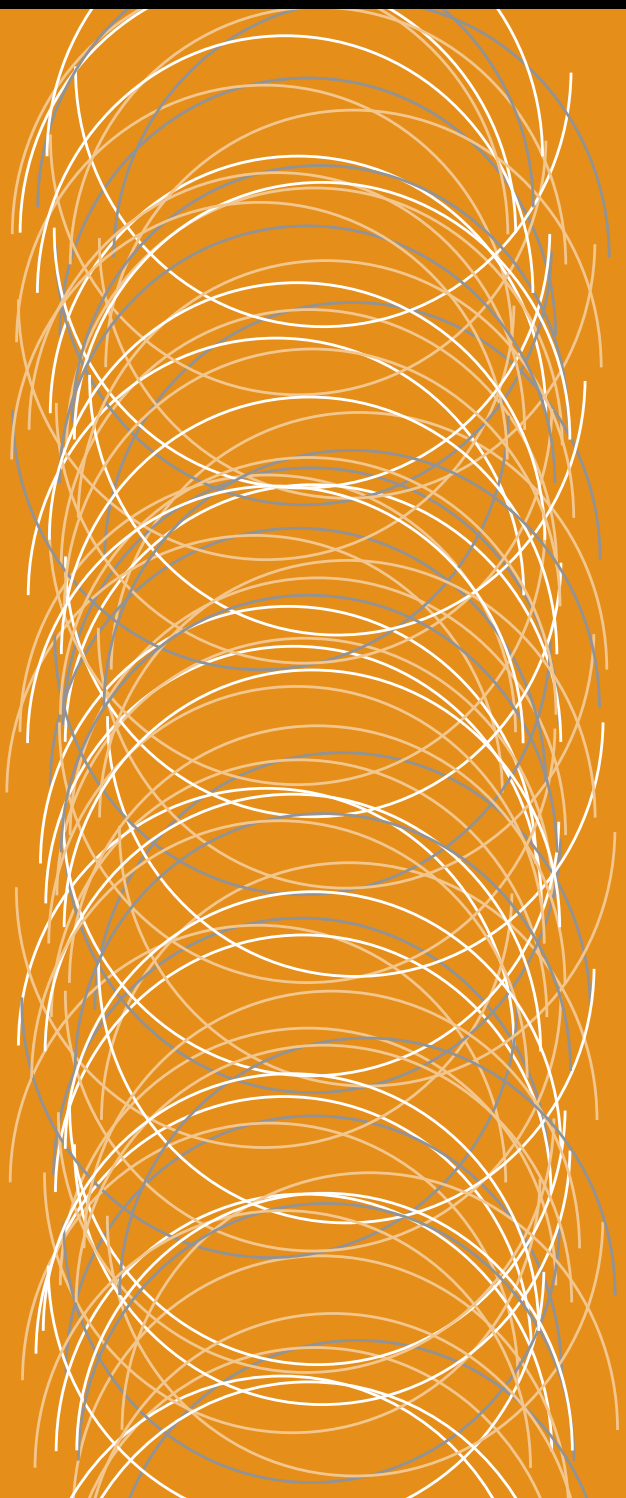
Australian Medical Council Limited

Accreditation of Western Sydney University School of Medicine medical programs

AMC



Medical School Accreditation Committee
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Executive summary 2017

Western Sydney University (WSU), School of Medicine is seeking reaccreditation of its medical program. The Western Sydney Bachelor of Medicine / Bachelor of Surgery (MBBS) is a five-year, undergraduate, school leaver entry program. The program comprises of four, year-long units, with Year 5 divided into two, half-year units. The School also intends to transition to a Bachelor of Clinical Science / Doctor of Medicine (BClinSci/MD) program with new enrolments commencing exclusively in the BClinSci/MD program from 2019. The Australian Medical Council (AMC) does not consider this change to be a major change.

Accreditation process

According to the AMC's *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2017,* accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission, and visits the provider and its clinical teaching sites.

The accreditation of the School of Medicine's medical program expires on 31 December 2017.

An AMC team completed the reaccreditation assessment. It reviewed the School's submission and the student-run Western Sydney Medical Society's report, and visited the School and associated clinical teaching sites in the week of 29 May – 2 June 2017.

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

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 the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards and the imposition of conditions will ensure the program meets the standards within a reasonable time.

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

Reaccreditation of established education providers and programs of study

In accordance with the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council* 2017, section 5.1, the accreditation options are:

(i) Accreditation for a period of six years subject to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.

(ii) Accreditation for six years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.

(iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine the program satisfies the accreditation standards, the AMC may award accreditation with conditions and for a period of less than six years.

(iv) Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards.

The AMC is satisfied that the medical programs of Western Sydney University meets the approved accreditation standards.

The 24 November 2017 meeting of the AMC Directors agreed:

(i) That the five-year Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program of the Western Sydney University **be granted accreditation to 31 March 2024** (N.B. no new enrolments will be taken for the MBBS from 2019)**;** and

(ii) That the five-year Bachelor of Clinical Sciences / Doctor of Medicine (BClinSci/MD) medical program of the Western Sydney University **be granted accreditation to 31 March 2024.**

(iii) That the accreditation of both programs is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; and to meeting the following conditions:

2018 conditions

- Provide details of the School's response to the outcomes of the WSU Shared Services Review, including outcomes that may impact on the staffing and infrastructure of the School of Medicine. (Standard 1.5, 1.8)
- Improve communication and linkage across committees, especially in the oversight and quality assurance of student assessment. (Standard 1.3, 1.4)
- Provide updates on the development of the BClinSci/MD curriculum including plans for transition from the MBBS and support for students who may require extended period of enrolment. (Standard 3.2)
- Develop structured interprofessional activities and assessment across the program. (Standard 4.7)
- Demonstrate the processes in place to increase the quality and timeliness of feedback on assessments. (Standard 5.1, 5.3)
- Develop and implement formative assessments across the clinical years. (Standard 5.1)

Key findings

Under the *Health Practitioner Regulation National Law* (the National Law), the AMC can accredit a program of study if it is reasonably satisfied that: (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

The AMC uses the terminology of the National Law (meet/substantially meet) in making decisions about accreditation programs and providers.

Conditions: Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard.

Recommendations are quality improvement suggestions for the education provider to consider, and are not conditions on accreditation. The education provider must advise the AMC on its response to the suggestions.

1. The context of the medical program	MET

Standard 1.4 and 1.8 are substantially met

2018 Conditions

Provide details of the School's response to the outcomes of the WSU Shared Services Review, including outcomes that may impact on the staffing and infrastructure of the School of Medicine. (Standard 1.5, 1.8)

Improve communication and linkage across committees, especially in the oversight and quality assurance of student assessment. (Standard 1.3, 1.4)

Recommendations

Report on activity to enhance faculty development in medical education that may further enrich staff capacity and expertise. (Standard 1.4, 1.9)

Provide an update on the recruitment of additional Indigenous academic staff or other strategies to support the development and implementation of the Indigenous health curriculum. (Standard 1.4, 1.8)

Provide an update on the implementation of the University's Indigenous Employment framework across professional and academic staff. (Standard 1.4, 1.8, 1.9, 3.5)

Report on any additional resourcing required to meet program requirements for the implementation of the BClinSci/MD program (including, but not limited to, managing the research projects and curriculum review) and the School's plans to address these requirements. (Standards 1.5, 1.7)

Commendations

The commitment to communication and engagement with the Rural Clinical Schools, and the quality of Clinical School leadership. (Standard 1.1, 1.6)

The strong leadership, community engagement and clarity of vision offered by the Dean and other members of the School Executive Group. (Standard 1.2, 1.6)

The commitment of the University to support the development and ongoing implementation of the new BClinSci/MD program. (Standard 1.5)

The close and successful partnerships with the South West Sydney Local Health District and the Western Sydney Local Health District. (Standard 1.6)

The focus on Indigenous health and the range of achievements in this field. (Standard 1.9)

2. The outcomes of the medical program	MET

Commendation

The strong commitment to, and investment in, the communities of Greater Western Sydney. (Standard 2.1)

3. The medical curriculum	MET

2018 Condition

Provide updates on the development of the BClinSci/MD curriculum including plans for transition from the MBBS and support for students who may require extended period of enrolment. Pending the outcome of the 2018 report on conditions, the AMC may require a review visit in 2020 to assess the implementation of the BClinSci/MD curriculum. (Standard 3.2)

Recommendations

Explicitly align the goals and objectives for community-based placements with student learning outcomes to enhance student insight and engagement with learning opportunities. (Standard 3.3, 3.6)

Review of the Conference Weeks programs to enhance the value of structured teaching sessions for metropolitan-based students. (Standard 3.3)

Embed and integrate the newly documented Indigenous Health curriculum across all years of the program. (Standard 3.5)

Develop opportunities to integrate student learning in Indigenous Health into hospital-based clinical placements. (Standard 3.5)

Commendations

The quality of the graduates in clinical practice as expressed by Health Service partners. (Standard 3.3)

The commitment to Indigenous Health, its efforts to provide students with diverse teaching and learning opportunities and the outstanding work of the Indigenous Health staff. (Standard 3.5)

4. Teaching and learning	MET

Standard 4.7 is substantially met

2018 Condition

Develop structured interprofessional activities and assessment across the program. (Standard 4.7)

Recommendations

Develop and implement the longitudinal e-portfolio activity. (Standard 4.1)

Commendations

The early and comprehensive introduction of clinical skills, including communication skills. (Standard 4.3)

Role-modelling of professional behaviours and, in particular, the importance of wellbeing and self-care. (Standard 4.5)

5. The curriculum – assessment of student learning	**MET**

Standard 5.1 and 5.3 are substantially met.

2018 Conditions

Demonstrate the processes in place to increase the quality and timeliness of feedback on assessments. (Standard 5.1, 5.3)

Develop and implement formative assessments across the clinical years. (Standard 5.1)

Recommendation

Provide updates on the progress of blueprinting activities, including examination blueprinting and the development of the Roadmap project. (Standard 5.2)

6. The curriculum – monitoring	**MET**

Nil

7. Implementing the curriculum – students	**MET**

Recommendation

Provide updates on the activities of the Professionalism Committee including the adoption of the medical students' code of conduct, the review of the fitness to practice panel, formalisation of the case management group, and refining areas around professionalism and fitness to practice within the program. (Standard 7.4)

Commendations

The effectiveness of the Indigenous entry scheme and the support provided to students seeking to enter the program via this pathway. (Standard 7.1)

Enrolment of a large number of students from Greater Western Sydney region, a diverse region which includes a high proportion of residents from a low socio-economic background. (Standard 7.1)

The implementation of 'wellbeing days' to support the importance of self-care and health promotion amongst both students and medical professionals. (Standard 7.3)

8. Implementing the curriculum - learning environment	**MET**

Commendations

The outstanding learning environments provided by the Campbelltown campus of the University and the Macarthur and Blacktown/Mt Druitt Clinical Schools. (Standard 8.1)

The implementation of the Indigenous Health Attachment. (Standard 8.3)

The quality, expertise and enthusiasm of the School's clinical supervisors. (Standard 8.4)

The support for staff involvement in student teaching provided by senior hospital executives. (Standard 8.4)

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 practise 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 for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* list the graduate outcomes that collectively provide the requirements that students must demonstrate at graduation, define the curriculum in broad outline, and define 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 AMC Directors. The Committee includes members nominated by the Australian Medical Students' Association, the Confederation of Postgraduate Medical Education Councils, the Council 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, a member with background in, and knowledge of, health consumer issues, a Māori person and an Australian Aboriginal or Torres Strait Islander person.

The AMC appoints an accreditation assessment team to complete a reaccreditation assessment. 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 opportunities for the medical school to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, together with a recommendation on accreditation to the AMC Directors. The Directors make the final accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2017*. 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 Medical Council of New Zealand that a medical school's program of study satisfies approved 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 to monitor that the provider and its program continue to meet the standards. 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 School

The Western Sydney University vision seeks success for both the students of the University and for the Greater Western Sydney region.

Across all campuses, Western Sydney University has 44,452 students, 1,666 academic staff and 1,844 professional staff.

The School of Medicine is one of nine schools at Western Sydney University. The Schools of the University include:

- Medicine
- Business
- Computing, Engineering and Mathematics
- Education
- Humanities and Communication Arts
- Law
- Nursing and Midwifery
- Science and Health
- Social Sciences and Psychology.

The University has six major campuses which are governed by a common strategy for course delivery, IT and student support, safety and risk, and capital works support. There is a provost at the six University sites. Campuses are located at:

- Hawkesbury (North West Sydney)
- Parramatta city
- Rydalmere
- Kingswood (Western Sydney)
- Milperra (Bankstown)
- Campbelltown (South West Sydney).

The School of Medicine is situated at the Campbelltown Campus.

The MBBS is a five-year, undergraduate, school leaver entry program. The program comprises four, year-long units, with Year 5 divided into two, half-year units. The School also offers an Honours stream that involves an additional unit of study which may be undertaken concurrently with Year 5 units. Each unit must be successfully completed before progressing to the next unit. The proposed BClinSci/MD program will remain a five-year program, with students articulating from a three-year Bachelor qualification into a two-year Extended Masters qualification.

The main teaching campus for Years 1 and 2 of the program is Campbelltown. This facility houses the central administration for the School and includes wet laboratories, lecture theatres, problem-based learning (PBL) and tutorial teaching rooms and higher degree research (HDR) spaces.

Clinical schools are remote to these sites and are managed through the same structures as the University. A Clinical Dean is responsible for local reporting, support and liaison at the clinical school sites. The clinical placements for students are administered from two major clinical schools operated by the University – the Macarthur Clinical School in Campbelltown and the

Blacktown/Mt Druitt Clinical School. The program also has two rural clinical schools based at Lismore and Bathurst and a further metropolitan clinical school based at Liverpool Hospital.

Accreditation Background

The Western Sydney University School of Medicine was first assessed by the AMC in 2006. The proposed program was a five-year undergraduate MBBS program licensed from the University of Melbourne. Following this assessment, the School was granted accreditation to December 2013, subject to annual reporting and a follow-up assessment in 2008. The first cohort of students commenced the program in 2007.

In 2008, the AMC conducted a follow-up assessment of the School which confirmed accreditation to 31 December 2013, subject to the provision of satisfactory periodic reports.

Once it has accredited a program of study, the AMC monitors the program and the education provider to ensure they continue to meet the accreditation standards. The principal monitoring mechanisms are structured progress reports, reports on conditions, and a comprehensive report, generally in the sixth year of accreditation, to seek extension of accreditation for a further four years.

The School submitted progress reports in 2009, 2010 and 2011 which were accepted by the AMC. Upon receipt of the comprehensive report in 2012, the AMC Directors, on the recommendation of the Medical School Accreditation Committee, agreed to extend the accreditation of the program to 31 December 2017 subject to further satisfactory progress reports.

Progress reports for 2013 and 2014 were accepted. On accepting the 2014 report, the Committee agreed that the School was progressing well and could be moved to a biennial reporting cycle, meaning the next report would be due in 2016. The 2016 report was accepted with a request for clarification of a student attendance policy. The AMC Medical School Accreditation Committee, at its 12 August 2016 meeting, reviewed the additional information and agreed that the School continued to meet the accreditation standards.

In 2016, the School advised the AMC of plans to transition the current MBBS to a BClinSci/MD program in 2019. The AMC Directors, at their 23 November 2016 meeting, considered the School's proposal and agreed that the changes proposed did not constitute a major change.

This report

This report details the findings of the 2017 accreditation assessment.

Each section of the accreditation report begins with the relevant AMC accreditation standards.

The members of the 2017 AMC team are at Appendix 1.

The groups met by the AMC team in 2017 are at Appendix 2.

Appreciation

The AMC thanks the University and the School of Medicine for the detailed planning and the comprehensive material provided for the team. The AMC acknowledges and thanks the staff, clinicians, students and others who met members of the team for their hospitality, cooperation and assistance during the assessment process.

Members of the World Federation for Medical Education (WFME) Recognition Team attended the reaccreditation assessment site visit as observers as part of the AMC application to the WFME Recognition Program. The AMC would like to thank the University and the School for allowing the

WFME team to observe the assessment and for the gracious hospitality offered to the observers over the course of the site visit.

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.

The School of Medicine is one of nine schools within Western Sydney University. Other health-related Schools include the School of Nursing and Midwifery, the School of Science, and the School of Social Sciences and Psychology.

The assessment team notes that the University is currently undergoing a process of organisational review, with the initial focus being on the University's shared services. The University is considering a proposal to establish a Faculty structure that is intended to strengthen cross-school collaboration. There are no proposed structural changes to the School of Medicine as a part of the review.

The Dean reports directly to the Vice-Chancellor and is a member of the University Senior Executive Group, which includes the Deans of all nine schools, University Senior Executive staff and the Vice-Chancellor.

The School operates across five key Clinical School sites located in Bathurst, Lismore, Blacktown/Mt Druitt Hospital, Liverpool Hospital and the Macarthur Clinical School based at Campbelltown Hospital. Other important loci of activity are the local General Practices and Primary Health Networks (Wentwest and SouthWestern Sydney) and Community Placement through 57 non-medical partners, including strong links with Aboriginal Health Services.

The School has a clear and effective governance structure at each of the associated Clinical Schools. The School was commended widely by stakeholders for its commitment to communication and engagement with the Rural Clinical Schools, and the quality of Clinical School leadership. Reporting lines to the School are clear and work effectively in resolving any matters of concern.

The strong partnerships between the University and the Local Health Districts and other universities are working well. These partnerships provide a sound foundation for effective collaboration between the staff of different universities, effective and accessible student support, innovative joint rural programs, and the efficient use of facilities and teaching resources.

Clinical Deans at each Clinical School are responsible for local reporting, support and liaison. There is clear evidence of effective governance at the Clinical School level and this is seen in the successful negotiation of joint appointments, clinical teaching and placements. These have been achieved through respectful collaboration and engagement between the Clinical Deans, other clinical school staff and Local Health District senior medical and executive staff.

The Lismore Clinical School is co-located with the University of Wollongong and the University of Sydney within the University Centre for Rural Health (UCRH). The School is a partner, along with the co-located medical schools, of the North Coast Medical Education Consortium (NCMEC) which supports the training of medical students from each of the universities. The shared facility hosts

significant clinical education programs for Medical, Nursing, Midwifery and Allied Health students. There is a clear and effective governance structure at UCRH and the Dean is currently Chair of the UCRH Governance Committee. A proposed change to the Governance Committee membership to increase contribution from other health disciplines reflecting the UCRH reach and focus may enhance the opportunities to promote stronger interprofessional teaching and research opportunities.

The School's functions are governed by an appropriate range of committees that meet the requirements for the management of the School and its partnerships, and the broader University requirements. The Committee membership and terms of reference are appropriate for the respective tasks and roles, although in some instances reporting relationships for committees could be enhanced to promote communication and more effective functioning across the curriculum.

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.

The Dean of Medicine has organisational, strategic and budgetary autonomy over the program, and plays a key leadership role in the broad range of partnerships that support the program. The roles and responsibilities of the Dean and other senior leadership positions within the School are clearly stated.

The Dean chairs the School's Executive Group, which is comprised of the Clinical Deans, Professorial staff, medical education leads, and the School Manager. This group meets weekly to discuss operational activities and time-critical matters.

The team commends the School on the strong leadership and inclusivity of the Dean and other members of this group. Key leadership positions are in place, the appointment of a Deputy Dean has been formalised and other leadership roles are clearly described.

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.

The Committee structure for the management of the medical program is outlined below:

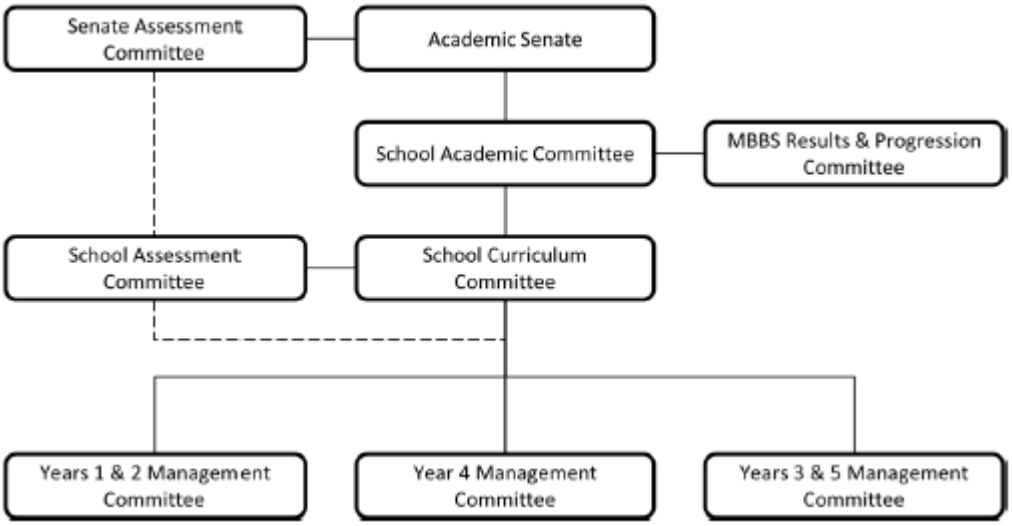


Figure 1 – Governance structure for committees relating to assessment practices and procedures within the School of Medicine, Western Sydney University

The School Academic Committee reflects the requirements of the University generally, and oversees implementation of University policy and reporting requirements. The School Academic Committee is also responsible for oversight of the quality of academic programs, curriculum planning and academic decisions and reports to the University Academic Senate. The terms of reference are determined by the University and the representation from the School consists of the Dean, student representatives and others representing the range of academic levels within the School, appointed by the University Senate.

The Curriculum Committee is the peak education committee of the School and has the overall responsibility for the development, implementation and review of programs. The Curriculum Committee has decision-making responsibilities related to curriculum and policy, although some of these decisions may be referred to one or both of the School Academic Committee and the School Executive Group. The Assessment Committee is a subcommittee of the Curriculum Committee that is primarily concerned with assessment policy and procedures.

Management Committees are established to oversee the core phases of the curriculum (Years 1 and 2; Year 4; and Years 3 and 5) and report to the School Curriculum Committee. The Committees have clear terms of reference, and strong student representation. The Clinical Dean of each Clinical School has direct input into program delivery, student issues and future program needs through their involvement in the Curriculum Committee and the Dean's Executive Group.

The team notes the potential to improve communication and linkage across committees, especially with regard to the oversight of student assessment, and also notes the importance of enhancing the engagement of the Assessment Committee with faculty development and year management committees in undertaking quality assurance in assessment.

The School of Medicine works closely with the University's Academic Planning and Courses Approval Committee. This Committee is responsible for ensuring all university courses meet the specification of the Australian Qualifications Framework (AQF). The Committee approved the planned implementation of a five-year bachelor degree and master degree program, and deemed it to meet the AQF level 9 Masters Degree (Extended) requirements in August 2016.

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.

The School is commended for its strong leadership in medical education and its impressive record of achievement in this field, including significant national and international collaborations. A focus on faculty development in medical education may further enhance staff capacity and expertise. This will support the range of medical education activities at all levels across the School.

The team notes the challenges in supporting the Indigenous Health curriculum and suggest that the School consider the recruitment of additional Indigenous academic staff to support the development and implementation of the Indigenous Health curriculum. The team recognises the challenges that this represents, and if an appropriately skilled and experienced Indigenous Health academic could not be recruited, the School could consider other approaches to meet this need, such as developing innovative partnerships to strengthen the academic capacity in this area.

The Curriculum Committee's broad membership is appropriate to oversee the key functions of curriculum design, implementation and evaluation. Staff are engaged in the proposed curriculum revision, and this is an area that will require continued attention as development and implementation of the BClinSci/MD program progresses.

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.

The Dean of Medicine manages the budget for the entire School of Medicine. The School currently has clear lines of responsibility and appropriate autonomy to oversee all the resource needs of the program. The team notes the University's commitment to the ongoing allocation of the necessary resources to support the development and implementation of the new BClinSci/MD program. The University contributes 80% of the income from Commonwealth Supported Places (CSP) to the School budget and is committed to the sustainability of funding for the School. The team is aware of the current University Shared Services Review, and notes the importance of monitoring the impact of the review on the School's functions, processes and resources.

The University has effective arrangements for negotiating funding needs and allocation within the shared resources at the North Coast Medical Education Consortium (NCMEC).

The Dean and School Manager work closely with the University's Vice-President (Finance and Resources) in the management of the School budget and requirements.

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.

The team commends the School on the strength of its leadership, community engagement and clarity of vision. The School's aspiration to serve the health needs of its community is shared by students, clinicians, academics and health service managers. The School is clearly identified as an invaluable asset to the local region, and Health Services and Local Health District (LHD) executives described the positive impact the School has on health service provision in the region. This level of engagement is to be applauded.

In regard to clinical placements, the School operates under the Student Placement Agreements of the NSW Ministry of Health within each NSW LHD. The School has strong relationships with each of the Primary Health Networks, and at each clinical site local leads (Clinical Deans) are employed to support secure and effective partnerships. At shared sites there is evidence of effective collaboration and engagement, with governance structures as noted above. The School has a very close and successful partnership with the South West Sydney LHD and Western Sydney LHD, with outstanding support from each LHD. This is to be commended.

The program provides a five-week placement for all students in one of 19 Aboriginal Medical Services (AMS) across NSW. This is built on the strong relationships with the School's Indigenous staff and the clear partnership roles of the School of Medicine staff with the relevant AMS and other health services across the state.

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.

The School and the University recognise the need to build on existing research strengths. The collaborations with research institutes and initiatives, for example with the Ingham Institute at Liverpool Hospital and Centre for Health Research at the Campbelltown Hospital, the newly established Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) collaboration, and the Diabetes, Obesity and Metabolism Translational Research Unit, will assist in building research capacity into the future.

New academic appointments with a strong research focus are noted, including the filling of vacant academic positions in population health, and joint or affiliated positions within the LHDs to support translational research goals. A strong research focus in the North Coast Medical Education Consortium (NCMEC) also brings the opportunity for future growth in rurally-based research.

The existing areas of research expertise across the basic sciences and clinical research are noted, as is the School's leadership in population health research. The School has productive national and international research collaborations. Students have the opportunity to undertake research across these areas and at various levels including the embedded honours program, Bachelor of Medical Research, and PhD programs.

A research pathway for all students is a feature of the new BClinSci/MD program and is supported by the existing and proposed research developments. High quality research facilities have been established through the substantial investment in new clinical school buildings.

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.

The team notes the recent progress that has been made in recruitment to a number of academic positions. Overall, the program, and proposed future BClinSci/MD program, has adequate staffing. While the team applauds the School's achievements within the Indigenous Health curriculum, and the important focus on this area within the School's vision, the team recommends consideration is given to increasing academic staffing in Indigenous Health. The University has an Indigenous Employment Strategy and the team is interested in its implementation within the School.

The team noted the provision of additional central resources to the School for the implementation of the BClinSci/MD program. The continuation of such support will be important through the period of development and implementation of the program.

The team also notes the University's current Shared Services Review. The impact of the outcomes of this review on the School of Medicine will require monitoring.

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.

The School follows standard University policies and processes for staff appointment and promotion.

The School is commended for its focus on Indigenous Health and its range of achievements in this field. The team notes the progress in the appointment of Indigenous personnel, including an example of strategic employment of an Indigenous general professional staff member in a rural site. The team identified the need for an increased level of academic staffing in Indigenous Health. In line with the mission of the School, the team is also interested in the progress of the implementation of the University's Indigenous Employment Framework across professional and academic staff.

There is opportunity for staff development in education and research-related skills. A focus on faculty development in medical education is recommended in order to develop a broad range of staff with expertise across the School who will be able to support the range of activities of the Medical Education Unit (MEU).

The team was satisfied with the policies regarding staff appointment and promotion processes. The team noted the importance of key leadership positions within the School and noted that succession planning and faculty development will be important to maintain as the School transitions to the new program and expands its research and graduate programs.

The conjoint process is working effectively and is well regarded. The conjoint appointments form a key element of the engagement of clinical services and clinical teachers.

2 The outcomes of the medical program

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.

The School's desire to serve the Western Sydney Community is evident in all of its activities and aspirations, and is a deeply embedded trait of the School's culture. The team heard this reflected many times over the week by a wide range of stakeholders. The School values the engagement with the community of Western Sydney, and this, in turn, continues to inform the School's purpose. Stakeholders are incredibly proud of the activities and graduates of the School.

The School is commended for its engagement with the Aboriginal community in the regions where the School has an established connection. The reputation which has flowed from this commitment can be seen through the high number of Aboriginal people who apply to study medicine at WSU, and its growing number of Aboriginal alumni.

The purpose of the School has been defined in consultation with its stakeholders, and this is evident in the way the community embrace the activities of the school, and willingly contribute to its success.

As a result of the deep engagement of the School with the communities it serves, the needs of the community are clearly evident to the School in its activities.

2.2 Medical program outcomes

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.

2.2.1 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.

The School's graduate outcomes are well defined and consistent with the AMC's graduate outcomes for medical education. Graduates are welcomed and valued in the health setting and

are identifiable in the clinical setting through their maturity, willingness to learn, work-readiness and commitment to the community.

Processes and committee structures, including evaluation activities, are in place to ensure equivalence in outcomes for its students and graduates. The committee structure is adequate in ensuring equivalence in outcomes across all sites and disciplines, in both urban and rural settings. Evidence of comparable educational experiences was seen through the curriculum Roadmap. This will be strengthened as the Roadmap and the Assessment Blueprint is completed across the five years of the course.

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.

The School is currently offering a successful five-year MBBS program and plans to implement a five-year, direct entry BClinSci/MD curriculum from 2019. The BClinSci/MD is planned to be a double degree Bachelor and Doctor of Medicine program. Students may exit the program after satisfactory completion of requirements at Year 3 with a Bachelor's degree or continue into a two-year AQF level 9 extended Master's level MD qualification.

The graduate outcomes are categorised into four integrated curriculum themes which have been comprehensively mapped to assessment and progression tasks. The new BClinSci/MD program will incorporate additional elements, including strengthening the current research skills teaching; completion of a research-related project; and a student portfolio. These tasks have been organised across the program and appear to be achievable within the allocated time.

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 and 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.

In the context of transition from the curriculum licensed from the University of Melbourne, the School has embarked on an extensive process of curriculum revision. This has included revision of PBL cases and curriculum mapping to frame these in the Greater Western Sydney context. The team received updates on the progress of these tasks and noted the curriculum mapping (Roadmap) tool and the engagement of a broad range of disciplines in the curriculum design process. It will be important that this work continues to guide and inform the vertical integration within the curriculum.

A number of examples of effective horizontal integration were provided. This was most evident in the contribution of various disciplines to PBL re-design and formal clinical teaching sessions in the latter part of the program, and the implementation of integration in clinical assessment as seen in, for example, objective structured clinical examination (OSCE) writing panels.

Within the current MBBS program, students undertake four year-long units over years 1-4 with Year 5 comprising two half-year units. In the final half-year unit, students progress to a final "capstone' unit, which focuses on consolidating the skills and knowledge necessary for supervised intern practice. Students on extended rural placements currently undertake a 12 month program which occurs between mid-Year 4 and mid-Year 5. This structure is intended to continue for the BClinSci/MD program. Detailed timetables were provided to the team along with a demonstration of the impressive progress that has been achieved with the on-line curriculum map.

The early integration of clinical skills in Years 1 and 2 was highly valued by the health services and the students themselves. A number of students and staff identified the need for greater revision and application of basic sciences in the clinical context through some structured teaching sessions, however, the structured teaching sessions that were held in the rural sites were highly regarded by students.

A focus on role modelling and professionalism was evident in the clarity and commitment to the shared vision of the School which was conveyed widely by the groups the panel met. Clinical supervisors have received specific professional development in delivering feedback, and clinical teaching, and are closely connected with academic staff and clinical deans and sub-deans in each location.

The BClinSci/MD curriculum features a focus on research, scholarship, and professional development. The curriculum includes vertically integrated research education, project development and implementation and a portfolio. There is a strategy for ongoing implementation of the MBBS program through to completion of the currently enrolled MBBS cohort during the period of transition to the BClinSci/MD program. A number of aspects of the new curriculum are in development and a robust framework and outline has been presented. The team is interested in the development of the new BClinSci/MD curriculum and the plans for supporting any students within the current MBBS cohort who may require an extended period of enrolment for any reason.

The re-alignment of existing research-related teaching has been undertaken to ensure that the research component of the BClinSci/MD program is achievable within the existing workload without adversely affecting clinical experience and placements. Recent changes have focused on improvements to the evidence-based medicine (EBM) and research skills curriculum. These positive steps are noted, and provide a foundation for the new elements of the BClinSci/MD program.

3.3 Curriculum design

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

The curriculum is designed using a spiral, integrated, case-based learning framework. There is evidence of purposeful design demonstrating horizontal and vertical integration, including articulation with later stages of the program. The four themes of the MBBS and BClinSci/MD curricula align to the AMC graduate outcome domains. Learning objectives are mapped to specific learning events and assessment tasks.

The School is commended for the uniform endorsement of the quality of the graduates and their skills in clinical practice by Health Service partners and clinicians. Clinical staff reported that WSU students stand out in being well prepared for transition to clinical practice. Articulation with internship is well-supported through the structure of the final year of the curriculum, and the models of integrated clinically focused assessment.

The transition from the existing MBBS program to the new BClinSci/MD program has been the focus of consultation and discussion within the School and University, and with external partners.

There is a strategy for ongoing implementation of the MBBS through to completion for the current MBBS enrolled cohort. Ongoing staff engagement will be required as BClinSci/MD development and implementation progresses.

The Year 3 Medicine in Context (MiC) attachment has been identified by the School as a feature of the program. Work has been undertaken to address student feedback on placement experience to ensure clarity of learning goals and improving the learning activities and student engagement in the attachment.

The Year 5 Indigenous Health placement is a very valuable opportunity to broaden student understanding of Aboriginal and Torres Strait Islander health. To further enhance this, the team recommends that the goals and objectives of all community-based placements be clarified for students to ensure activities undertaken align with the desired learning outcomes.

The students value the early clinical teaching that is embedded within the program. While formally delivered in the early years of the program, integration of basic science teaching and structured teaching sessions are also present throughout the clinical rotations. The regular weekly teaching sessions in the rural clinical schools were highly regarded by students and staff in those settings, whereas the provision of structured teaching sessions in dedicated weeks for the metropolitan-based students were perceived by students to be less desirable and less effective. The team looks forward to updates on the review of the conference weeks.

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.

The School has made substantial progress in developing an accessible and informative on-line searchable curriculum mapping tool (Road Map) that provides students and teachers with details of the curriculum, learning outcomes and objectives, related learning activities and, from 2018, will include assessment tasks. This has been most comprehensively undertaken for Years 1 and 2 and is undergoing further development and refinement for the later phases of the course. This resource will provide an effective vehicle for communication about the proposed new curriculum elements within the BClinSci/MD program. A sample timetable for the full five years of the BClinSci/MD program was presented.

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).

The School is to be commended for its commitment to Indigenous Health and its efforts to provide students with diverse teaching and learning opportunities. The Indigenous placement was highly valued by community, Elders, staff and students. It is recommended that the goals and objectives of community placements be clarified for students to ensure activities undertaken align with the desired learning outcomes. Similarly, with time there may be opportunities to more formally focus and apply prior learning in Indigenous Health to the experience in clinical placements.

The curriculum in Indigenous Health across the five years of the program has recently been documented. As the program develops, this curriculum needs to be embedded and integrated more closely across all years of the program. Feedback from students indicated some variability in the student experience while undertaking this placement. Ongoing consultation is required to ensure horizontal and vertical integration with other components of the curriculum.

The School is encouraged to build on its exemplary engagement with Indigenous communities, and the existing learning opportunities to integrate further student learning in Indigenous Health at the larger metropolitan hospitals during clinical placements.

The team commends the outstanding work of the current Indigenous Health staff and notes the aspirations of the School to enhance opportunities and career paths for Indigenous academics. As noted previously, increasing the staffing within Indigenous Health would strengthen the School's capacity in this area.

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.

The current MBBS program and proposed BClinSci/MD program provide a range of elective and selective options and opportunities for students to develop breadth and diversity. The current curriculum includes Community Research, a Medicine in Context (MiC) attachment, Indigenous Health attachment and embedded honours. The new curriculum will build upon and expand these curriculum elements to include Service Learning projects developed in partnership with community partners and AMS at urban and rural sites. Other developments will include an expanded range of research projects reflecting the growth in research collaborations, strengthening of research staffing within the School, an expanded pool of conjoint academics within clinical settings, and the existing strong base in medical education related research opportunities.

The Indigenous Health attachments, community placements and MiC experience provide substantial breadth to the learning activities, but reinforcement of learning goals may be required in order to focus student learning and optimise the value of the experience for students. A five week elective is undertaken between Year 4 and Year 5 which provides the opportunity to deepen students' learning in an area of interest. Students are encouraged to undertake this elective outside the Greater Western Sydney region, where possible, to extend their experience.

Summer research scholarships are also offered by the University and School.

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.

The School uses a diverse range of learning and teaching methods, and has a clear pedagogy. Experiential learning remains the principal pedagogic approach, backed by a range of other teaching and learning methods. The School has a clear rationale behind the selection of methods, and the team noted a number of innovations and clear staff enthusiasm for teaching. There is a strong commitment to patient-centred learning, demonstrated through a number of examples: patient attachments; early clinical experience; focus on interactional and communication skills; and a strong focus on professionalism, PBL design and orientation, and related learning targets.

In Years 1 and 2, learning methods include PBL, lectures, workshops, tutorials, practicals, and on-line learning modules. There is evidence of ongoing evaluation, innovation and changes to methods of delivery, particularly with the introduction of e-learning packages and resources. Examples include pathology practical sessions, anatomy and chest radiography modules and the flipped classroom in Infectious Disease teaching. Clinical skills sessions in these years include tutorials with a clinician in the clinical environment, which enables student exposure to patients from very early in the course. In Year 2, students have opportunities to develop procedural skills in these tutorial sessions.

In Years 3 to 5, learning and teaching methods are based on immersion in the clinical attachments. Bedside teaching, ward activities and tutorials are organised by particular units. In addition, students undertake conference weeks, lectures, tutorials, reflective activities and online modules in the scientific streams.

The integrated clinical rotations (ICR) in Years 3, 4 and 5 are clearly articulated, again with immersion and experiential learning as the focus. The ten week blocks in ICR 1 in medicine, surgery, critical care and MiC provide a solid foundation of experience and skills. ICR 2 in Year 4 covers paediatrics, obstetrics and gynaecology, mental health, oncology and palliative care, as well as the community research project. ICR 3 and 4 provide a spiral revisit of surgery, medicine and general practice in five-week blocks. ICU/emergency/anaesthetics and the innovative five-week immersion block in Indigenous Health are also introduced within the clinical rotations in ICR 3 and 4. There is provision in this structure for a personalised remediation block if required.

Comprehensive clinical attachment descriptors (CADs) are provided for each rotation, although students report that the detail and usefulness of these varies between rotations.

Twenty percent of the students are attached to a rural clinical school for a 12-month placement. The students participating in the extended rural placement undertake a program which integrates the Year 4 and Year 5 rotations. The team noted the very strong student support for the back to base weekly teaching at the Rural Clinical Schools. Students return to Sydney for the conference weeks.

The evidence provided by staff, students and other stakeholders indicated that the blended approach to teaching and learning supports a range of different student learning styles, allows for flexibility and local flavour at the various clinical schools and community settings, and is capable of ensuring both knowledge acquisition and clinical competence. The team noted that the scientific streams in Years 3 to 5 are being updated.

Research training currently occurs mainly in Years 3 and 4 through conference week workshops, the EBM case report, and the community health research project. The team noted the MBBS embedded honours program has recently been modified, and that the new BClinSci/MD program

will utilise a re-sequenced research skills and EBM curriculum to deliver the necessary research skills training.

Program innovations with the move to a BClinSci/MD include a longitudinal e-portfolio, to be utilised as both a teaching and assessment tool, and the team looks forward to updates on its further development and implementation.

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.

Self-directed learning is a focus of the course, initially through student participation in PBL cases. In subsequent years, contributors to self-directed learning include the clinical immersion experiences and MiC reflective activities. Most teaching methods in the later years are clearly directed towards student independent enquiry, based on the rich clinical experiences offered and the particular clinical material presented. Some students report this as challenging. In Year 3 in particular, students find it difficult to focus their learning as the medical and surgery curricula are of considerable size. There is some tension between students' desire for more formal teaching in the clinical years and the guidance provided by unit outlines for immersion blocks in metropolitan hospitals

4.3 Clinical skill development

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

The team was impressed with the well-developed clinical skills component of the program which was evident in both the clinical ward setting and with actual and simulated patients. The early, comprehensive introduction of clinical skills and in particular communication skills is a strength of the curriculum. This aspect is appreciated by both students and clinicians. The team heard numerous reports of how WSU graduates could be identified through the high standard of their communication skills.

Core examination skills are taught in Years 1 and 2 in parallel with the relevant learning blocks, with links to radiology tutorials which were well received by students. Clinical procedural skills are taught in Year 2, and the team was impressed with the considered and thorough way that the program facilitated transition into the clinical years. The Year 3 communication skills session was reported as being particularly helpful and appropriately placed in the curriculum.

Further skills such as basic surgical skills and a resuscitation workshop are delivered in Year 3, and in Year 5 further clinical skills development is undertaken in workshops during the conference weeks.

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.

In Years 3 to 5, students have extensive opportunities to develop their skills in a wide range of clinical settings with more than adequate patient numbers.

Year 3 students are expected to admit patients and write in notes, attend ward rounds, and attend surgery and team meetings, as well as participate in other relevant team activities. In Year 4, specific discipline tasks are introduced that require increased patient involvement. In Year 5, student involvement and participation extends clinical procedural skills further and includes

more extensive opportunities for interpretation of investigations and overall patient management. Participation and independence are also reinforced by activities in the concurrent Professional and Personal Development (PPD) domain and through reflective activities undertaken by all students at the rural sites. Students can access a structure for the clinical immersion experiences through the relevant year learning guide. Students reported that they felt part of teams and that they had meaningful levels of participation in clinical care.

Clinical staff at hospital sites, and GPs in the community, described effective skills development and acquisition in clinical rotations. Staff gave examples of student participation in teams and patient care at various levels, and could clearly articulate the different expectations of students in each year of the program. Students gained progressive clinical capability over the program, with a focus on management skills and reflective practice in Year 5.

The team was impressed by the students' reports of their increased skills and confidence during the clinical years. PGY1 doctors reported that they felt very well prepared to take on patient care. They attributed this to their extensive patient involvement and progressive skills development and participation.

4.5 Role modelling

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

Students have the opportunity to observe experienced clinicians in the hospital from the very beginning of the program. The early teaching of communication and clinical skills is role modelled by clinicians with their patients as part of the learning. There is also role modelling where more senior students work as tutors for their peers.

The clinician researchers, and other active researchers who teach in the program as clinical supervisors or EBM/research supervisors, are effective role models for students.

Given the 40 hours a week attendance in the clinical years and the wide variety of clinical settings, there are ample opportunities for role modelling in clinical practice. Students acknowledged and appreciated this and gave examples of clinicians who had inspired them.

Student work within PPD provides opportunity for reflection on professionalism and the attributes of role models. Learning in the PPD domain equips students with knowledge and skills to recognise and deal with their own inappropriate behaviour and attitudes, and that of their peers or other clinicians. Students are encouraged to use role models in their own development as professionals.

The team commends the School on the widespread evidence of role modelling. The modelling of the importance of wellbeing and self-care is particularly significant.

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.

Patient centred care and collaborative engagements are prominent features of the program. There is a strong focus on the patient, the patient's perspective and the patient's community in each year of the program. This was evidenced in the formal structure of clinical experiences such as the school visits that are part of the paediatrics rotation and the Patient Journey Project which facilitates the students' understanding of the patient and carer perspectives in the context of chronic illness in both acute and home settings. The Patient Journey Project, which had its genesis in a community forum at Blacktown Hospital, exemplifies the School's embeddedness in the community, and its admirable responsiveness to that community.

Collaborative engagement with the wider community and health services by the Vice-Chancellor, Dean and senior staff through to community-based teachers is an outstanding feature of the School. The MiC placement, the GP teaching program and the Year 3 communication skills sessions are clear examples of the patient centred focus of the School.

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.

The structure of the immersive clinical years provides students with many opportunities for observation and work with other health professionals. The team heard many examples of students' observation and participation activities which included working with Aboriginal Health workers during the Indigenous Health attachment and in interdisciplinary team meetings on the wards.

While there are currently no formal structured interprofessional learning (IPL) activities in the program, the School is aware of opportunities to implement appropriate, relevant activities in the future. Models that had previously been developed and run under Health Workforce Australia funding are being reviewed and strategies for re-inclusion in the program are under development. The WSU Health Taskforce, which includes the School and the other health disciplines, has a specific agenda to improve IPL opportunities. The team looks forward to the development of structured learning activities becoming integral to the School's program.

Discussions at rural sites in particular identified the substantial opportunity to enhance interprofessional learning through more formal structured activities. While a number of informal links exist, clinical teachers, students and other staff identified IPL as a potential aspect of the program that could be strengthened by maximising the unique opportunities that exist through student and teacher co-location.

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.

WSU has an overarching assessment policy that governs all assessment within the University, including the School of Medicine. The School has an '*Assessment of Student Learning*' policy which provides an outline of the assessment philosophy, principles, practices and rules for the medical programs. The '*Guidelines for Assessment in the School of Medicine*' describes the variety of methods of standard setting used by the School of Medicine. Students are satisfied that the policies and processes adequately address the learning outcomes of the course, and are based on objectivity, fairness, and transparency.

The relevant Year Management Committee plans and reviews assessment for each year of the medical program. Changes to assessment require approval by the School Curriculum Committee and the School Academic Committee, which is the University Academic Senate's delegated committee for assessment approvals.

The School Assessment Committee is a subcommittee of the School Curriculum Committee with the purpose of providing explicit advice on school assessment policy and procedures. The Assessment Committee membership includes members of the deanery, discipline representatives, academic course advisors, student representatives, academic and professional staff from the MEU, and an academic external to the School.

The progression rules are outlined in the WSU, '*Progression and Unsatisfactory Academic Progress Policy*' and are publicly available online. These rules have changed since the last accreditation, reducing the maximum time of enrolment from the university standard of one and a half times the minimum time a part-time student would need to complete the course (equivalent to 12.5 years) to eight years for medical students.

All assessment requirements are outlined in the relevant unit outline. The *Unit Outlines and Learning Guides* contain a list of assessments and requirements, including attendance and professionalism hurdles, for each unit of the course. These are available for student viewing on the online student portal, vUWS (virtual UWS), and the Course Hub, which is also accessible via vUWS. These outlines describe the method and weighting of each assessment, as well as the number of assessments that must be passed and the aggregate score required, to progress to the next unit.

Assessments within the program include both formative and summative tasks. The School has added a number of additional formative assessments to the Foundation Years since the last accreditation, which are in addition to the formative written examinations that have been in place since the inception of the course. The additional formative assessments include PBL self-assessment, anatomy spot quizzes, pre-practical quizzes and weekly revision quizzes. Past examination papers are available for the Foundation Years of the program for students to self-assess their learning. Past examination papers have traditionally not been available to students in the clinical years, however the Curriculum Committee has now approved the release of past papers to all years. This will be implemented from 2018.

Formative assessment in the clinical years is currently underdeveloped and inconsistent and allows insufficient opportunities for student development prior to summative assessments. The team recognises that the school is aware of this and the incorporation of formative assessment in the clinical years is currently under review. Many of the assessment items in the clinical years are summative thresholds with the opportunity for students to remediate the assessable item if they do not pass on their first attempt.

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.

The School assesses students throughout the medical program using a variety of methods to assess learning outcomes. These include: written examinations; clinical assessments; research tasks; PPD assessments such as interviews, essays, position statements and creative responses; and clinical attachment assessments. These summative assessments include both weighted assessments and non-weighted threshold assessments.

While assessment will not change significantly with the transition to the BClinSci/MD, the School is planning to introduce portfolio-based assessment. The BClinSci/MD Portfolio will be a longitudinal assessment that more comprehensively captures existing formative and summative assessments as well as assessments of research skills. Students will gather evidence showing acquisition of skills and reflections on learning in clinical placements and practice, research, and professional and personal development. This evidence may include procedural and clinical skills assessments, patient cases, feedback from supervisors, reflections on critical experiences, PPD items, extracurricular activities, and completed online modules and logbooks, all matched to the relevant BClinSci/MD Graduate Outcome.

Since the last accreditation, an online searchable 'roadmap' of learning objectives has been developed that aligns each learning objective to relevant learning opportunities as well as the broader learning topic. This roadmap is available to students to guide their learning and is used by Unit Coordinators to blueprint the written examinations and OSCEs. The roadmap was rolled out to the Foundation Years in 2015 and will be extended to include the clinical years in 2017. Examination blueprinting has been improved in the foundation years since the introduction of the roadmap and it is anticipated that more comprehensive examination blueprinting will take place in the clinical years from 2017. The School has identified examination blueprinting as an area for improvement. It is anticipated that integration with the roadmap project will assist in developing more granular blueprints for individual assessments, as well as a programmatic view of assessment. Staff training in examination blueprinting will occur in conjunction with the implementation of the curriculum roadmap in 2017.

The School uses a variety of standard setting methods for assessments across all five years of the program. The discipline head and/or the unit coordinator chooses the method(s), based on the type of assessment. Information about the use of standard setting is communicated to students via the 'Guidelines for Assessment in the School of Medicine'.

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.

PBL tutors meet with their pre-clinical students halfway through each semester to discuss their progress and any issues that are impacting on their participation or performance in the program. Clinical students are encouraged to arrange similar meetings with their term supervisors. Students identified this process as helpful, as it provides individually tailored feedback, allowing them to clearly identify areas to focus on in order to improve their performance, prior to the assessments occurring.

Within the foundation years of the program, the unit coordinator or theme leader meets with students at risk of failing the unit and documents a plan of study with the aim of preventing that student from failing the unit.

The unit coordinator meets with all students who fail the first Multiple Choice Questionnaire (MCQ) which is held at the mid-semester point of Year 1. This early meeting allows students an opportunity to change their study habits before the next assessment task.

In the Foundation Years, the relevant unit coordinator will meet with all students who have an estimated aggregate below 50% after completion of semester 1 exams. During these meetings, a study plan is put into place, and the student is directed to additional services, such as disability support, where needed. During the clinical years, students are deemed at risk of failing the unit if they fail a clinical attachment. These students are referred to the Unit Coordinator for a consultation and will likewise be directed to additional services where needed.

Approaches to remediation of failed assessments or examinations differ depending on the type of assessment, the stage of the course, and whether extenuating circumstances have contributed to the failed assessment. The assessment items that can be remediated are noted in the Unit Outline for each unit of the course. Once a student has been notified that they have failed an assessment task, the Unit Coordinator provides the student with details of the available remediation. There is no opportunity to remediate written examinations, unless the student is granted special consideration under the University Special Consideration Policy.

Increased quality, quantity and timeliness of feedback on assessments, and the addition of formative assessments in the clinical years have been identified by the School as areas that require improvement for the program.

Students are provided with their marks in all assessable items within each unit but it is difficult for students to determine the specific areas of knowledge deficit through the current feedback methods. The School is developing more detailed discipline reporting to address this. A trial of feedback for written examinations was piloted in 2016, providing students with a guide to areas that require revision, along with areas where they have been deemed to be competent. This trial was successful and will be rolled out to all years over the next 12-18 months.

Examiner feedback on written exams has been collected at the conclusion of marking in order to elicit general feedback that may be of benefit for the whole cohort. General feedback is given outlining areas where students consistently performed well, and areas where improvements were needed. This feedback has been made available to future cohorts to assist their study and examination preparation.

The timeframe for provision of feedback varies based on the nature of the assessment. As an example, students report that feedback on OSCEs is given in the following academic year, precluding opportunities to respond and address deficiencies. In addition, the quality of feedback in the clinical placements is reported by students to vary considerably depending on the rotation.

For written examinations, numerical results are released weeks after the exams due to marking time, alongside statistical analysis so students can compare their performance and progression with that of their peers. Students are offered the opportunity to review their individual written examinations, but students reported that they found it difficult to identify the pathway for doing so. This confusion results in students not accessing direct feedback relating to individual exam questions, making it difficult to identify areas of weakness in their knowledge.

The School is aware of this feedback and is looking for opportunities to improve both the quality and timeliness of feedback to students.

Unit Coordinators provide feedback on overall student performance to the respective year committees at the start of each year in relation to the previous year's cohort. Student performance for the current cohort of students is also revisited at regular meetings throughout the year.

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.

The School regularly reviews its program of assessment. Changes have been made to assessment policy and practice in response to these reviews. Changes have been made to reporting and standard setting methods, new assessments have been introduced, modifications to existing assessments made, and increased assessor training provided.

The Assessment Committee oversees the evaluation and review of assessments within the program. Following the major review that occurred between 2013 and 2015, a number of processes were implemented to improve the quality, reliability, validity and consistency of assessment items within the course. These have included examination question writing workshops, calibration of OSCE examiners, introductory orientation to the workplace-based assessment tools, and the development of a database to improve data integrity.

In response to student feedback the Year 3 to 5 Attendance Policy was adjusted to include some degree of flexibility to make allowances for short periods of personal and sick leave. The change in this policy has been very well-received by students.

Students are also now required to meet specific criteria related to professionalism as an assessable item in each unit of the program.

Data on the performance of students at each teaching site is collected for all clinical assessments. Analysis of this data shows minimal difference in student performance across the sites.

Standardisation of clinical assessments, including OSCEs and workplace-based assessments delivered at different sites, is achieved via orientation and training for new examiners, compulsory briefings for all examiners, and opportunities for examiners to participate in training workshops and calibration exercises.

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.

The School demonstrates a strong commitment to monitoring and evaluation of its program and subsequent action in response to the data. A variety of methods, including formal University subject evaluations and extensive use of student feedback through questionnaires at the end of phase placements and blocks, is used to monitor the curriculum.

The School Evaluation Committee engages with other relevant committees, including the Curriculum Committee, to monitor the program and provide feedback to the respective Year Management Committees. The School Evaluation Committee actively reviews its processes with regard to seeking feedback from the student body and is also reviewing the evaluation instruments, in order to elicit data that can usefully be employed in evaluating the program. This work incorporates both University and School processes.

The School is responsive to issues raised by students and staff with regard to the curriculum, teaching methods and assessment tasks. Students report a variable experience in the MiC rotation, although they report that the School responds quickly and appropriately when issues are raised.

The School collaborates closely with other education providers and has an extensive program of benchmarking and work in collaboration with local, national and international partners.

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.

The School Evaluation Committee analyses the performance of student cohorts, including international students, in relation to the outcomes of the medical program. This committee provides both formal and informal feedback to the Curriculum Committee on student performance.

The School is working towards improving its data in relation to graduates, and the mission of the School. To this end, the Evaluation Committee has begun its second Alumni survey, and implemented other measures to identify and evaluate the outcomes of the medical program.

The Evaluation Committee and the Admissions Committee have a close relationship, and there is a feedback loop which informs student admission, support, and progression, with relevant information related to specific cohorts.

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.

Feedback is provided to internal and external stakeholders, in the form of reports, newsletters, through the University's on-line portal and by information shared via the School committee structure. The internal processes are both formal, and informal, with significant collaboration and overlap of key staff on relevant Committees.

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.

The School has an annual cap of 100 Commonwealth Supported Places (CSP). Of these, 25 are Bonded Medical Places and four Medical Bonded Rural Scholarship places. This has now increased to 12 places from 2017. The School has a capacity to take approximately 20 International Students, with up to six from the International Medical University (IMU) in Malaysia entering Year 3 of the MBBS program. The School indicated that the increased international students accepting places and enrolling for 2017 was a surprise and confirmed that they have no plans to further increase international student numbers. Table 1 describes the enrolment figures for the School over recent years.

Table 1: Enrolment figures 2015-2017

Student intake	Students admitted	Domestic	Indigenous students	GWS Region students	Non GWS region students	International students
2017	134	103	8	60	43	31 (3 IMU)
2016	124	103	7	64	39	21 (4 IMU)
2015	125	101	2	58	43	24 (7 IMU)

Please note that the bracketed figures in the international category refer to students from IMU that have joined the program in Year 3.

The attrition rate (2-8%) for the Medical Program is comparable with other medical programs. In Year 5, only a small number of students fail to complete on their first attempt. The School's Admissions Committee has a progression strategy, which is designed to ensure student numbers are kept constant throughout the program.

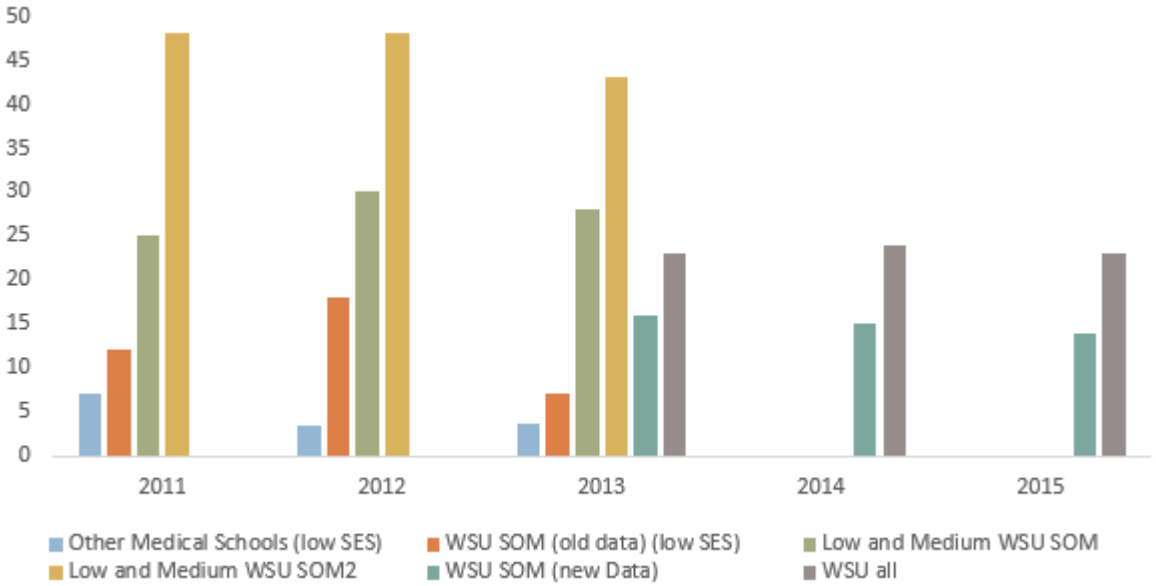
The School employs an Admissions Manager within the MEU who reports to the Chair of the Admissions Committee and the Dean and is responsible for all admissions enquiries. The Admissions Manager maintains the admissions database, liaises with the University Admissions Centre (UAC), the Academic Registrar and the University International Office. The Vice Chancellor confirmed that the University is reviewing their shared services and the School acknowledged that the admissions process could be an area that was supported by the University in the future.

The School is adequately resourced at all levels of the program and is able to respond to changing needs. For example, the logistics for the practical anatomy teaching were modified to address the increased student numbers for the 2017 intake.

The School's mission reflects the needs of its Greater Western Sydney (GWS), Rural and Indigenous communities, and the admissions policy and entry pathways support this. Admission requirements are clearly stated, with different ATAR thresholds for Greater Western Sydney and non-Greater Western Sydney school leavers.

The School is commended for its inclusivity and widening participation in higher education with at least half of the students coming from the Greater Western Sydney region. This region has a high representation of residents of low socio-economic status. Students from rural backgrounds also have the entry criteria from GWS applied in order to meet targets for enrolling rural applicants. Comparative data was made available to demonstrate the student profile, although collection systems have changed allowing the School to compare only with the University as a whole since 2013 (Figure 2). The School intends to collect additional data to enhance and extend the information available about the School's cohorts in the future.

Figure 2 - Comparative data of low and medium SES status for WSU SoM students



Data from 2011-2013 allowed comparison with the Sydney basin. Data is internally to WSU since 2013.

The School has targeted access schemes for students of GWS origin in addition to the Indigenous Entry Scheme. Scholarships that are available for these pathways are promoted on the School website, during external engagement and upon request. The School actively promotes scholarships that are available to students once enrolled in the program. In addition, the Chair of the Admissions Committee and Dean are reviewing the possibility of a refugee pathway with a supported scholarship.

International students from IMU joining the program in Year 3 are supported by both academic and student representatives. Transition for IMU students is supported by purposeful placement and accommodation at Macarthur Clinical School and Campbelltown Campus residences. Communication related to career opportunities for this cohort occurs regularly and is up-to-date.

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.

Comprehensive information relating to admission and selection into the program is available within the University admissions policy and is publicly available on the school website. Governance of these policies lies with the Admissions Committee and is endorsed by Academic Senate.

Current admission categories include four distinct applicant groups:

1 General for GWS or non-GWS

2 Rural

3 Indigenous

4 International.

Table 2: Admission category and summary of selection process

	UMAT	ATAR	MMI	Interview
General Greater Western Sydney (GWS) category	Yes Lower TH than non-GWS	Yes Lower TH than non-GWS	Yes (at least half reserved for GWS)	No
General Non-Greater Western Sydney (non-GWS) category	Yes	Yes	Yes	No
Rural	Yes Lower TH than non-GWS	Yes Lower TH than non-GWS	Yes	No
Indigenous case by case	Case by case	Case by case	No	Yes
International-25	N/A Unless in year 12	Yes Equivalence required	No	Yes*

TH –Threshold * resource dependent

The School's targeted rural pathway scheme used the GWS lower Australian Tertiary Admission Rank (ATAR) and Undergraduate Medical and Health Admissions test (UMAT) thresholds for 2017. The School liaises with and has a member of the central admission services team on the committee to ensure University policies are followed. An admission sub-group meet to balance places as required across the admission categories. Opportunities for enrolling students may be enhanced by balancing places across the admission categories. CSP allocations are inclusive of offers to Aboriginal and Torres Strait Islander students, students from GWS, non-GWS and from rural locations.

Invitation to attend Multi-station Mini-Interviews (MMI) is based on UMAT and ATAR scores. The School's current process ensures that approximately equal numbers from both GWS and non-GWS streams are invited to interview. The school has data that indicates that there are no differences in performance at interview between the GWS and non-GWS students, and no differences in academic performance is noted between the two groups throughout the course. To date there have been 10-15% more GWS students than non-GWS students.

The final decisions on offers are made from a ranked list based on the candidates' performance within the MMI (75%) and UMAT score (25%), with the ATAR providing a final threshold for school leaver applicants. The eight active MMI stations are written by academics with the support of an organisational psychologist and include: motivation to do medicine, understanding communication, teamwork, empathy, altruism, verbal communication, ethics, self-care and wellbeing, decision making and interest in Greater Western Sydney.

The Admissions Committee are mindful of the coachable elements of UMAT and are reviewing its place in the selection process. The selection of Aboriginal and Torres Strait Islander and international applicants is separate to the general application pool and does not include the MMI process. The School acknowledges the additional resources required to use the MMI, but affirmed that the required skills selected during the MMI are not as thoroughly addressed using other methods.

To minimise bias, the School ensures an equitable and transparent admissions process. The risk management strategies employed by the School are supported by the University Code of Conduct policy. Strategies include: ensuring that there is a mix of community members and academics involved in selection (including those from rural partnered areas); providing all interviewers with annual re-training; and ensuring that staff members with a relative applying to the course are excluded from the process.

The School has published its inherent requirements policy on the website allowing all candidates to be aware of physical or mental impediments that will affect their capacity to work as medical practitioners. This is supplemented with guidance to encourage candidates who may experience challenges related to their disability, chronic health condition or any other reason, to discuss their concerns with a campus Disability Advisor or School staff, such as the Director of Academic Program, Academic Course Advisor or School Disability Coordinator.

The School provides reasonable assistance to those students who have impediments through an Academic Integration Plan (AIP). All year leads and staff are aware of this support and students who study under an AIP are not identified to the tutors or faculty unless absolutely necessary. Students who may require assistance in this regard are often identified following examinations, or through concerns that arise whilst on placement, and are advised as to the services available to them.

The School runs a parallel Indigenous Entry Scheme for Aboriginal and Torres Strait Islander students, many of whom live rurally. The interview panel for these students is led by the Dean, Deputy Dean or Associate Deans and includes the Indigenous Program Officer, a representative from Badanami Centre for Indigenous Education and the Chair of the Board of the Tharawal Aboriginal Medical Service. There are no UMAT requirements and no MMI process for entry.

All candidates are supported academically and pastorally by the Indigenous Support Unit (Badanami Centre for Indigenous Education) which provides a culturally safe place for the students and houses the School's full-time Indigenous Program Officer and part-time Indigenous Student Support Officer. The team commends the School and the University for the support provided to the Indigenous entry scheme students.

The numbers of applicants from an Aboriginal or Torres Strait Islander background are steadily increasing each year. Indigenous student numbers are above the national average and retention rates for this cohort are high at over 75%. The number of Aboriginal and Torres Strait students graduating each year is steady, with a total of 18 Indigenous students having graduated to date. The School provides individual support and advice to all applicants with regards to alternate pathways if they were unsuccessful at interview and continues communication with those who did not take up the offer.

The School provides extensive information regarding the selection process online and upon request. The School reports that there have been no appeals to date but information regarding this process is readily available.

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:

- *students with disabilities and students with infectious diseases, including blood-borne viruses*
- *students with mental health needs*
- *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.

The University provides a comprehensive range of student support services and students and faculty across all sites are aware of these services. The development of the student support pathway flowchart has been instrumental in this and is acknowledged in the student submission. The appointment of the Head of Student Affairs has been well received by staff and students.

The academic year coordinator is the first point of contact for students with concerns regarding academic progress or in need of pastoral support. Faculty development training includes information and resources to assist staff in their support roles.

The team commends the School's implementation of 'well-being days' following the substantial consultation with the students' well-being committee which supports the program's message of health promotion and self-care.

The School uses both a preventive and early identification approach to assist students who may experience academic and other difficulties in the program. The year coordinators remind students of the support services that are available and will meet individually with students that are having academic difficulties as required. Students may identify themselves as potentially needing assistance or be identified through formative assessments and formal exams.

The Head of Student Affairs has recently commenced publication of a newsletter that provides information regarding support services and encourages students to seek help early.

Exit strategies are available to students who may not be in a position to complete the course.

The School works collaboratively with the University services to provide learning support for all students. Cross University support services include Peer Assisted Study Sessions (PASS), whilst School-focused support includes a Western Sydney Medical Society (WSMS) supported orientation week.

The School, and in particular the Dean, works closely with the student society, WSMS, to ensure the needs of all students are heard

Staff assistance for students in personal and academic matters was evident at all stages of the program. The rural clinical schools deliver personalised orientations which include social activities and additional support services to facilitate student belongingness and meet the unique needs of the local context. These initiatives were highly regarded by the students.

The School's Student Support Unit is comprised of professional staff who are not involved in assessment decision making. The Badanami Centre for Indigenous Education is likewise separate to any academic decision making and is available to support Aboriginal and Torres Strait Islander students.

The team recognises that while year coordinators may deal with both academic and pastoral care matters, any decisions regarding progression are determined by the Results and Progression Assessment Committee.

The role of Head of Student Affairs is independent and removed from any decision making on academic progression by design. The Well-being Committee continues to work on strengthening an approach to support that is viewed by students as being safe, private and separate from decision making regarding assessment and progression.

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.

The School has policies in place regarding fitness to practice, with all candidates and enrolled students referred to the Inherent Requirements policy on the School's website.

The School's newly formed Professionalism Committee is refining policy and process related to professionalism and fitness to practise; adoption of the medical students' code of conduct; review of the fitness to practice panel and formalisation of the case management group. The Professionalism Committee will also review the teaching and assessment of professionalism within the program. The team is interested in updates as the Committee matures.

Student matters are appropriately managed by current School and University policies and processes. The School considers that the University's Misconduct Rule, instituted in 2016 has so far proved sufficient to deal with professionalism concerns. The formal processes for investigating, monitoring and following up of any significant breaches of professional behaviours and conduct are adequately addressed in University policy.

The School reports that there has been no requirement for a fitness to practise/ professional subcommittee to convene to this date. The School has effectively utilised referral to the NSW Board of the Medical Board of Australia, academic progression rules and the University misconduct processes to manage professionalism matters to date.

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.

Students are represented on all School committees and it was apparent that the student voice is valued and heard by the executive group. The WSMS is the main student group of the School and indicates that they value highly the relationship with the School, and the opportunities for regular discussions. The student body is consulted on all key decisions that affect them.

WSMS offers an array of activities including academic, community and socially based initiatives. The roles of the Student society leadership group include external and internal advocacy, as well as affiliations and special interest groups such as global health, a surgical society and a physician society.

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.

The University and associated teaching hospitals have comprehensive insurance in place for their medical students. The policies cover on campus activities, Clinical School activities as well as coverage for student electives, including travel.

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.

The team was impressed by the new facilities at all locations where the School's program is taught. The School uses newly commissioned purpose built facilities at the Campbelltown campus of the University and Blacktown/Mt Druitt Clinical School. These buildings are of the highest standard and provide students with outstanding learning environments. The team looks forward to the commissioning of the new Macarthur Clinical School at Campbelltown Hospital which will provide another high quality facility for the program.

The team visited the Bathurst Rural Clinical School and the Lismore Rural Clinical School, and noted that facilities, including student accommodation, were of a very high standard. Students were complimentary in their assessment of these facilities and reported that the School took their safety and well-being very seriously. The team was impressed with the supportive approach taken by both academic and professional staff at the Rural Clinical Schools.

The team was pleased to note the School's proactive and impressive processes around student safety and security, particularly in relation to remote and rural locations, including on-site risk assessments undertaken by University security staff.

There is a substantial focus within the next phase of the School's development to expand research capacity. There is significant co-investment in research facilities at a range of sites and a focus on building clinical research capacity through new clinical school buildings and strategic academic appointments.

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.

Students at all sites have access to the information and communication technology (ICT) infrastructure and applications required for learning in the context of the School's program. Students report good reliability and availability of these resources.

The team notes that the University is conducting a review of shared services. The AMC will be interested in the final outcome of this review, and its effect on the School's staffing and infrastructure. The team understands that some centralisation of services may lead to improved responsiveness and reliability of ICT services, but would not want to see the School lose effective control over key applications including the curriculum Roadmap, blended learning curriculum modules and applications supporting the School's admission processes. The team looks forward to being informed of the outcome of the review, and the School's response to that outcome.

The School receives excellent support from the University Library services, with a wide range of publications and other resource material available to staff and students via print or electronic

subscription. The library team ensures that this material is available to students at all sites where the School's program is taught. Student access to Library facilities at each of the clinical sites is excellent, and includes Library staff supporting students with extended opening hours. A Librarian, with responsibilities that include support for the School's staff and students, attends the Curriculum and Postgraduate Committee meetings.

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.

The clinical schools provide students with a wide range of clinical environments in which to study. The nature of these placements reflects the consistent implementation of the School's values and mission.

At sites where students from other universities are co-located with the School's students, there are strong student-focused processes which ensure both the delivery of the School's programs, and provide administrative and pastoral support for the School's students.

The team commends the School on its implementation of the five-week Indigenous Health Attachment.

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.

Clinical supervisors felt well supported by the School and reported clear guidance in expectations and standards. Rurally based clinical academic and professional staff valued the very active interaction with Sydney-based staff, particularly the face to face meetings. The team commends the School for the quality, expertise and enthusiasm of its clinical supervisors, and noted that senior hospital executives at all sites were also supportive of their staff being involved in student teaching. These positive outcomes come as a result of the School actively engaging with its health

services partners at all levels. Significantly, the School holds membership in key committees and other decision-making bodies within the health services with whom they have a relationship.

The School actively encourages junior medical staff to apply for conjoint appointments, and provides faculty development for these staff in the areas of teaching and learning.

There are formal programs for supervisor training and support, and both formal and informal feedback is provided to supervisors. The School provides clear communication to its clinical supervisors and teachers.

The School has demonstrated excellent communication with Clinical Deans, and the team saw the weekly Dean's meeting as an effective and efficient forum for two-way information transfer. The twice yearly GP training days are an example of the School's commitment to the development of supervisory capacity of its teachers.

Appendix One Membership of the 2017 assessment team

Associate Professor Christopher Wright (Chair) MBBS, Grad Dip Sc (Physics), FRACP, FCICM
Academic Director, Clinical Programs, Faculty of Medicine, Nursing and Health Sciences, Monash University

Dr Jennifer Schafer (Deputy Chair) MBBS, DRANZCOG, FRACGP
Director Student Affairs, MBBS program, School of Medicine, University of Queensland

Professor Amanda Barnard BA Hons, BMed Hons, FRACGP
Associate Dean and Head, Rural Clinical School, ANU Medical School, ANU College of Medicine, Biology and Environment, Australian National University

Associate Professor Jo Bishop BSc (Hons), PhD
Associate Dean of Student Affairs and Service Quality and Curriculum Lead MD program

Professor Shaun Ewen BAppSc(Physio), MMIL
Associate Dean (Indigenous Health) and Foundation Director, Melbourne Poche Centre for Indigenous Health, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne

Professor Brian Kelly B Med, PhD, FRANZCP, FAChPM
Head of School and Dean of Medicine, Joint Medical Program, School of Medicine and Public Health, University of Newcastle

Mr Alan Merritt
Manager, Medical School Assessment, Australian Medical Council

Ms Fiona van der Weide
Accreditation Administrator, Australian Medical Council

Appendix Two Groups met by the 2017 assessment team

School Executive Committee

Dean School of Medicine

Vice Chancellor

Finance

Dean School of Medicine

Vice President (Finance & Resources)

School Manager

School Executive Committee

Chair and Dean, School of Medicine

Senior Lecturer, Community Engaged Learning

Indigenous Program Officer

School Manager

Professor of Anatomy and Cell Biology

Clinical Dean (Liverpool)

Clinical Dean (Blacktown/Mount Druitt)

Director, Rural Health

Associate Dean Learning and Innovation

School Academic Committee

Chair and Dean, School of Medicine

Deputy Dean, Associate Dean Learning and Innovation

Executive Officer, Medical Education Unit

Senior Lecturer, Physiology

Lecturer, Integrative Physiology

School of Medicine Curriculum Committee

Chair of General Practice

Chair and Dean, School of Medicine

Professor of Anatomy and Cell Biology

Clinical Sub-Dean (Blacktown/Mount Druitt)

Student Representative

Professor of Surgery

Lecturer, Integrative Physiology

Deputy Dean, Associate Dean Learning and Innovation

Medical Education Unit Executive

Deputy Dean, Associate Dean Learning and Innovation

Head of Assessment

Manager, E-Learning

Associate Dean (Academic)

Director of Medical Education Unit

School of Medicine Assessment Committee

Head of Assessment

Year 2 coordinator, Lecture Medical Education

Year 4 Coordinator

Assessment Officer

Sub-Clinical Dean (Blacktown/Mount Druitt)

Data Analyst and Evaluation

Year 5 Coordinator

Student (Year 3)

Blacktown/Mt Druitt Clinical School Leadership Group

Clinical Dean (Blacktown/Mount Druitt)

Professor of Medicine

Clinical Sub-Dean (Blacktown/Mount Druitt)

Western Sydney Medical Society

2017 President (Year 5)

Academic Director (Year 4)

Wellbeing Committee member (Year 4)

International Student Representative (Year 5)

Indigenous Student Representative (Year 1)

Indigenous Student Representative (Year 2)

Aboriginal and Torres Strait Islander Committee

Co-Chair and Indigenous Program Officer

Co-Chair and Aboriginal Health and Wellbeing Research Group

UCRH, Rural Clinical School Lismore

Rural Program Coordinator

Director of Education (Lismore)

Indigenous Health Academic

Years 1 & 2 Management Committee

Co-Chair and Year 1 Coordinator

Co-Chair and Year 2 Coordinator

Chair of Epidemiology

Professor of Anatomy and Cell biology

Clinical Dear (Blacktown/Mount Druitt)

Professor of Integrative Physiology

Clinical Sub-Dean (Macarthur)

Year 4 Management Committee

Chair and Year 4 Co-ordinator

Paediatrician

A/Professor Obstetrics and Gynaecology

Professor of Paediatrics

Lecturer, Medical Education (Research and Evaluation)

Professor of Oncology

Professor of Mental Health

Clinical Dean (Bathurst)

Years 3 & 5 Management Committee

Dean

Chair and Year 3 Co-ordinator

Year 5 Co-ordinator

Community Engaged Learning

Professor of Medicine (Blacktown/Mount Druitt)

A/Professor Pharmacology

Foundation Professor of Infectious Disease and Microbiology

Chair of General Practice

Clinical Dean (Blacktown/Mount Druitt)

Clinical Dean (Bathurst)

Campbelltown campus

Professor of Anatomy and Cell Biology

School Manager

Students (Years1, 2 and 3)

HDR Students (2)

Macarthur Clinical School staff

Clinical Dean, Macarthur

Clinical Sub Dean, Macarthur

Executive Officer, Macarthur

Senior Lecturer in Mental Health

Campbelltown and Camden Hospitals' Executive

General Manager

Director of Medical Services

Director of Nursing and Midwifery Services

Health Representative, Head of Physiotherapy Department

Clinical supervisors

Director, Macarthur Cancer Therapy Centre

Geriatrician