard 6.1, the team was impressed with the implementation of the planned evaluation process of the early years of the program, with clear lines of feedback to the governance and administration of the Faculty.

A response to the evaluation reports for each unit is provided by the Program Director in consultation with the Unit Coordinator. This response includes a summary of the positive and negative results, and proposes a plan to address any difficulties. These reports are tabled at the Phase and Program committee meetings as well as the Faculty Teaching and Learning Committee via the Evaluation Committee. The responses are made available on the Learning Management System to all students and the evaluation data is distributed to the Centre for Aboriginal Medical and Dental Health CAMDH.

7 Implementing the curriculum – students

7.1 Student Intake

7.1.1 *The medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.*

7.1.2 *The medical education provider has defined the nature of the student cohort, including targets for Aboriginal and Torres Strait Islander peoples and/or Maori students, rural origin students and students from under-represented groups, and international students.*

7.1.3 *The medical education provider complements targeted access schemes with appropriate infrastructure and support.*

2013 Team findings

The planned intake of 240 students into the MD program is unchanged from the MBBS program. Twenty five percent of the government funded places are bonded Medical Places (BMP). A maximum of 30 international full-fee paying students will be accepted to the program and there will be no domestic full-fee paying students. The Faculty did not have a 2013 intake in order to adequately plan and resource the MD program.

Projected Student Intake 2013-2017 into MD Program

Year	Commonwealth supported	Government-funded bonded (Rural/Medical)	Fee-Paying Domestic	Fee-paying international	Total
2013	0	0	0	0	0
2014	157	53	0	30	240
2015	157	53	0	30	240
2016	157	53	0	30	240
2017	157	53	0	30	240

The Faculty noted that clinical placements in Western Australia are at capacity, and that further increases in student numbers are not considered feasible at this time. The Faculty is confident that student numbers will be sustainable following completion of the considerable development currently underway within the health system in Western Australia (e.g. the opening of Fiona Stanley Hospital).

Some Faculty members voiced concerns regarding the reduction in University funding that will result from a reduction in total Commonwealth Supported student numbers across the duration of the program. However the Faculty has assured the Team that the impact will not be significant after implementation of changes to the University's internal funding mechanisms.

The team commends the Faculty on its targets for enrolment in the MD program of rural-origin, Broadway (applicants who completed Year 12 in a school located in a low

socio-economic area that is under represented at UWA) and Indigenous students, all of which are complemented by longitudinal, comprehensive 'Choose Medicine' recruitment support mechanisms. The Faculty employs a member of staff to support applicants applying for the Choose Medicine Rural Pathway. Support for applicants who register for the rural program received support through the selection process through workshops, general UMAT and interview preparation and the application process. Support structures are in place for Indigenous applicants to prepare them for the MD program. The student support coordinator provides ongoing support to students throughout their time at University.

The enrolment targets for the MD are consistent with targets in the MBBS program. The difficulties experienced in recruiting and retaining Indigenous students are noted, but are not unique to this University, which has a better record than many other medical programs. The Faculty's recruitment targets and support mechanisms are well received by current students.

The Faculty has clearly defined its approach to students who do not progress as expected through the MBBS program during the 'teach out' phase. This remains a source of concern for current students and the Faculty is encouraged to effectively communicate these mechanisms with the MBBS student body.

2015 Team findings

Student intake numbers and specific admission pathway targets remain at the same level as 2013.

There are specific admission pathways and support systems for Aboriginal students, and nine students have been admitted in the second MD cohort.

Infrastructure and support processes for special entry students appear to be exemplary.

7.2 Admission policy and selection

7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.

7.2.2 The medical education provider has policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses.

7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Maori.

7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.

2013 Team findings

The Faculty has developed and documented evidence-based admission policies and processes, in addition to materials containing comprehensive information to support recruitment of students to the new MD program.

Selection instruments for MD program:

DOMESTIC STUDENTS

School-leaver pathways

	Australian Tertiary Admission Rank (ATAR)	Undergraduate Medical Admission Test (UMAT)	Interview score	Rural rating
High Achievers	40%	20%	40%	
Rural students	30%	15%	30%	25%
Broadway Program	40%	20%	40%	

Graduate Entry

	Grade Point Average (GPA)	Graduate Australian Medical School Admissions Test (GAMSAT)	Interview score	Rural rating
General	33%	33%	33%	
Rural students	25%	25%	25%	25%
Broadway Program	33%	33%	33%	

INTERNATIONAL STUDENTS

School-leavers	Australian Tertiary Admission Rank (ATAR)	International Student Admissions Test (ISAT)	Interview score
	33%	33%	33%

Graduates	Grade Point Average (GPA)	Graduate Australian Medical School Admissions Test (GAMSAT) / Medical College Admission Test (MCAT)	Interview score
	33%	33%	33%

The size of the school leaver cohort is large for a graduate-entry program, with up to 48% of all enrolments (115 of 240) selected from a school-leaver population, at the time of graduation from school. These students then have guaranteed entry to the MD program following completion of a bachelor's degree at the University, as long as they meet the GPA requirements.

The information for prospective students available on the Faculty's website is clear with respect to the size of the cohort, and requirements of school-leaver and 'Standard' pathway applicants. The Faculty may wish to review its official admissions policy to improve clarity with respect to the high proportion of school-leaver applicants admitted to the program.

The University's Disability Policy encourages identification and disclosure of an applicant's special needs at an 'appropriate time', neither this University policy nor the Faculty's admission policies require assessment of applicants against the inherent requirements of completion of the MD program and practice as a medical professional, other than the general requirement of the admission policy that students should be able to complete assessment requirements. The Faculty may wish to consider developing an explicit statement regarding inherent requirements (also referred to as core participation requirements) to practice as a medical professional.

The Faculty has access to the excellent resources and initiatives developed by the University's Centre for Aboriginal Medical and Dental Health (CAMDH). The Faculty is commended on the resources provided by CAMDH for the retention and support of Indigenous students, including through additional lectures, tutorials and pastoral care. The Team was impressed with the proposed advanced diploma preparatory pathway for Indigenous students seeking enrolment in health science courses.

The Team noted that MBBS students have expressed interest in greater engagement with the Faculty regarding policies and initiatives to assist the retention and support of Indigenous students.

2015 Team findings

The admission policy and selection processes have not changed since the last visit.

Since the 2013 review, an inherent requirements advisory document has been developed and will be made available to all potential students. This document provides a realistic expectation about the scope of medical training, and the team commends this initiative.

The advanced diploma preparatory pathway for Aboriginal students has now been implemented, with two former students enrolled in Year 1 of the MD. The impact of this program on recruitment and retention of Aboriginal students will become evident over time.

7.3 Student support

7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial social, cultural, personal, physical and mental health needs.

7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including:

- o students with disabilities and students with infectious diseases, including blood-borne viruses.*
- o students with mental health needs*
- o students at risk of not completing the medical program*

7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.

7.3.4 The medical education provider separates student support and academic progression decision making.

2013 Team findings

There are extensive support mechanisms, both within the Faculty and the wider University, which will be available to MD students. This support is very well understood and appreciated by MBBS students and is expected to continue to effectively serve students entering the MD program, including international, graduate and mature-age students. Current students understand the pathways for seeking support, which are primarily accessed through the Associate Dean (Student Affairs).

The Faculty has expressed confidence in its mechanisms to identify students needing support, through the work of the Sub-Deans, mentoring programs and through

consultation with the student body. The Faculty is aware of the needs of subsets of the student cohort, including those students enrolled through the 'Choose Medicine' pathways, international, graduate and mature-age students. A range of MBBS students who spoke with the Team expressed their satisfaction with the diversity of services provided. CAMDH works closely with the Faculty on initiatives for recruitment, retention and support of Indigenous students and Indigenous students are also supported by the School for Primary, Aboriginal and Rural Health Care.

The Faculty engages with UniAccess, the University's office for students with disabilities, regarding support mechanisms for those students.

The separation of student support and academic progression decision making processes has been considered for metropolitan settings but has been identified to be challenging in rural settings. For metropolitan sites, the provider has clarified that the mechanisms for students seeking support progress are initiated through the Associate Dean (Student Affairs), whereas issues of academic performance are raised through the relevant Unit Coordinator(s).

2015 Team findings

The current system of student support is multi-layered, comprehensive and appears to be very effective. In addition to the UWA student support services, the Faculty provides academic support via course coordinators and academic/personal/pastoral care via preceptors, formal mentors, Sub-Deans and the Student Support Team (Associate Dean, Student Affairs; Manager, Student Affairs; and Student Support Coordinator).

The existence of the Student Affairs Office allows clear separation of support and academic progression decision-making. At the 2013 AMC visit, it was acknowledged that this level of separation could potentially be more challenging in rural settings. This concern was not substantiated by current Rural Clinical School students, who reported that they felt very well-supported by an enhanced mentoring program and the ready availability of multiple trusted preceptors.

The mentoring program embedded as a core component of the MD Program is highly regarded by students and is commended by the team (see also Standard 4.5).

7.4 Professionalism and fitness to practise

7.4.1 The medical education provider has policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine.

7.4.2 The medical education provider has policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.

2013 Team findings

The Faculty is commended on the comprehensive nature of its Fitness to Practise (FTP) policies and procedures, which have been recently updated with wide stakeholder engagement. The Faculty has engaged the student body in the distribution of the policy, although ongoing efforts will be required to ensure student awareness of the policy.

The Faculty has established a Professional Behaviour Advisory Panel to manage cases of professional misconduct, with access to support mechanisms for students, means of appeal, separation of investigation and decision-making functions, and active management of potential conflicts of interest.

The Faculty intends to conduct orientation activities early in the program regarding professional standards, and the Team endorses the student body's request for a session reinforcing the principles of professional behaviour, including reference to relevant registration standards, at the commencement of clinical studies. The integration of the LEAPS (Leader, Educator, Advocate, Professional, and Scholar: the graduate themes of the MD Program without the Clinician component) curriculum component is anticipated to improve the visibility of learning and teaching related to professionalism and fitness to practise.

2015 Team findings

Expectations regarding professional behaviour have been made more explicit in the MD Program via defined graduate outcomes, the longitudinal theme of 'Professionalism', and regular summative, multisource assessments of professionalism.

The fitness to practice policy and processes have not changed since the last visit in 2013 and appear to be robust. In particular, the incorporation of professional behaviour as a barrier assessment in all units is likely to maximise the Faculty's ability to take appropriate action in cases of serious impairment or misconduct. The addition of the inherent requirements advisory document is a positive development.

7.5 Student representation

7.5.1 The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.

2013 Team findings

The Faculty has representation from the student body in program governance and excellent engagement with students. Student representatives commended the Faculty for this engagement.

The Western Australian Medical Students' Society (WAMSS) has contributed significantly and constructively to the development of the MD program. Student

feedback has been sought consistently during the development of the MD program, and it would be anticipated that engagement with the student body will continue during the implementation and ongoing governance of the program.

2015 Team findings

The team commends the program for their engagement with the student body through the student membership of committees. Student representatives are members of the Medical Program Committee and other relevant sub-committees. The Western Australian Medical Students' Society (WAMSS) reported that student representatives find that members of faculty are welcoming, encouraging and appreciative of all student led feedback.

7.6 Student indemnification and insurance

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

2013 Team findings

The University comprehensively indemnifies its students for all activities related to the program, including student electives.

2015 Team findings

No changes have occurred since the last visit in 2013.

8 Implementing the curriculum – learning environment

8.1 Physical facilities

8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to *achieve the outcomes of the medical program*.

2013 Team findings

The University campus at Crawley will be the site for most learning and teaching in Years 1 and 2 of the MD program. The facilities include a spacious library with ample electronic resources. The University teaching rooms are just adequate for the current number of students, although some (for example, the histology and anatomy teaching areas) will require sessions to be repeated up to three times to accommodate the whole class.

The team noted the limited availability of lecture theatres large enough to accommodate the proposed intake of 240 Year 1 students.

The University campus computer facilities and student common room appear to be very marginal in terms of accommodating the proposed student numbers, and the common room, in particular, is in need of refurbishment to make it an attractive room for students.

There is also a limited number of dedicated tutorial rooms located on the Crawley campus, and the team encouraged the Faculty to ensure that adequate rooms are identified to allow the proposed small group learning activities (such as case-enhanced learning) to be timetabled appropriately and with appropriate group sizes.

The current clinical teaching sites appear to provide adequate student learning environments, although the teaching facilities at King Edward Memorial Hospital are very stretched, and occasionally, teaching is carried out in the corridor.

The provision and access of student common rooms and lockers is limited at many clinical teaching sites and the team supported the Faculty in its on going efforts to improve student facilities at all locations.

The team was very impressed with the new education centre at Joondalup. A new health campus Community Clinical School for medical student, nursing and allied health training is due to open in December 2013 at Joondalup. The teaching staff and hospital executive team at Joondalup were enthusiastic and dedicated advocates of the MD program.

A number of new hospitals, including the Fiona Stanley Hospital, New Children's and Midland will be commissioned in Perth over the next five to eight years. The Fiona

Stanley Hospital, a major tertiary facility, has experienced delays in opening due to ICT issues. The revised timeline indicates construction will be complete in December 2013, with a phased in opening that plans for the hospital to be fully operational in April 2015.

The team were able to view the Education Centre at the new Fiona Stanley Hospital site, which will also provide excellent facilities for students. The Faculty should progress negotiations in order to ensure that clinical placements will be available at this hospital so that its students have ready access to these facilities. It is acknowledged that there is considerable development currently underway within the health system in Western Australia, and the Faculty appears confident that UWA students will be able to access new hospital facilities appropriately.

Although the team did not visit the Rural Clinical School, the team received very positive feedback on its facilities and ability to accommodate the proposed student numbers.

Overall, the team was confident that the Faculty will be able to provide adequate facilities for teaching the first two years of the MD program, using most of the facilities that are currently in use for the MBBS program. However, there are areas that require attention for the students to have access to an up to date teaching and learning environment.

2015 Team findings

The team notes the successful transition of clinical placements to the Fiona Stanley Hospital (FSH). The team met with academic staff, clinicians and students at the FSH. The limited availability of dedicated medical student teaching spaces in wards and other areas of Fiona Stanley Hospital is inadequate; the team suggests the needs of medical students are considered in future planning processes.

This was an area for reporting in 2013 and continues to be a concern for the team.

The team was particularly impressed with the facilities at Bunbury and Busselton, and commends the Faculty for providing such excellent facilities for rural-based students.

8.2 Information resources and library services

8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.

8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.

8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet

curriculum and research needs.

2013 Team findings

The Faculty has limited control over the University-provided Information Communication Technology (ICT) platform, which is not currently structured in a form that readily matches the needs of the MD curriculum and its students.

The current MBBS program is supported by an outcomes-based database that was specifically written for the program. Unfortunately this database cannot be adapted to the MD program because of differences in its duration and theme structure. The ICT support team appeared to be well staffed on paper, but appeared to have limitations related to University policy and availability of time that impact on solutions to some of the issues identified by staff and students.

The team encouraged further review of the ICT infrastructure and support systems to accommodate student and staff access to previous and future curriculum outcomes and content via the internet, in preference to paper based information and spread sheets. In particular, as previously noted in Standard 3, the University is encouraged to provide funding for the development of an outcomes and curriculum content database similar to the one that is available for the MBBS program. Additional areas to be considered for development include IT support for the proposed portfolio and exploration of student access to the learning management system on mobile devices.

Access to ICT resources within the clinical sites is difficult to assess at this stage, given the major developments occurring in the hospital system. The Faculty is urged to continue to advocate for good access for students to ICT systems within clinical environments, given that such access is key for learning in this setting.

The new Science Library at Crawley is an excellent facility, with good provision of electronic access to appropriate journals, textbooks and other knowledge databases, as well as appropriate provision of spaces for individual and group study.

2015 Team findings

The team met with the Faculty eLearning and ICT teams, and noted that there was a mooted change in ICT support arrangements for the Faculty, which would involve the Faculty ICT staff being moved to the University's central ICT structures. The current arrangement provides the Faculty with in-house ICT expertise, and some ability to choose and support the tools which best meet the Faculty's educational requirements.

If the proposed re-assignment took place, the Faculty may not be able to support tools that do not form part of the University's suite of applications. The team particularly noted the extensive development that had taken place to host the student MD portfolio in PebblePad. If a decision were made by the University to cease support for PebblePad,

it is likely that the Faculty would have to move the Portfolio to a paper-based system, with attendant loss of efficiency and functionality.

The team was impressed with the VirtualMD tool that had been developed at the QE2 campus. The team looks forward to the implementation of the full case load on the Virtual MD platform, now that the pilot case has been developed. There may be opportunities for sharing innovations in on-line case delivery across the various sites.

8.3 Clinical learning environment

8.3.1 The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, and is appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice.

8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.

8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Maori.

8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.

2013 Team findings

The range of clinical learning environments is likely to provide adequate student-patient contact in Years 3 and 4 of the MD program. The precise location of teaching and learning in some of the clinical disciplines has not yet been determined because of the current major changes occurring within the Western Australian health sector. This will be an important area to be considered when Years 3 and 4 of the MD are addressed in more detail in the coming years.

The team commended the Faculty on its commitment to teach Indigenous Health from within its core curriculum, but has some concerns regarding the Faculty's ability to provide adequate and equitable student access to these necessary learning environments, without putting excessive strain on Indigenous health services.

The team noted the commitment and ongoing goodwill of Centre for Aboriginal Medical and Dental Health (CAMDH) to strive to produce doctors fit to practice in a culturally competent and safe way, and encouraged the Faculty to explore ways in which to support the Centre's further development and financial stability.

The Faculty has good relationships with the medical program at the University of Notre

Dame Australia School of Medicine Fremantle, with which it shares many clinical teaching facilities. Effective mechanisms are in place so that both programs can manage access to adequate clinical facilities.

2015 Team findings

In 2013 the team requested a breakdown of clinical learning placements for all clinical disciplines for Years 3 and 4 of the MD program. The 2015 team was pleased to be informed that sufficient clinical placements had been identified and allocated for all years of the MD program. Clinical placements for the Integrated Medical Placement (IMP) Unit 1 were underway in the second half of 2015, and sufficient placements were also identified for IMP2 and IMP3. Given the uncertainty surrounding the ongoing support of clinical academic staff, and the teaching capacity of non-academic clinicians in the new activity-based funding environment, the Faculty is required to provide an update on the clinical placement capacity across the program.

The Faculty continues to engage strongly with Centre for Aboriginal Medical and Dental Health (CAMDH), and this collaboration has resulted in the development of a compulsory clinical portfolio activity for all students in the area of Indigenous Health.

The proposed introduction of the Curtin medical school will provide challenges for the Faculty in the areas of clinical placements, teaching facilities and funding.

As noted in Standard 8.1, the lack of educational facilities for medical students at the Fiona Stanley Hospital was a concern.

8.4 Clinical supervision

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

8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.

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

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

2013 Team findings

The team commended the Faculty on the enthusiasm, commitment and dedication of its clinical supervisors who teach into the MBBS program.

The team had the opportunity to meet several clinical supervisors and were impressed

by their commitment to provide excellent learning environments for students. Student feedback on the teaching at the King Edward hospital is particularly enthusiastic. It is clear that, in general, clinical sites provide a safe and effective student learning environment, and it is expected that many will continue to do so for the students enrolled in the MD program.

The Faculty offers appropriate orientation and training for its clinical supervisors, although uptake is variable. Monitoring of clinical supervisors performance via written student feedback is adequate, and some clinical supervisors with inappropriate approaches to teaching have been removed from teaching into the MBBS program.

The Faculty has an ongoing and committed working platform with the health care facilities, teaching hospitals and community practitioners. Health system administrators were generally positive about the role of teaching within their facilities, and recognised the benefits of a teaching culture amongst hospital staff. The clinical staff time allocation to teaching is adequate, but currently there is uncertainty regarding the management of teaching capacity within the new hospitals under development, and if clinical placements will be available, particularly at the Fiona Stanley Hospital.

2015 Team findings

A variety of potential changes in funding from the Department of Health, together with the proposed introduction of the Curtin medical school, will provide challenges for the Faculty in the areas of clinical placements and teaching facilities. The team notes a significant level of concern from clinicians at several sites who teach into the program regarding the uncertainty surrounding changes to the funding model for clinical academics, and the potential impact they may have on service delivery, workloads, and the student experience. Clinicians also expressed concern that clinical placement numbers were already at capacity. The team strongly urges the University and the Faculty to be proactive in negotiations to ensure that the MD program continues to have adequate high quality clinical teaching capacity.

The previously identified uncertainty around the funding of clinical academics and the allocation of non-clinical time for hospital clinicians now poses real challenges for the Faculty. It may be that alternative sources of funding for these non-clinical components will have to be identified.

The team recognises that the resolution of these issues may be difficult in the current fiscally constrained environment, but the team's intent is to highlight the risk to the program that these developments pose in order to identify practical solutions.

Appendix One Key Findings Table University of Western Australia 2013

Accreditation standard with commendations and areas for quality improvement	Conditions on accreditation
1. The Context of the Medical Program	This set of standards is met.
<p><u>Commendations</u></p> <p>The Faculty has undertaken extensive consultation within the Faculty, with clinicians at key hospitals, and students concerning the MD structure, philosophy and plans. (1.1)</p> <p>The Faculty has a particular strength in Indigenous Health education based in the Centre for Aboriginal Medical and Dental Health (CAMDH), which has been involved in the MD development process and recruitment and retention of Indigenous students. (1.4)</p> <p>The Faculty has positive and supportive relationships with senior executives at health facilities and obvious commitment and enthusiasm from the staff at the King Edward Memorial Hospital and the Joondalup Health Campus. (1.6)</p> <p>The Dean's leadership, the engagement of the Faculty's senior leadership and the Faculty's clear commitment to the MD program. (1.8)</p>	<p><u>Condition on Accreditation: 2013</u></p> <p>The Faculty must confirm its budget model for 2014, including necessary mechanisms for engagement of staff from Schools outside the Faculty, by 18 November 2013. (1.5)</p> <p><u>Condition on Accreditation: 2014</u></p> <p>Review the effect of the University – wide staffing freeze on the capacity to fill positions necessary to deliver the medical program and implement measures to address the findings. (1.8)</p>
2. The Outcomes of the Medical Program	This set of standards is met.
<p><u>Commendations</u></p> <p>The Team was impressed by the processes underlying development of the graduate outcomes and themes.</p> <p>The program's graduate outcomes have included input from a wide range of stakeholders.</p> <p>MBBS students have a high level of engagement and interest in the development of the MD</p>	<p><u>Condition on Accreditation: 2017</u></p> <p>Provide evidence that the medical program meets standard 2.2.3, namely that it achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given</p>

program.	discipline. (2.2)
3. The Medical Curriculum	This set of standards is met.
<u>Commendations</u> <p>The Scholarly Activity component, when implemented, will serve the students well in developing knowledge and skills in all of the curriculum themes for the MD.</p>	<u>Assessment Item for 2015 follow up assessment submission/progress report:</u> <p>Provide detailed mapping of objectives for Phase 1 – 4 of the program as well as the Scholarly Activity component to specific learning objectives. (3.2)</p> <u>Assessment Item for 2015 follow up assessment submission/progress report:</u> <p>Provide evidence of vertical integration in the program, particularly of bioscience material into Phases 3 and 4. (3.3)</p>
4. Teaching and Learning	This set of standards is met.
<u>Commendations</u> <p>The Faculty has developed innovative learning and teaching methods to deliver the curriculum.</p>	<u>Assessment Item for 2015 follow up assessment submission/progress report:</u> <p>Evaluate the effectiveness of the teaching and learning methods, specifically the seminar series and case-enhanced learning, in meeting the outcomes of the program (4.1)</p> <p>Evaluate the effectiveness of the reflective portfolio in encouraging students to evaluate and take responsibility for their own learning and prepare them for lifelong learning (4.2)</p> <u>Condition on Accreditation: 2017</u> <p>As Phase 3 of the program is</p>

	<p>implemented provide evidence of patient centred care and collaborative engagement. (4.6)</p> <p><u>Assessment Item for 2015 follow up assessment submission/progress report:</u></p> <p>Provide evidence of the incorporation of IPL into the MD program (4.7).</p>
5. The Curriculum - Assessment of Student Learning	<p>Standard 5 Not Met</p> <p>5.1 Not Met</p> <p>5.2 Not Met</p> <p>5.3 Substantially Met</p> <p>5.4 Substantially Met</p>
	<p><u>Condition on Accreditation: 2013</u></p> <p>5.1 Assessment Approach</p> <p>The Faculty must provide a detailed assessment plan which aligns with learning outcomes by 18 November 2013. (5.1)</p> <p><u>Condition on Accreditation : 2013</u></p> <p>5.2 Assessment Methods</p> <p>The Faculty must provide a detailed assessment plan including details of the assessment blueprinting, formats, and standard setting by 18 November 2013. (5.2)</p> <p><u>Condition on Accreditation: 2013</u></p> <p>5.3 Assessment Feedback</p> <p>The Faculty must develop a detailed assessment plan which provides for regular feedback to</p>

	<p>students and supervisors for reporting by 18 November 2013. (5.3)</p> <p><u>Condition on Accreditation: 2013</u></p> <p>5.4 Assessment Quality:</p> <p>The Faculty must clarify how the assessment quality assurance process will work in practice, and how outcomes will be disseminated by 18 November 2013. (5.4)</p>
6. The Curriculum - Monitoring	Met
	<p><u>Condition on Accreditation: 2015</u></p> <p>Develop and implement the plans for ongoing evaluation and monitoring processes in the MD program. (6.1)</p> <p><u>Assessment Item for 2015 follow up assessment submission/progress report:</u></p> <p>Please provide the results of outcome evaluations, including any systematic analysis of graduate cohorts. (6.2)</p>
7. Implementing the Curriculum - Students	Met
<p><u>Commendations</u></p> <p>The Faculty provides extensive support mechanisms which are very well understood and appreciated by MBBS students.</p> <p><u>Quality Improvement Recommendation : 2014</u></p> <p>Please report on any reviews of the Faculty's official admissions policy to improve clarity with respect to the high proportion of school-leaver</p>	<p><u>Condition on Accreditation: 2014</u></p> <p>Provide evidence that the Faculty's clearly defined approach to managing MBBS students who do not progress as expected through the program is communicated to students. (7.1)</p>

applicants admitted to the program. (7.2)	
8. Implementing the Curriculum- Learning Environment	Substantially Met 8.1 Met 8.2 Met 8.3 Substantially Met 8.4 Substantially Met
<u>Commendations</u> The enthusiasm, commitment and dedication of the clinicians and supervisors who teach into the Faculty's medical program.	<u>Condition on Accreditation: 2015</u> Provide a breakdown of clinical learning placements for all clinical disciplines for Years 3 and 4 of the MD program. (8.3) <u>Condition on Accreditation: 2015</u> Provide evidence, in the form of completed agreements, that clinical placements will be available at Fiona Stanley Hospital. (8.4)

Appendix Two Membership of the 2015 assessment team

Professor Anne Tonkin (Chair) BSc, BMBSMED, PhD, FRACP

Emeritus Professor, School of Medicine, the University of Adelaide

Associate Professor Christopher Wright (Deputy Chair) MBBS, FRACP, FCICM, GradDipSc (Physics)

Academic Director, Clinical Programs, Faculty of Medicine, Nursing and Health Sciences, Monash University

Dr Jennifer Schafer MBBS, DRANZCOG, FRACGP

Head, Director MBBS / MD program, University of Queensland

Professor Ian Wilson MBBS, PhD, MAss&Eval, FRACGP

Dean of Medicine, Head School of Medicine, University of Wollongong

Ms Annette Wright

Program Manager, Medical Education and Accreditation, Australian Medical Council

Ms Fiona van der Weide

Accreditation Administrator, Australian Medical Council

Appendix Three Groups met by the 2015 assessment team

Senior Leadership

Acting Dean

Vice Chancellor

Senior Deputy Vice Chancellor

Faculty of Medicine, Dentistry and Health Sciences staff

Associate Dean, International

Associate Dean, Research

Associate Dean, Student Affairs

Associate Dean, Teaching and Learning

Associate Dean, Teaching and Learning

Deputy Dean (Education)

Deputy Dean (External Engagement)

Deputy Dean (Research)

Director of HPE Program

Director of the Centre for Aboriginal Medical and dental Health

Faculty Manager

Head of the Education Centre / Director of MD Program

Head, School of Anatomy, Physiology and Human Biology

Head, School of Chemistry and Biochemistry

Head, School of Medicine and Pharmacology

Head, School of Pathology and Laboratory Medicine

Head, School of Population Health

Head, School of Primary, Aboriginal and Rural Health Care

Head, School of Psychiatry

Head, School of Psychiatry and Clinical Neurosciences

Head, School of Woman's and Infants' Health

Faculty of Medicine, Dentistry and Health Sciences committees / groups

Admissions Committee

Assessment and Feedback Committee

Centre for Aboriginal Medical and Dental Health

Clinical Phase Implementation Committee

Education Centre

Foundations Phase Committee

Heads of Schools

IT and eLearning Support group

LEAPS and mentorship Committee

MD Evaluation Committee

Medical Program Committee

Scholarly Activities Research Committee

Scholarly Activities Service Learning Committee

Student Support group

Systems Phase Committee

Teaching and Learning Committee

Medical students

Western Australian Medical Students Society Representatives

Representatives from Years 1 – 6 of the program

Stakeholders

Western Australia Department of Health

Acting Chief Executive Officer of Child and Adolescent Health Service

Acting Chief Executive Officer of South Metro Health Service

Chief Executive of Country Health Service

Director General of Health

Executive Director, Swan Kalamunda Health Services

Clinical sites

Bunbury Hospital

Clinicians

Faculty staff

Hospital management

Students

Fiona Stanley Hospital

Clinicians

Faculty staff

Hospital management

Students

Joondalup Health Campus

Clinicians

Faculty staff

Hospital management

Students

Princess Margaret Hospital

Hospital management

Rural Clinical School of Busselton

Faculty staff

GP clinicians

Students

Sir Charles Gardiner Hospital

Clinicians

Faculty staff

Hospital management

Students

