Accreditation of
The School of Medicine, Fremantle
The University of Notre Dame Australia
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Executive summary and recommendations 2012

The Australian Medical Council (AMC) document, Procedures for Assessment and Accreditation of Medical Schools 2011 describes AMC requirements for accrediting primary medical education programs and their providers.

The accreditation of the University of Notre Dame Australia, School of Medicine (Fremantle) currently expires in 2013. In the year accreditation ends, a school submits a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may extend the accreditation for a further period of accreditation, up to a maximum of four years, before a new accreditation review.

In a comprehensive report, the School is expected to provide: assurance and, where possible, evidence that it has maintained its standard of education and of resources; an appraisal of the developments since accreditation including its response to the issues raised by past accreditation assessments; and information on plans leading up to the next AMC accreditation.

In 2012 an AMC Team completed a review of the school’s program to consider whether the University of Notre Dame Australia School of Medicine (Fremantle) is meeting the approved accreditation standards and will continue to do for the next period of accreditation.

Decision on accreditation

Under the Health Practitioner Regulation National Law Act 2009, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study as providing a qualification for the purposes of registration.

The October 2012 meeting of the AMC Directors endorsed the accreditation report and resolved:

That the Bachelor of Medicine Bachelor of Surgery program of the School of Medicine Fremantle at the University of Notre Dame Australia meets the approved primary medical education accreditation standards.

That the Bachelor of Medicine Bachelor of Surgery program of the University of Australia School of Medicine Fremantle be granted an extension of accreditation until 31 December 2016, subject to the following conditions:

(i) in the 2013 progress report, evidence to address the conditions on accreditation detailed in the Key Findings Table (in the Executive Summary) at:
  o Standard 1.8 – Staff Resources
  o Standard 6.1 - Monitoring
  o Standard 6.2 – Outcome Evaluation
  o Standard 6.3 – Feedback and Reporting
Standard 8.3 – Clinical Teaching Resources.

(ii) satisfactory annual progress reports that continue to demonstrate that the standards are met, and that include the ‘items for reporting in the 2013 progress report’, as set out in the Key Findings Table and accreditation report.
Overview of findings

The following ‘Key Findings Table’ summarises the findings of the 2012 University of Notre Dame Australia, School of Medicine Fremantle assessment against the approved accreditation standards.

The left column of the table includes areas of commendation. The right column of the table notes any conditions of accreditation. If a standard is ‘not met’ or ‘substantially met’ the AMC imposes conditions to ensure that the medical education provider does meet the standard in a reasonable timeframe. The AMC requires medical education providers to provide evidence of actions taken to address the condition and meet the standard in the specified timeframe.

The right column also notes items that should be reported on in the next progress report to demonstrate that the medical education provider continues to meet the standard. The AMC will include these items for reporting in the next progress report request to the medical education provider.

Key Findings Table

<table>
<thead>
<tr>
<th>1. Context (governance, autonomy, course management, educational expertise, budget, health sector, research context, staff)</th>
<th>This set of standards is met. 1.8 Substantially Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commendation</strong></td>
<td></td>
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<tr>
<td>The Dean is an effective leader of the School of Medicine. The role is well defined, with a focus on strategic planning and relationships.</td>
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<tr>
<td>The Medical Education Support Unit now has a well-defined role and is offering courses that support both educational and research activities.</td>
<td></td>
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<tr>
<td>The School has cultivated well-developed relationships with numerous organisations and agencies, with a strong working relationship between the School and the University of Western Australia’s (UWA) medical school.</td>
<td></td>
</tr>
<tr>
<td><strong>1.7 The Research Context of the School</strong></td>
<td>Standard 1.7 is now met</td>
</tr>
<tr>
<td><strong>Commendation</strong></td>
<td></td>
</tr>
<tr>
<td>There is a well-developed Honours program offered to students as an additional unit to the MBBS program work in the final year. The School is developing research programs designed to initiate research participation in MED200, and build on this in order to increase participation in the Honours program.</td>
<td></td>
</tr>
</tbody>
</table>
1.8 Staff Resources  | Standard 1.8 is substantially met  
Condition on Accreditation  

**1.8 Staff Resources**  
Provide evidence of succession planning for senior academic and administrative positions, along with evidence of progression opportunities for clinical academics.

2. Outcomes (mission, course outcomes)  | This set of standards is met.

3. Curriculum (framework, structure, content, duration, integration, research, choices, continuum)  | This set of standards is met.

To continue to demonstrate that the Standard is met, in the 2013 progress report include:

**3.1 Curriculum framework**  
The University is strongly encouraged to continue to provide the required IT support to enable the curriculum database to be fully implemented, maintained and developed as required.

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**3.2.4 Clinical sciences and skills**  
**Commendation**  
The clinical program is now well established and the program covers the major clinical specialties in both the specialist and general environments. The medical curriculum is delivered well in both the public and private sectors.  
The strategic appointment of clinical liaison personnel at certain clinical sites has strengthened the relationship between the University and clinical teachers.

**3.2.6 Behavioural and social sciences and medical law and ethics**  
**Commendation**  
The Team commended the program’s focus on ethical practice and reflective behaviour as
exemplified in the clinical debriefing sessions. The School is committed to engendering the highest professional behaviours through all years of the program.

<table>
<thead>
<tr>
<th>3.2.7 Indigenous health</th>
<th>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commendation</td>
<td>3.2.7 Indigenous health</td>
</tr>
<tr>
<td>The Aboriginal Health teaching program is progressing well and a review by the newly appointed Aboriginal Health Consultative Committee and the Aboriginal Health Curriculum Development Group has led to significant improvements to the entire teaching program.</td>
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<table>
<thead>
<tr>
<th>3.3 Curriculum integration</th>
<th>This standard is now met.</th>
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</thead>
<tbody>
<tr>
<td>Commendation</td>
<td>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</td>
</tr>
<tr>
<td></td>
<td>3.4 Research in the curriculum</td>
</tr>
<tr>
<td></td>
<td>The Team encouraged the School to continue to improve research opportunities for students, as well as encourage uptake of post-graduate research degrees.</td>
</tr>
<tr>
<td>The curriculum has a spiral structure and components across the four domains are well integrated through preclinical and clinical years. There is now a sound integration with all four years of the course.</td>
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<table>
<thead>
<tr>
<th>3.4 Research in the curriculum</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Commendation</td>
<td>This standard is now met.</td>
<td></td>
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<tr>
<td></td>
<td>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.4 Research in the curriculum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Team encouraged the School to continue to improve research opportunities for students, as well as encourage uptake of post-graduate research degrees.</td>
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<tr>
<td>All students perform a clinical audit and are encouraged to undertake evidence-based reviews of clinical issues they encounter. Students may complete an MBBS (Hons) through completion of an additional unit in their final year.</td>
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</tbody>
</table>

<p>| 4. Teaching and learning methods | This set of standards is met |
|----------------------------------|--|---|
| 4.1 Teaching and learning methods | This set of standards is met |
| Commendation                     | This set of standards is met |
| The School has produced some high quality teaching resources such as the Clinical Skills Handbook. The comprehensive, discipline specific study guides, distributed prior to each rotation, provide an excellent resource for students and teaching staff. |</p>
<table>
<thead>
<tr>
<th>5. Assessment (approach, methods, rules and progression, quality)</th>
<th>This set of standards is met</th>
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<tbody>
<tr>
<td></td>
<td>To continue to demonstrate that the Standard is met, in the 2013 progress report include:</td>
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<tr>
<td></td>
<td><strong>5.3 Assessment Rules and Progression</strong></td>
</tr>
<tr>
<td></td>
<td>Please report on any changes to assessment relating to standard setting in Multi-Station Assessment Task examination and use of the SEM in progression algorithms.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Monitoring and evaluation (ongoing monitoring, evaluation, feedback and reporting, educational exchanges)</th>
<th>The set of standards is substantially met.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Conditions on Accreditation:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>6.1 Monitoring</strong></td>
</tr>
<tr>
<td></td>
<td>Develop and implement the School’s revised evaluation strategy.</td>
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<td></td>
<td><strong>6.2 Outcome evaluation</strong></td>
</tr>
<tr>
<td></td>
<td>Develop a framework to guide outcome evaluation, including an evaluation of the School’s graduates</td>
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<tr>
<td></td>
<td><strong>6.3 Feedback and reporting</strong></td>
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<tr>
<td></td>
<td>Develop and implement a plan for communicating the evaluation results to the full range of groups with an interest in graduate outcomes.</td>
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<tr>
<td>7. Students (intake, admission, support, representation)</td>
<td>This set of standards is met</td>
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<tr>
<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Commendation</strong></td>
<td></td>
</tr>
<tr>
<td>The School has an established support program for students. This includes the independent Student Clinical Services which provides a counselling and referral service as well as a range of mental health programs.</td>
<td></td>
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<table>
<thead>
<tr>
<th>8. Resources (physical, IT, clinical teaching)</th>
<th>This set of standards is met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.3 Clinical teaching resources</strong></td>
<td><strong>Condition on Accreditation:</strong></td>
</tr>
<tr>
<td><strong>Commendation</strong></td>
<td><strong>8.3 Clinical teaching resources</strong></td>
</tr>
<tr>
<td>The School has over 200 general practices taking students for placements and an agreement is in place with each of these general practices. Students have general practice placements in every year of the program. The School is to be commended on effectively engaging the private health sector in the provision of primary medical education in a sustainable way. This includes the effective use of respected ‘champions’ to engage individual clinician involvement in the program in a sustainable way.</td>
<td>Provide a report on plans and agreements to facilitate the provision of educational facilities and student placements at the new Fiona Stanley Hospital, scheduled to open in 2014.</td>
</tr>
</tbody>
</table>
Introduction: The AMC Accreditation Process

The AMC is an independent national standards body for medical education and training. Its principal functions include assessing primary education providers¹ and programs of study based predominantly in Australia and New Zealand leading to general medical registration of the graduates of those programs in Australia to determine whether they meet the approved accreditation standards.

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

AMC assessments are undertaken against the approved accreditation standards and follow the process described in the following documents:

- Standards for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2010.
- Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2011.

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

On 1 July 2010, a new registration and accreditation scheme covering ten health professions (including medicine) came into effect across Australia. Under the *Health Practitioner Regulation National Law Act 2009* ten national boards regulate their respective health profession.

As the body appointed to conduct accreditation functions for the medical profession under the National Law the AMC has authority to decide on the accreditation process and procedures; accredit and refuse accreditation to programs of study; monitor accredited programs of study; and develop accreditation standards. The Medical Board of Australia makes decisions to approve or not approve accredited programs of study as providing a qualification for the purposes of registration in the medical profession and to approve or not approve accreditation standards.

An AMC assessment entails appointment of an AMC team which reviews the provider’s documentation, undertakes a program of meetings and prepares a report. The report is considered by the Medical School Accreditation Committee who make a recommendation on accreditation to the AMC Directors. Directors make a decision within the options described

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¹ The *National Health Practitioner Regulation Law Act 2009* uses the term *education provider* to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in its standards and guidelines.
in the Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council.

Having made a decision, the AMC then provides a report to the Medical Board of Australia regarding AMC accreditation. The Medical Board will then make a decision on the approval of the program of study for registration purposes.

Once it has accredited an education provider and its program of study, the AMC monitors the program and the education provider to ensure that they continue to meet the accreditation standards. The principal monitoring mechanisms are structured progress reports, comprehensive reports and the full accreditation assessment every ten years. In addition, the AMC expects that accredited education providers will report at any time on matters that may affect the accreditation status of their program.

The University

The University of Notre Dame Australia is a private university recognised under the Higher Education Funding Act. Its main campus is situated in Fremantle, Western Australia. The University was founded in 1989 through an Act of the Western Australian Parliament and a Canonical statute from the Archdiocese of Perth. The University has formulated its main organisational structure of national colleges and constituent schools across the three campuses in Fremantle, Sydney and Broome. The College of Medicine, comprising Schools of Medicine in Fremantle and Sydney forms part of this structure.

The School

The School of Medicine, Fremantle offers a four year postgraduate Bachelor of Medicine Bachelor of Surgery Degree.

Curtin University delivers part of the basic and clinical sciences component of the preclinical curriculum.

Clinical teaching occurs in both public and private hospitals across the metropolitan area. The Rural Clinical School of Western Australia is a joint collaboration between the medical programs of the University of Western Australia and School of Medicine (Fremantle).

This report

This report details the 2012 assessment findings. The scope for a comprehensive report visit is generally limited to developments since the most recent assessment, responding specifically to issues identified as requiring attention in the most recent accreditation report, and considering the School’s development plans for the next four to five years. As such, the resulting accreditation report is commonly smaller than a full accreditation assessment report. Each report section begins with the relevant approved accreditation standards.

Appreciation

The AMC thanks the University and School staff for the detailed planning and hard work that went into the visit. The AMC also acknowledges and thanks the staff, clinicians, students and others who met the AMC Team for their hospitality, cooperation and assistance during the assessment process.

The membership of the 2012 AMC Team is given at Appendix One.

The groups met by the AMC in 2012 are given at Appendix Two.
1 The context of the medical school

1.1 Governance

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

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

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

The School of Medicine (Fremantle) has developed a Strategic Plan (2009 – 2014) which articulates the key goals of the School. The School’s Executive Committee has responsibility for monitoring and evaluation of the Strategic Plan.

The School’s relationship with its campuses and clinical schools is illustrated in the diagram below. The Associate Dean (Rural, Remote & Aboriginal) Health, located on the Broome campus, is the School’s primary academic contact for the Rural Clinical School of Western Australia.

The School of Medicine (Fremantle) has a clear governance structure. The Dean of the School reports to the Deputy Vice-Chancellor of the University of Notre Dame (Fremantle). The management structure of the School outlines eight direct reports to the Dean, including

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2 The School of Medicine (Fremantle) uses the term Aboriginal to include Aboriginal and Torres Strait Islander peoples at the request of the School’s Aboriginal Health Team.

3 The Rural Clinical School of Western Australia is a joint collaboration between the medical programs of the University of Western Australia and School of Medicine (Fremantle).
four Associate Deans (Clinical, Preclinical, Teaching and Learning, and Rural, Remote & Aboriginal Health) and four senior staff members.

The composition and terms of reference of each management committee are clear and well described. The School’s Executive Committee meets fortnightly and holds overall responsibility for managing all aspects of the School. The Curriculum Management Committee has delegated authority from the School Executive to manage the curriculum. The Assessment and Evaluation Committees report to the Curriculum Management Committee.

The University’s Vice-Chancellor supports the School’s senior leadership team and actively promotes the continued growth and development of the School of Medicine. The Vice-Chancellor advocates on behalf of growth of medical research and promotes alliances with other universities.

The School’s External Advisory Board is comprised of distinguished individuals with senior roles and strong relationships in the Western Australian health care system. This Board effectively provides advice to the Dean and promotes the strategic interests of the School. The terms of reference for the Board indicate the members are appointed by the Vice-Chancellor for a term of three years.

In late 2011, the University of Notre Dame Australia created a new position of Chair of College to ensure a common set of programs, courses and academic standards between the School of Medicine (Fremantle) and School of Medicine (Sydney). The Dean of the School of Medicine, Sydney was appointed to the new role and reports to the Senior Deputy Vice-Chancellor of the University of Notre Dame Australia. Although the Chair has no role in day-to-day management of the School of Medicine (Fremantle) the position is charged with ensuring the two schools work collaboratively.

The Chair’s role has strengthened the relationship between the School of Medicine (Fremantle) and School of Medicine (Sydney) and provides opportunity for growth in both clinical teaching and research. The Schools have recently aligned their admission processes and policy, and further sharing of resources across the campuses will eventuate.

1.2 Leadership and autonomy

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

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

The Dean is an effective leader of the School of Medicine. The role is well defined, with a focus on strategic planning and relationships. The Dean completed his assignment as Acting Dean of the School of Medicine (Sydney) in February 2011 and has provided dedicated leadership to the Fremantle campus since that time.

The Dean enjoys the support of a senior leadership group of dedicated academics, who show considerable commitment to the School and to the continued development of the teaching and research components of the program.

1.3 Medical course management

The school has established a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical course.
The Curriculum Management Committee continues to provide oversight of the medical program. The 2009 AMC report suggested the School consider the amalgamation of the Curriculum Management Committee and the Syllabus Committee. The two committees have merged, and the Curriculum Management Committee now has responsibility for syllabus development. The Committee is directly accountable to the Executive Committee and this line of reporting ensures that programs and policies are aligned with the overall mission of the School as well as ensures adequate resourcing.

The Committee is currently undertaking a curriculum review. The Team considered this review to be a refresh of the curriculum rather than a major review. There has been improvement to syllabus content and delivery, particularly in the clinical years.

1.4 Educational expertise

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

The Medical Education Support Unit (MEDSU) advises and supports the education program of the School of Medicine. The Unit provides educational resources and expertise, professional development opportunities and research agendas that inform best educational practice. The Unit’s core mission and roles are better defined than on previous accreditation visits. The MEDSU’s Strategic Plan (2011-2013) outlines significant projects according to key areas (educational professional development, assessment, evaluation, curriculum, research and communications). The Unit’s ability to deliver on their stated role has been strengthened by more substantive fractional appointments. The recruitment of eminent teaching clinicians has resulted in stronger links with clinical teachers.

The Aboriginal Health curriculum development and implementation is progressing well. The School has added a new Associate Dean (Rural, Remote and Aboriginal Health) to the management structure to raise the profile of Aboriginal Health in the School’s governance structure. The School has established an Aboriginal Health Team to develop the Aboriginal Health curriculum and build capacity for the recruitment and retention of Aboriginal students in the School. The Curriculum Management Committee includes representation from the Aboriginal Health Team.

An Aboriginal Health Curriculum Development Group develops and reviews the curriculum. The Group is reviewing the learning objectives of the entire program and the content of the preclinical problem-based learning (PBL) cases to ensure that they are content appropriate and culturally safe. The School plans to actively seek Aboriginal students for enrolment once it is satisfied with the program structure and supports.

The Aboriginal Health Consultative Committee, comprised primarily of Aboriginal and non-Aboriginal community members, guides and advises the Aboriginal Health Team and the School on cultural issues and community opportunities. Committee members have expertise in the provision of health and education services to Aboriginal people, with networks within their own areas of work and within Aboriginal communities.

1.5 Educational budget and resource allocation

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

*There is sufficient autonomy to direct resources in order to achieve the mission of the school and the objectives of the medical course.*
The School of Medicine has a dedicated annual budget which is prepared in June of the preceding year. It is reviewed by the Deputy Vice-Chancellor (Fremantle) in the context of the whole University. The reviewed budget is then submitted to the Board of Directors for approval. The University expends all medical student fee income (Commonwealth Supported Places) on the School. The School has no income from international students and any full fee paying students pay the same as the Commonwealth’s base funding.

The Rural Clinical School of Western Australia’s budget for the School of Medicine (Fremantle) goes directly to the Clinical School from the Department of Health and Ageing. Effective 2013, the School’s budget will be based on the revenue from the Commonwealth Supported Places, less the rent paid to the University for the medical program buildings.

The current allocation of funding does not support more depth to the academic structure. Senior academics continue to contribute at multiple levels, and there are currently limited funds available for professional development and back-fill for leave. The PBL model requires significant investment in employment of tutors to deliver this program. While additional resources would be welcomed by the School, it appears the budget is adequate to support the medical program.

The School has been successful in obtaining funding from Health Workforce Australia to support academic infrastructure, staffing at secondary metropolitan hospitals and simulated learning. Smaller amounts of money have been received for telehealth and support of Aboriginal students. The School should continue with these endeavours to seek alternative streams of funding to support the development of both research and teaching resources.

1.6 Interaction with health sector

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

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

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

The Team recognised the School’s well-developed relationships with numerous organisations and agencies. The School actively engages with a range of partners including the Western Australia Department of Health, Aboriginal health care providers, community practitioner groups and local hospitals. The Dean of the School of Medicine (Fremantle) has regular meetings with senior executives within the Western Australia Department of Health.

The School also has a developing relationship with the Ear Science Institute of Australia which is providing some anatomical and clinical teaching in its state of the art facilities.

There is a strong working relationship between the School and the University of Western Australia’s (UWA) medical school. The two Deans have an excellent working relationship as evidenced in 2011 when the Dean of the UWA medical program participated as a member of
an external review panel which examined the School’s MBBS and MBBS (Hons) programs. The two programs share clinical resources in the Perth metropolitan region, as well as in rural areas with the well-established Rural Clinical School of Western Australia. Senior Executives from UWA’s medical program informed the Team that the two medical programs work very closely with regard to clinical placements, and that all disciplines have worked out any overlap in clinical attachments to the mutual satisfaction of the programs.

The relationship between the School and Curtin University remains effective, particularly at the strategic level. Curtin University delivers part of the basic and clinical sciences component of the preclinical program. When the current contract with Curtin expires in 2013, the School of Medicine will tender for providers to deliver their preclinical program.

The School is working collaboratively with Curtin University in the development of Curtin’s proposed medical program, both through involvement in planning committees and at the level of the Vice-Chancellors. The School is conscious of the potential impacts of a new medical program in Western Australia. The School of Medicine (Fremantle) has an oversupply of adequate candidates (having received 1550 applicants for the coming academic year) so while the pool of applicants is not a concern, securing adequate clinical attachments may be a challenge if more medical students need to be placed within the health system.

Western Australia Department of Health representatives informed the Team that all hospitals in the southern Perth metropolitan region will be education sites. The mix of hospitals in the region offers many opportunities for education and training. The School of Medicine (Fremantle) and UWA’s medical program will have equal access to all hospitals, and no preference will be given to either university. With the imminent redesign of clinical delivery in the southern Perth metropolitan area, centred on the development of the new Fiona Stanley Hospital, there is significant opportunity to increase the level of cooperation in health care education and delivery.

Although the planning of the new Fiona Stanley Hospital (scheduled to open in 2014) is in its early stages, the School is participating in the planning and implementation of these changes. Progress reports to the AMC should include updates the progress of this development, with particular regard to the allocation of education and resource infrastructure.

1.7 The research context of the school

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

In 2011, the Medical School Accreditation Committee determined that the School did not meet this standard and required evidence in the 2012 progress report of the development of the School’s research profile. The School has made significant advances in meeting this standard. The School has compiled a summary of staff research output (2009 – 2012), highlighting achievements with journal articles, medical book chapters, conference presentations, and research grants.

The School reported attendance at monthly Research Committee meetings during 2012 was low due to academic staff workload. The School has changed the venue of the Committee meetings in order to facilitate participation of clinicians as well as campus based staff.

Importantly, the School has recruited new members to the Research Committee who are research active. The newly appointed Chair of the Research Committee will act as a research role model, and students will have an opportunity to be exposed to his research.
The School has recently appointed a Research Manager who will assist staff and students with the process of grant applications, ethics approvals and research training.

The School has developed strong links with the School of Medicine (Sydney). The new Associate Dean, Clinical Leadership and Research, appointed to the School of Medicine (Sydney) will have a role across both Schools. The Associate Dean brings an existing Directorship with the Garvan Institute for Medical Research to the role.

The University of Notre Dame Australia has received a six million dollar Commonwealth grant towards developing a collaborative research network with research themes of Indigenous health and wellbeing, healthy ageing and chronic disease management. The two University of Notre Dame Schools of Medicine will play key roles in the research, along with other health related Schools at the University, and partner organisations.

In conjunction with the School of Medicine (Sydney) the School is building capacity that will ensure all graduates are research capable, in the sense that they are able to apply research principles to clinical care. The School ultimately envisages all students having an attachment to a research group, to provide exposure to scientific method and critical review through forums such as research meetings and journal clubs.

There is a well-developed Honours program offered to students as an additional unit to the MBBS program work in the final year. Ten students are enrolled in the Honours program for 2012. The MBBS (Hons) degree is by research, assessed by completion of a grant proposal, ethics application, abstract, thesis and oral presentation. Students are also required to complete a peer reviewed journal article. Honours program students meet weekly. Most research topics have been in clinical research and clinical audit.

The School is developing research programs designed to initiate research participation in MED200, and build on this in order to increase participation in the Honours program. A pilot program will involve students in optional research projects with the Burn Injury Research Unit at the University of Western Australia. The School has one candidate in each of the postgraduate programs (Doctor of Philosophy and Doctor of Medicine) with four more students being considered for enrolment in the Doctor of Philosophy program. Should the current MBBS program move to a Doctor of Medicine model, the School intends to offer a research stream embedded in the four year program.

The School has recognised opportunities to grow clinical and translational research by further developing collaborations with basic scientists from both Curtin and Murdoch Universities. There is an emerging relationship with the University of Notre Dame Research Institutes that will also strengthen research outputs. A review of the University’s Institute of Health and Rehabilitation Research was completed in August 2012. The purpose of the review was to redesign the interdisciplinary nature of the Institute and ensure that medical staff are actively engaged in the Institute’s research. The University has developed a capacity building scheme with the aim of releasing staff from normal duties to complete higher degrees and strengthen the number of research-only positions.

To continue to grow in the research domain, the School endeavours to:

- Identify research opportunities.
- Raise the profile of research in the school.
- Assist staff with the preparation of grants and ethics applications.
- Provide research training.
• Effectively engage clinicians who are research capable and actively recruit those with the track record that might attract competitive grant funding.

1.8 Staff resources

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

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

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

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

The medical school communicates its goals and objectives for basic medical education to these practitioners and facilitates training for them in their teaching and assessing roles.

The medical school routinely evaluates clinical teacher effectiveness using feedback from students and other sources. It offers these teachers guidance in their professional development in their teaching and assessing roles.

The School has a clear mission for its staff.

The School’s annual budget process allows general staff to be recognised for their achievements through changed employment levels/steps. Academic staff must apply for a promotion to change levels but can be elevated within a level through the budget process.

Previous assessment teams identified multiple small fractional appointments as a risk to the delivery of the medical program. The overall number of full-time equivalent staff remains low and staff of the School report that they are at times stretched and unable to take up opportunities for professional development due to an inability to back-fill. Similarly, many staff have little time for research, and are currently purely performing teaching and service roles.

The Team recognised that this is largely because resource allocation has been directed towards curriculum development and implementation. As the School matures this strategy may need to be reconsidered so as to strengthen the depth of senior academic and professional staff.

Due to limited income streams for the School there will be no large increases in the staffing numbers over the period of accreditation but rather small incremental growth. The School hopes to increase the ‘depth’ of its disciplines in the clinical years by recruiting more lecturers and senior lecturers to support the Discipline Leaders. The School also recognises the need to appoint a senior clinical academic in Neurology and will include funding for this position in the 2013 budget bid.
A significant risk to the School is the lack of personnel with substantive appointments in senior academic positions. The School indicated that succession planning is an issue for several senior academic and administrative positions. Developing succession planning strategies and increasing academic appointments, in both number and fraction, will be the subject of formal business planning and economic feasibility analysis within the School.

The School should continue to work towards increasing the number of senior staff with substantive appointments.

The AMC requires evidence in the 2013 progress report on conditions that the School is addressing this condition.

1.9 Staff appointment, promotion and development

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

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

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

The School is committed to the professional development of teaching staff and offers a number of opportunities for engagement with the Medical Education Support Unit (MEDSU) staff. It offers good training programs and regularly evaluates performance.

MEDSU has surveyed staff to determine what would encourage them to attend professional development. The Unit has subsequently adopted a “Learning on the Run” approach to providing educational professional development that is compatible for busy clinicians. The Unit offers both formal and informal educational professional development, recognising that on-campus workshops may not be the most suitable method of delivery for clinical staff.

Teaching staff had the opportunity to complete the centrally run Graduate Certificate in University Teaching, however MEDSU concluded that the current Certificate is not appealing to clinical teaching staff as it is not contextualised to health professional education issues and its face-to-face delivery mode is not flexible enough to accommodate clinicians. As a result of MEDSU’s proposal to the University’s committee overseeing the approval for new courses, from 2013 staff will be able to enrol in the Graduate Diploma of Health Professional Education. The modularised on-line delivery of this program will enable clinical teaching staff to more easily undertake professional development. The Diploma will eventually articulate into a Masters of Health Professional Education.

Career progression is limited due to the size of the School and limited research opportunities, making it difficult to fulfil the standard criteria for academic progression. The School recognises this as a challenge for the future, and continues to seek innovative ways of enabling promotion with in the School.

The Team recommended the School strengthen their program for recognising and rewarding clinical teachers, in particular those that do not receive any substantive payment for their teaching activities from the School.
1.10 Staff indemnification

The university has arrangements for indemnification of teaching staff, with regard to their involvement in clinical research and the delivery of the teaching program. There is appropriate indemnification for all teaching staff, including those in private clinical settings.
2 The outcomes of the medical course

2.1 Mission

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

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

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

The School of Medicine (Fremantle) has a well-defined mission which was recently revised during a staff retreat. The mission now includes a commitment to reflective practice:

The University of Notre Dame Australia School of Medicine, Fremantle will, through a university education imbued with Catholic values of compassion, respect and service, graduate professionals who are knowledgeable, skilful, dutiful and ethical.

It is expected that graduates will:

- Demonstrate clinical competence;
- Demonstrate compassion, respect and empathy through excellent communication skills;
- Identify and understand ethical issues;
- Be likely to practise in areas of unmet need;
- Have a commitment to and capacity for lifelong learning and reflective practice; and
- Contribute significantly to healthcare delivery in Western Australia.

The School educates in the context of the Catholic faith, with core courses in Theology, Philosophy and Ethics, as well as a science based curriculum as would be taught at any other medical program. The School strives to develop professionalism among its students, and assess it as well. The Team commended the program’s focus on ethical practice and reflective behaviour as exemplified in the clinical debriefing sessions.

The School also revisited the goals of the program at the staff retreat. Aboriginal Health is now explicitly covered as the second goal of the program.

The Notre Dame School of Medicine, Fremantle strives to:

- Develop an innovative MBBS course that will attract high quality applicants and that will graduate students who will contribute significantly to healthcare delivery and in areas of unmet medical need in Western Australia.
- Honour the rightful place of Aboriginal and Torres Strait Islanders as Australia’s first peoples and graduate students who will contribute meaningfully to closing the gap in Indigenous health disadvantage.
- Develop research that underpins the quality of the educational experience of students.
• Encourage community involvement in the design of the medical course, in the evaluation of its efficacy, and in the development of research that addresses areas of significance in the maintenance of the health and wellbeing of Western Australians, and of significance for the national and global community.

• Attract high quality staff to the School.

• Develop productive partnerships with other organisations in Western Australia.

The School communicated the new goal to stakeholders through the School’s newsletter in February of 2012. Stakeholders accepted the revised goal statement.

2.2 Medical course outcomes

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

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

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

The program has defined graduate outcomes that relate to the AMC attributes for medical graduates and the School’s overall mission. These outcomes have not changed since the last AMC assessment and the School does not plan to revisit the outcomes. The outcomes are linked through the new curriculum database.
3 The medical curriculum

3.1 Curriculum framework

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

The medical program at the School of Medicine (Fremantle) is a four-year graduate-entry program. The course structure is outlined in the following diagram from the School’s 2012 report to the AMC:

| COURSE STRUCTURE FOR: Bachelor of Medicine / Bachelor of Surgery |
|---------------------|-----------------|----------------|
| MBBS Course Year 1 Program | Unit Code | Unit Name | Credit Points |
| MED100 | Foundations of a Medical Vocation (includes Theological Studies in Medicine and Philosophical Studies in Medicine in Semester 1) | 200 |
| The unit is 42 weeks long including assessment times and vacation periods throughout the unit. |

| MBBS Course Year 2 Program | Unit Code | Unit Name | Credit Points |
| MED200 | Foundations of a Clinical Practice (includes Ethical Studies in Medicine in Semester 1) | 200 |
| The unit is 43 weeks long including assessment times and vacation periods throughout the unit. |

| MBBS Course Year 3 Program | Unit Code | Unit Name | Credit Points |
| MED300 | Clinical Apprenticeships |
| | • Hospital orientation (1 week) |
| | • Four clinical rotations: |
| | o Medicine and Medical Specialties (9 weeks) |
| | o Surgery and Surgical Specialties inc. Ophthalmology (9 weeks) |
| | o Community and Children’s Health and Women’s and Neonatal Health (8 weeks) |
| | o Workshops and Credentitling (2 weeks) |
| MED301 | Clinical Apprenticeships in the Rural Clinical School |
| This unit is administered by the Western Australian Rural Clinical School | 200 |
| The units are 43 weeks long including assessment times and vacation periods throughout the units. |

| MBBS Course Year 4 Program | Unit Code | Unit Name | Credit Points |
| MED400 | Preparing for Internship |
| | • Orientation (1 week) |
| | • Four 8 week clinical rotations: |
| | o Medicine - General, Geriatric and Palliative Medicine |
| | o General surgery and Rural Practice or Selectives |
| | o Critical care – Emergency Medicine, Anaesthetics, ICU |
| | o Psychiatry, ENT and Musculoskeletal / Orthopaedics |
| | o Workshops (2 weeks) |
| | o One 4 week elective |
| The unit is 44 weeks long including assessment times and vacation periods throughout the unit. |

| COURSE STRUCTURE FOR: Bachelor of Medicine / Bachelor of Surgery (Hons) |
|---------------------|-----------------|----------------|
| As above and | Unit Code | Unit Name | Credit Points |
| MED420 | Honours Research Project | 0 |
The 2009 assessment noted significant progress on the development of a curriculum framework since the 2007 assessment. A well-defined learning framework is now in place, organised according to clear learning objectives based on graduate attributes. The attributes are translated into student objectives, block objectives, then finally weekly learning objectives. In MED100 and MED200, the learning objectives are addressed in weekly problem-based learning (PBL) tutorials. In MED300 and MED400, which is a clinical apprenticeship model, the learning objectives are organised into disciplines (within which the Domains are still represented) which students address during a series of clinical rotations.

The learning objectives are integrated and show progression. The objectives have also recently been reviewed to ensure sensitivity and appropriateness of Aboriginal Health content.

The curriculum is integrated in that four Domains: Basic and Clinical Sciences (BCS), Communication and Clinical Practice (CCP), Population and Preventive Health (PPH), and Personal and Professional Development (PPD), work together to develop learning objectives in all four years of the course. This curriculum structure was in place at the time of the 2009 assessment and the percentage of the curriculum allocated to each Domain is clear (see table below).

<table>
<thead>
<tr>
<th>Domain</th>
<th>MED100</th>
<th>MED200</th>
<th>MED300</th>
<th>MED400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic and Clinical Sciences</td>
<td>60</td>
<td>40</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Communication and Clinical Practice</td>
<td>20</td>
<td>40</td>
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<td>60</td>
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<tr>
<td>Population and Preventive Health</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

The AMC had requested that the School provide an update on the development and implementation of the curriculum map in its 2012 progress report. The curriculum map ensures the curriculum covers and integrates all areas across all domains and disciplines and progress on its implementation has been slow.

The AMC initially identified the need for the School to develop a searchable curriculum map during the 2004 assessment. A subsequent AMC report in 2005 reiterated the need for a curriculum map to guide the implementation of the course and the development of its components. In 2007, the assessment Team viewed a demonstration of a searchable curriculum map which would identify gaps and overlap in the program. The Team report from 2009 also highlighted a concern that further work was required on the completion of the curriculum map.
The 2012 Team noted that the curriculum map project is advancing, with recent progress achieved through dedicated IT support. A first stage release has been showcased to staff for training and feedback purposes. The Team received a demonstration of the curriculum map. Once complete, this map will be a useful resource for both staff and students to track the pedagogy. The University is strongly encouraged to continue to provide the required IT support to finish this project through the development phase, to enable the database to be fully implemented, maintained and developed as required. Future reporting to the AMC should include progress on the curriculum map.

3.2 Curriculum structure, composition and duration

3.2.1 Structure and duration

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

The structure and duration of the course remains unchanged since the 2011 progress report.

The School is currently mapping the content and structure of the curriculum.

To date, the School has created Level 3 learning outcomes for all four years of the program. The Domain Chairs reviewed the learning outcomes to ensure a coherent development of unit level goals across the four years. These were ratified by the Curriculum Management Committee.

The Preclinical Committee developed Level 4 block outcomes for MED100 & MED200 and communicated those to students.

The School is now in the process of identifying imbalances in the proportions of curriculum devoted to topics and skills over the four year curriculum. The curriculum database holds much potential to manage the content and sequencing of the curriculum.

3.2.2 Scientific method

The curriculum is based upon principles of scientific method and evidence-based practice, and inculcates analytical and critical thinking.

The preclinical years are centred on a problem-based learning (PBL) model and, on the whole, the curriculum is scientifically and evidence based.

3.2.3 Biomedical sciences

The curriculum includes those contributions from the biomedical sciences that enable understanding of the scientific knowledge, concepts and methods of clinical science.

Previous AMC assessments noted concerns regarding the teaching of Pharmacology and Anatomy. The Team recognised significant improvements in the delivery of each of these disciplines.

Pharmacists at Curtin University previously taught Pharmacology in the early years of the program. In keeping with the broader approach to integration in the course, Pharmacology is now delivered by clinicians from Joondalup health campus, supported by content from PBL tutorials as well as ward-based clinical teaching. While there has been anxiety amongst the
Anatomy teaching continues to be predominantly delivered by Curtin University and previous assessments identified a lack of clinically relevant Anatomy teaching. The School is now providing additional Anatomy teaching on the Fremantle campus using three ultrasound machines (purchased through the Health Workforce Australia funding program) and employing other learning initiatives such as body painting.

### 3.2.4 Clinical sciences and skills

The course provides a comprehensive coverage of:

- clinical sciences relevant to the care of adults and children;
- clinical skills (medical history construction, physical and mental state examination, diagnostic reasoning skills, problem formulation and construction of patient management plans); and
- management of common conditions, including pharmacological, physical, nutritional and psychological therapies.

Teaching of clinical sciences starts in the preclinical years with a clinical skills program that involves simulated patients. Students are introduced to the clinical environment in MED200 when they have the opportunity to shadow nurses on the wards.

The clinical program is now well established and the program covers the major clinical specialties in both the specialist and general environments. The ability to deliver a program that covers the clinical learning objectives has been greatly strengthened by the appointment of respected clinical leaders to liaise between the School and the teachers. The medical curriculum is delivered well in both the public and private sectors. The continuum of medical education is strengthened by the development of postgraduate training programs at major clinical sites.

The Team recognised some remaining inconsistencies between sites, and encouraged the School to continue to work towards providing all students with broadly equivalent learning so as to fulfil the learning objectives of the course.

The overall experience of students is broad, covering the major clinical sciences and providing opportunity for problem solving and clinical reflection.

The 2009 AMC report highlighted concerns that some clinical settings did not appear to be providing sufficient surgical teaching. The discipline of surgery is included in the School’s curriculum in MED301 (Rural Clinical School of Western Australia) and MED300. Previous AMC assessments highlighted concerns that surgery could not be delivered in smaller rural areas due to insufficient clinical surgical exposure, and that surgery would not be delivered adequately within the Rural Clinical School as University of Western Australia students did not cover surgery until Years 4 and 6 of their program.

The Rural Clinical School ensures that the surgery curriculum is robust with dedicated learning resources and surgical clinical rotations. Clinical assessments match those in the MED300 urban school.

There are 13 sites in the Rural Clinical School and in 2012 all sites are used for Notre Dame students except Karratha, Kununurra and Derby where local medical coordinators consider
there is insufficient surgical exposure to cover Notre Dame’s surgery curriculum. Esperance, another small site, has delivered surgery innovatively using visiting specialists and the obstetric and anaesthetic skills of the local medical coordinators.

The School reports MED400 examination data indicates that MED301 students are not compromised with respect to surgery. There is no significant difference between the two groups in the MED400 surgical examinations except a weak prediction that Rural Clinical School of Western Australia exposure improves MED400 surgery examination outcomes. This may be explained by the increased clinical exposure in all disciplines that occurs in rural sites.

The Team observed that there is now sufficient opportunity for all students to gain experience and knowledge in preoperative assessment and postoperative management, regardless of their clinical placement.

3.2.5 Population health

The course provides a comprehensive coverage of population, social and community health.

Population health is well covered throughout the course, at both the preclinical and clinical level. The Team suggested that the School review the need for repetitive population studies within the professional portfolio requirements.

3.2.6 Behavioural and social sciences and medical law and ethics

The course provides:

- an appreciation of Australian or New Zealand society and their cultural diversity;
- development of appropriate skills and attitudes for medical practice in a culturally diverse society;
- development of communication skills;
- an understanding of personal and professional development issues as they relate to medicine; and
- an understanding of medical law and ethics.

The Team commended the program’s focus on ethical practice and reflective behaviour as exemplified in the clinical debriefing sessions. The School is committed to engendering the highest professional behaviours through all years of the program.

3.2.7 Indigenous health

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

The AMC requested the School report on progress in developing and implementing the Indigenous Health Curriculum. The School has achieved substantial progress with this standard, furthered through key appointments and additional staff resources within the Aboriginal Health Team. The Aboriginal Health Team has representation on the School’s key committees.

In 2011 the Aboriginal Health Team implemented three staff workshops on how the concepts of cultural awareness, safety and security could be integrated into the processes, protocols
and policies of the School. Two Aboriginal academic staff facilitated one of the sessions at the Broome campus. There is a plan for these workshops to be run annually.

The new portfolio of Associate Dean (Rural, Remote and Aboriginal Health) assists in embedding the Aboriginal Health curriculum into the School’s mission and outcomes. The creation an Aboriginal Health Curriculum Group has allowed the School to undertake several important initiatives, such as matching the learning objectives from the Indigenous Health Curriculum Framework to the School’s learning objectives. Future reporting from the School should include progress in the integration of the Indigenous Health Curriculum Framework learning objectives throughout the program.

The School has reviewed its existing curriculum and identified cultural risks and gaps. There is intention to build upon this and to expand the teaching and experience in Aboriginal Health. The PBL content is currently being reviewed in order to ensure it is culturally safe, acknowledging this is a necessary step that must be undertaken before the School commences actively recruiting Aboriginal students.

3.2.8 Quality and safety

The curriculum addresses patient safety, risk assessment and quality assurance of medical care.

The School introduces students to the concepts of quality and safety commencing in week 3 of MED100 when they are introduced to aseptic technique, and the overarching importance of hand washing. MED100 students are alerted to Good Medical Practice: A Code of Conduct for Doctors in Australia (which is available on the student portal) early in the program.

The PBL curriculum includes issues associated with system failure, best practice guidelines and individual responsibilities for error prevention and flagging are introduced.

MED 200 students are introduced to the principle and practice of root cause analysis.

In addition, as a specific learning tool, all final year students undertake a moderated clinical audit which highlights the specific institution’s approach to, and management of, quality and safety issues in current practice. The Team was advised that on at least one occasion the recommendations arising from the student’s audit had resulted in a change in practice at one hospital. The Team considered the clinical audit to be a valuable exercise.

3.2.9 Interprofessional education

The course includes curriculum coverage and practical experience of interprofessional education.

The course encourages interprofessional education at all levels. There is opportunity to interact with junior medical staff, senior medical staff and other health professionals. The continuum of medical education is strengthened by the development of postgraduate training programs at major clinical sites.

3.3 Curriculum integration

The different components of the curriculum are appropriately integrated.

In 2010 the Curriculum Management Committee commenced a full review of the MBBS curriculum. The review is being undertaken in stages with the intended outcome to deliver an
explicit curriculum structure and enhanced syllabi for MED100 and MED200 in 2013, with concentration on vertical integration into MED300 and MED400.

The curriculum has a spiral structure and components across the four domains are well integrated through preclinical and clinical years. Previous AMC Teams raised concerns about a disconnect between the first two and final two years of the course. However, the Team considered there is now a sound integration with all four years of the course.

The School’s governance structure encourages integration of the curriculum. The Curriculum Management Committee, the central curriculum decision making power in the School, receives recommendations from the Clinical, Preclinical, Domain, Aboriginal, Evaluation and Assessment Committees.

The Preclinical and Clinical Committees are concerned with operational aspects of the curriculum delivery. Membership of these committees includes Domain Chairs and staff, Discipline Leaders, year coordinators and Medical Education Support Unit representatives. In this way there is constant communication to ensure that the Domain structure is represented throughout the four years of the course.

3.4 Research in the curriculum

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

Previous AMC Teams had raised significant concerns regarding the research context of the School. There has been significant progress in emphasising the importance of research and encouraging student engagement in medical research. All students perform a clinical audit and are encouraged to undertake evidence-based reviews of clinical issues they encounter. Students may complete an MBBS (Hons) through completion of an additional unit in their final year. The School has appointed clinical academics who are research active. It is envisioned that the School will eventually provide all interested students with the opportunity to participate in research practices, including attending research meetings and journal clubs.

The Team commended these developments and encouraged the School to continue to improve research opportunities for students, as well as encourage uptake of post-graduate research degrees. This should be an area for future reporting from the School.

3.5 Opportunities for students to pursue choices

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

There are opportunities for choice within the curriculum exemplified by the provision of both electives and selectives.

3.6 The continuum of learning

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

The articulation between the medical program and subsequent stages of training have been strengthened by the development of post-graduate training in the various clinical sites, in particular the private sector.
4 The curriculum – teaching and learning

4.1 Teaching and learning methods

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

The School uses a wide range of teaching and learning methods with an emphasis on student-centred activities. The problem-based learning (PBL) structure of the program actively engages students in their learning. The online learning platform used for delivery of course material (Blackboard) is now well embedded and easily accessed by the student cohort on- and off-campus. However, consideration should be given to providing infrastructure to enable the audio recording and online distribution of lectures. This facility would assist student revision of material and enable students to better align their learning with their clinical rotations in the later years of the course.

Previous AMC Teams noted considerable student concern regarding the Individual Patient Encounter (IPE) database and the portfolio. The School has addressed these concerns by discontinuing the IPE and reducing the requirements of the portfolio, with a corresponding reduction in assessment weighting of the latter. Students appear to support both of these changes. The School has resolved long standing student concerns regarding the timing of the release of weekly learning objectives for Years 1 and 2 PBL cases.

The School has taken over responsibility for some teaching activities (such as limited components of Anatomy and all of Pharmacology) previously performed by staff at Curtin University. The School has employed innovative learning and teaching methods in the preclinical years in the absence of more traditional teaching infrastructure, such as supplementary teaching of Anatomy using ultrasound and body painting. These initiatives are likely to involve further engagement between teaching staff and Medical Education Support Unit.

Students were satisfied with the use of expert guest lecturers in MED100 and MED200 of the program.

The School has produced some high quality teaching resources such as the Clinical Skills Handbook. The comprehensive, discipline specific study guides, distributed prior to each rotation, provide an excellent resource for students and teaching staff.

The School requires students attending clinical placements during MED300 and 400 to return to campus for weekly Back to Base lectures. While there may be some benefit of returning to the campus during clinical attachments, the School should consider offering alternatives to face-to-face lectures and providing materials electronically to enable students to align their learning with their clinical rotation.
5 The curriculum – assessment of student learning

5.1 Assessment approach

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

The School’s assessment policy outlines the principles of assessment and assessment methods. It includes rules for progression and provides examples to aid understanding by students.

The School revised its assessment policy in May 2012 in response to student concern with progression rules on Multiple Station Assessment Tasks (MSAT) global scores. According to the 2011 policy, along with a rating scale to measure performance against predetermined standards, examiners at each clinical station also allocated a global score that represented an overall impression of the student’s performance on a seven point scale. If a global score of zero was assigned for any Objective Structured Clinical Examination (OSCE) station, or a global mark of two or less was obtained on two or more stations, then the student failed all OSCE stations in that MSAT. The 2012 policy has abandoned the global score in favour of a conjunctive benchmark standard, and students supported this change. The purpose, principles and methods of assessment remained unchanged from the 2011 policy.

The 2011 assessment policy (which applies to all four years of the program) stated:

In addition to the requirement of obtaining an aggregate scaled score of >= 45 in the MSAT paper, students are expected to perform at a satisfactory standard in the majority of stations.

The 2012 assessment policy includes the following revision:

In addition to the requirement of obtaining an aggregate scaled score of >= 45 in the MSAT paper, global scores for students will determine the standard set pass mark (SSPM).

The AMC asked the School to report on the implementation of the revised assessment policy, in particular its use in clinical placements. The School ensures assessment standards and processes are consistent in clinical placements by:

1 Providing professional development on consistency of assessment practices and the purpose and methods of assessment. For MED300/400 this typically occurs at the discipline leader / Clinical Committees when mid-year and end-of-year exam analyses reports are circulated by the Medical Education Support Unit. These reports provide a detailed insight into the reliability of papers and items.

2 Providing comprehensive guidelines for assessing students’ work-based performance (mini-Clinical Evaluation Exercise, End of Rotation Assessment and Case History). The School is developing a digital training package for the mini-CEX which will be circulated to all Notre Dame Hospital Coordinators for dissemination to their clinical mentors and teachers for discussion and implementation.

3 Tabling specific assessment issues and reports at both Preclinical and Clinical Committee meetings to review and to discuss changes that need to be made to ensure the quality and consistency of the assessment program.

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4 Utilising standardised rating scales for performance based assessment. The School is committed to post-hoc monitoring measures to identify potential inconsistencies in assessment through the analysis of students’ examination data. Analysis of examination data to-date supports consistency. For example, the effect of private versus public hospital teaching sites on students’ academic performance in MED300 (2008 to 2011) was not statistically significant.

5.2 Assessment methods

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

The School employs a range of contemporary assessment methods (formative and summative), as detailed in its assessment policy.

Assessment formats are used appropriately and blueprinted to learning outcomes across the four curriculum domains at each year level.

The School has published research on its assessment methods.

Students participate in mid-year and end of year summative assessments that employ a variety of assessment methods. Some exam questions are selected from consortium databases for benchmarking purposes.

5.3 Assessment rules and progression

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

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

Rules of progression are clearly set out in the assessment policy, which is available on the student portal. Decisions on progress to the next phase of the course and eventually for graduation are made at the end of each year of the program. The assessment policy document includes worked examples to help students understand the application of policy to progression rules.

No supplementary exams are available for MED100, MED200 and MED300, other than for those students who undertake MED301, the Rural Clinical School of Western Australia. In MED400, the Board of Examiners may offer a supplementary Multiple Station Assessment Task (MSAT) with or without formal remediation. If a student fails to achieve a minimum acceptable standard in the supplementary exam they will not graduate.

Standard setting in MSAT examination and the use of the Standard Error of Measurement in progression algorithm remains a source of concern for students and may require further review in some areas. Clustering and skew of MSAT results can make an algorithm based on assumptions of a normal distribution of the data problematic. This is particularly so where this results in counter-intuitive outcomes such as the class average examination score being lower than the pass-fail cut-score (as was reported to have occurred in the Communication and Clinical Practice component of the MED200 MSAT in 2011). The AMC has requested the School report any changes to assessment relating to these issues in future progress reports.
Students are provided feedback on performance following mid-year assessments and this enables individual students to compare their performance with the cohort and identify areas of relative academic strength and weakness. This feedback has been well received and students would like similar information after the end-of-year examinations. While there are resource challenges, consideration should be given to providing consistent feedback across mid-year and on end-of-year examinations.

Remediation strategies are available for MED300 and MED400 students who are identified as borderline and the policy outlines a clear process for this. The internal Board of Examiners and/or the Dean will determine the nature and timing of the remediation. The discipline leader and/or clinical teacher supervising the remediation will then make recommendations to the formal Board of Examiners on a student’s suitability for progression, or graduation, as relevant.

5.4 Assessment quality

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

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

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

Blueprint plans are created for each unit of the program on an annual basis to align assessment processes with learning outcomes. Learning objectives for MED100 and MED200 are communicated through the weekly problem-based learning process. Study guides contain the learning objectives for MED300 and MED400.

There is increasing sophistication in the analysis of results of assessment including calculation of standard error of measurement and reliability metrics for papers, item statistics and descriptive statistics by domain. Following each assessment point, psychometric analysis reports are compiled and provided to the Assessment Committee. Assessment policy and practice has evolved in response to these analyses and also to student feedback and recommendations of external reviewers (for instance, in the size of the portfolios and use of global rating scores).

There appears to be scope to further reduce the total burden of summative assessment. The quantity of written material in the MED200 portfolio was raised as an example, notably the repetition of population health profiles. Students who completed an Honours project noted a doubling up of work with the MED400 Clinical Audit Project. The School may want to address this duplication of effort, recognising that the assessment activities for both measure achievement of related learning outcomes.

The School has identified the development of an assessment item management database as a development priority.

The School has been increasing its engagement with the School of Medicine (Sydney) and other medical schools in benchmarking and exchange of assessment expertise. The School has joined the International Database for Enhanced Assessments and Learning (IDEAL) consortium, and Australian Medical Schools Assessment Collaboration (AMSAC).
6 The curriculum – monitoring and evaluation

6.1 Monitoring

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

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

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

The responsibility for monitoring the quality of the program is shared by the School’s Evaluation Committee and the University’s Quality Management and Academic Development Office (QMAD).

The Evaluation Committee holds responsibility for reviewing, monitoring the quality of, providing feedback on and making recommendations for the evaluation of the program (curriculum, teaching and learning experiences, teaching performance and overall educational environment). A representative of the University’s QMAD office sits on the School’s Evaluation Committee.

The QMAD manages the administration and analysis of University wide Teaching Performance Evaluations (TPE) and Unit Content Evaluations (UCE). The University applies both evaluation formats to the School of Medicine. The teaching performance in the School has scored well above the Minimum Performance Standard set by the University.

The UCE evaluate the content of the program, and School’s UCE scores are lower than other areas of the University. The School noted this form of evaluation is not best suited for the medical program given the standard UCE form is designed for units that are one semester long, have one set of learning objectives, and are taught and assessed by one teacher. The School also indicated that students generally mark items low rather than signalling them as “not applicable”. As this is a centrally administered survey the School has advised it is not feasible to administer a different version for the School of Medicine, although the School has requested that QMAD consider this possibility.

In view of the contributions to curriculum delivery by Curtin University and other Schools of Notre Dame University, particularly in MED100 and MED200, the Team suggested it would seem important to separately evaluate these contributions. In addition to the evaluations conducted by QMAD, the School of Medicine implements an annual review program overseen by the Evaluation Committee.

A number of evaluations were undertaken in the four years (MED 100, 200, 300 and 400) of the program as part of the Committee’s annual plan. This process consisted of evaluations of multiple components at frequent intervals in all years of the course. However this data did not provide for meaningful longitudinal comparisons and was not sufficiently detailed. The Team agreed with the School’s observation that there was also justifiable concern about evaluation fatigue.

The School has created a new position of Quality Assurance Manager, appointed in mid-2012, to oversee the development and implementation of a new evaluation strategy that will be characterised by less frequent and more targeted evaluations. The Team considered these to be positive developments however the re-invigorated process has not been in place for a
sufficient time to assess its impact. This should be an area for future reporting from the School.

In order to support the independence of the Evaluation Committee, the School may wish to consider whether the most appropriate reporting line for the Committee is directly to the School’s Executive Committee rather than to the Curriculum Management Committee.

The Team observed that students feel the School is receptive to their input. The engagement of students in evaluation, including student membership of the Evaluation Committee, is valued and well received by student representatives. However, other students are not aware of feedback and the consequences of their contributions.

There has been satisfactory evaluation of formal teaching performance. The School has implemented on-line surveys to collect student feedback from clinical attachments. The de-identified comments provide quick feedback, and are effective in identifying issues at a site.

The School meets with clinical directors monthly to provide feedback. While feedback is also provided to students and discipline leaders, clinical teachers who met with the Team indicated there is a place for timely and constructive feedback to clinical teachers. Clinicians the Team spoke to felt the School readily addresses any issues with student performance, however clinicians expressed a desire to receive positive feedback regarding what was working well on a placement, as well as what might not be going well.

The Team supported the School’s decision to formally evaluate the weekly Back to Base lecture program. Students who expressed concern with some aspects of the program (such as the lecture content being out of sequence with clinical placements) should welcome the evaluation of the program. This review could include a review of educational rationale, student feedback and attendance, other potential benefits of the program and whether some aspects of the program could be delivered in a different format. Students noted their interest in having on-line lectures or podcasts available to assist in their learning rather than returning to campus. Clinical teachers who spoke to the Team also expressed concerns with the requirement for students to return to campus every week as it disrupted the student’s clinical experience.

6.2 Outcome evaluation

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

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

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

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

The School continues to participate in the Medical Schools Outcomes Database project.

While there has not been a formal or comprehensive evaluation of the School of Medicine’s graduates, the Team received anecdotal information from multiple sources that indicated satisfaction with the quality of the School’s students and graduates. Various individuals from the Western Australia health service indicated that the School’s graduates were
indistinguishable from other medical program graduates. Similar comments on equivalency were also made in relation to situations where senior students from the School and University of Western Australia participated together in clinical attachments, for example during attachments in the Rural Clinical School of Western Australia (RCSWA).

The School has indicated formal evaluation is a high priority for the newly appointed Quality Assurance Manager. As the School graduated its first cohort in 2008 little is known about their career choices at this stage.

Developing a framework to guide outcome evaluation, including the evaluation of the School’s graduates would be an area for future reporting from the School.

6.3 Feedback and reporting

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

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

The School has not undertaken an evaluation of graduate outcomes. While the School noted communication from senior clinicians in Western Australia and interstate congratulating the School on the performance of individual graduates there is not yet an established framework to guide outcome evaluation and make this information available to relevant medical school staff, committees or relevant stakeholders. This would be an area of further reporting in progress reports.

6.4 Educational exchanges

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

The School utilises available information such as national data on medical graduates for benchmarking purposes. The School is conducting research to assess the professionalism of graduates.

There are good examples of harmonisation and leveraging between the two Notre Dame Schools of Medicine. Two examples of this collaboration would include standardising the admissions processes, and developing and refining the Clinical Skills Handbook. There is potential for increased collaboration in order to make more effective use of limited educational resources to the benefit of both Schools, such as developing shared on-line teaching resources.

The School continues to have a very effective and sustained collaborative relationship with Curtin University with respect to the delivery of MED100 and MED200. There is potential of further maturing of the relationship, such as the opportunity for shared appointments.

The School has a collegial and mutually supportive working relationship with the University of Western Australia medical program, exemplified by the RCSWA – a collaborative rural medical program for the state. The Rural Clinical School was established in 2002 within the Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia with the explicit purpose of attracting more doctors to rural practice. Medical students the School of Medicine (Fremantle) joined the program in 2007. The curriculum includes the disciplines of General Medicine, Obstetrics and Gynaecology, Paediatrics, Oncology,
General Practice, Ophthalmology, and General Surgery (Notre Dame students only). Aboriginal Health is also included. The curriculum has evolved over time and is the responsibility of the medical education team at the RCSWA.

At the end of 2011, 123 Notre Dame students had completed MED301 (the RCSWA unit for Notre Dame students). Both medical programs report the Rural Clinical School has been very successful. Admission to MED301 is very competitive and selection processes are continually being refined to select students who will cope well in rural areas. The School has monitored the outcomes at the end of MED400 for those students who were enrolled in MED301 the previous year. There was no significant difference in MED400 final assessments between students enrolled in MED300 and students enrolled in MED301.

The Medical Education Support Unit has established links with other educational providers, such as the University of Tasmania. The Team was informed that a visiting examiner from the School of Medicine (Sydney) attends School examinations. The Team encouraged the Schools to further develop these collaborative relationships.
7 Implementing the curriculum - students

7.1 Student intake

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

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

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

The School enrols approximately 100 students each year. The intake consists of 72 Commonwealth Supported Places (CSP), three Medical Rural Bonded Scholarships (MRBS) and 25 Bonded Medical Places (BMP). The School has set a minimum quota of 25% for rural-origin students that it continues to meet or exceed. Fee-paying international students are currently not accepted, but consideration may be given to accepting international students in the future.

The School, through the excellent work of the Aboriginal Health Team, has developed a plan to implement an alternative and flexible pathway for admission of Aboriginal students into the course.

7.2 Admission policy and selection

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

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

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

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

The School has a robust selection and admissions process and continues to receive a large number of applications relative to the number of places available. The School uses the Graduate Australian Medical School Admissions Test (GAMSAT) as a selection tool and selection is managed in collaboration with the Graduate Entry Medical School Admissions System (GEMSAS) team. The weighting allocated to individual selection criteria (i.e. interview, Grade Point Average, GAMSAT and School of Medicine Application Form) have been slightly altered for 2013 entry so that the Schools of Medicine (Fremantle and Sydney) selection criteria are aligned.

All of these processes are clearly identified on the School’s website and through GEMSAS.
7.3 Student support

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

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

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

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

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

The School has an established support program for students. This includes the independent Student Clinical Services which provides a counselling and referral service as well as a range of mental health programs.

Student Clinical Services, although a separate entity in the School, works closely with Year and Clinical Skills Coordinators. It provides a confidential referral network for students in all years.

Student Clinical Services also offers students the opportunity to participate in a range of preventative mental health care programs. These include a student mentoring program run in conjunction with the Medical Students’ Association of Notre Dame (MSAND), and a support group for students who are from the eastern states.

The School has well identified processes for dealing with students with behavioural or academic issues. Appropriate policies and procedures are in place.

7.4 Student representation

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

There is student representation on the School’s key governance committees (Assessment, Evaluation, Research, and Selection). Students are invited to participate in the Curriculum Management Committee by invitation only. Student membership on key management committees is appreciated by staff and students.

The students, through the Medical Student Association of Notre Dame (MSAND), continue to have good access to the Dean both formally and informally. The Team noted the opportunity for improved communication between student representatives and the wider student body.

7.5 Student indemnification

The school has adequately indemnified students for relevant activities.

The University has a public liability policy that covers all medical students on clinical placements.
8 Implementing the curriculum – educational resources

8.1 Physical facilities

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

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

The School of Medicine has excellent physical facilities in both preclinical and clinical environments, ensuring adequate delivery of the curriculum.

The Fremantle campus offers excellent facilities for preclinical teaching. Curtin University was not visited during this assessment, but the opening of new bio-medical laboratories has positive implications for curriculum delivery and research collaborations.

The student facilities at Fremantle Hospital, which were highlighted as a concern in previous assessments, have improved and are now regarded as satisfactory by students. In previous years the students reported concerns with IT access, and that they were unable to access common areas at public hospitals that were provided for University of Western Australia students. Students were satisfied with facilities at the distributed sites; especially at the private hospital sites.

The Team noted that there were no issues with facilities raised by students.

Students have access to simulated learning environments of varying levels of technological sophistication, at multiple sites.

8.2 Information technology

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

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

While the provision of additional IT support has enabled considerable progress on the School’s curriculum map, progress on other initiatives has been limited by lack of IT support. The continued use and implementation of the Blackboard platform is supported by staff and students.

The School is engaged in trials of the better use of technology to facilitate learning and teaching. There is scope for the more effective use and sharing of existing video-conferencing facilities for the delivery of the curriculum, between the School’s teaching sites and with other educational institutions.

8.3 Clinical teaching resources

The medical school ensures there are sufficient clinical teaching and learning resources, including sufficient patient contact, to achieve the outcomes of the course.
The school has sufficient clinical teaching facilities to provide a range of clinical experiences in all models of care (including primary care, general practice, private and public hospitals, rooms in rural, remote and metropolitan settings and Indigenous health settings).

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

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

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

The 2009 Team commended the Dean on securing an appropriate range of high quality clinical attachments and as a result, resolving an issue identified in previous reports. In 2011, the Medical School Accreditation Committee noted continuing student concerns about the consistency of clinical attachments, and required the School to provide an update in the 2012 report on their efforts to expand and improve access to high quality clinical attachments.

Overall, the School has added eight new rotations since the 2009 accreditation visit. These include two at Armadale Health Service (Geriatric Medicine and Obstetrics and Gynaecology), two at Swan District Hospital (Paediatrics and Geriatric Medicine), two at Fremantle Hospital (Emergency Medicine and Intensive Care) and two at Hollywood Private Hospital (Psychiatry and Geriatric Medicine).

In 2013, the medical school expects to add rotations in Paediatrics and Emergency Medicine at Armadale and in Obstetrics and Gynaecology at Rockingham General Hospital.

While the School has increased the total number of student placements over all sites, not all are fully utilised at any given time, providing extra capacity for any unexpected increase in student numbers or tutors on leave due to long service leave, illness, or vacation.

Over the next three years, two new major teaching hospitals will be become available for education of Notre Dame medical students. The Fiona Stanley Hospital, due to open in mid-2014, will be the major tertiary hospital in the south metropolitan area. Additionally, the St John of God Midland Public Hospital and St John of God Midland Private Hospital are scheduled to open in 2015.

At the time of reporting, there was no information for the Team to review concerning the provision of educational facilities at the Fiona Stanley Hospital. However, Western Australia Department of Health representatives and executives of the School assured the Team that the need for the hospital to offer student placements is well understood and that the School would be involved in planning educational facilities at the hospital. This will be an area for future reporting.

The School has over 200 general practices taking students for placements and an agreement is in place with each of these general practices. Students have general practice placements in every year of the program: five sessions in MED100, eight sessions in MED200, a four week metropolitan placement in MED300 and a four week rural practice placement in MED400.

The new discipline leader of General Practice has a 0.7 FTE appointment. The discipline leader, with the assistance of the General Practice placements coordinator, is responsible for the relationship with the general practitioners. The General Practice and Primary Health team provide research opportunities and training for general practitioners. The discipline leader...
nominates general practitioners for adjunct appointments so that they will have access to the library and other curricular materials. GP Super Clinics in both Rockingham and Midland have been approved for funding by the Department of Health and Ageing, with the Rockingham Clinic due to open within 48 months. The School has a formal agreement with both Super Clinics to act as clinical training sites for medical students in an interprofessional learning environment.

The School was also asked to report on the management of paediatric attachments with a particular emphasis on ensuring equivalence of the student’s clinical experience. The major paediatric placements are at Princess Margaret Hospital (PMH), where Notre Dame students are attached to general paediatric ward teams (not subspecialty) and all outpatient clinics. Students also attend a formal lecture series and *ad hoc* tutorials.

Students also see patients in outpatient clinics and on the general paediatric wards at Fremantle Hospital. It is expected that the current paediatric population at Fremantle Hospital will move to the new Fiona Stanley Hospital. The Notre Dame Paediatric teaching rotation will move with the patients from Fremantle to Fiona Stanley.

Students also have paediatric attachment at the Emergency Department of Rockingham General Hospital. A new paediatric rotation will be established at Rockingham once funding has been approved for a 0.6FTE clinical academic and when the approved new student teaching facilities have been built.

The School established a new rotation at Swan District Hospital in 2010 with three hospital paediatricians involved in teaching Notre Dame students.

The School expects to establish a full paediatric rotation at Armadale Kelmscott Memorial Hospital in 2013. Three additional full time paediatric staff have been recently employed by the hospital and it is expected that three Notre Dame students will rotate through a very busy expanded emergency department and paediatric wards.

The Team commended the progress achieved in meeting this standard and acknowledged the efforts of the dedicated teams at all clinical sites visited, supported by clinical liaison academic and professional staff. These clinicians work hard to include medical students, regardless of their university of origin, in the full range of hospital clinical activities. Ensuring students feel valued in the clinical team further promotes the concept of lifelong learning.

The medical curriculum is delivered well in both the public and private sectors. The continuum of medical education is strengthened by the development of postgraduate training programs at major clinical sites.

The provision of dedicated administrative support at the Fremantle Hospital has significantly improved the student experience. The students reported to the Team they receive adequate information before every rotation and in general feel there is good structure and support for them.

Clinicians confirmed there has been good progress in how the School organises clinical placements since the 2009 assessment. The number of placements of School of Medicine (Fremantle) students has increased at Fremantle Hospital, and increasingly graduates choose Fremantle Hospital as their first choice for internship. Students who spoke to the Team confirmed they found the culture at the Fremantle Hospital very positive.
St John of God (SJOG) Hospital (Subiaco) provides excellent student and educational facilities (auditorium, tutorial rooms, video-conferencing including to the operating theatre). A similar level of facilities is planned for SJOG (Murdoch).

The School provides a wide range of clinical learning exposures in many models of health care. The School has effectively engaged the private health sector in the provision of primary medical education in a sustainable way. This includes the effective use of respected and influential “champions” to engage individual clinicians in the program. While there remain some instances of resistance (which may have a disproportionate negative impact on student experience), this has overall been very successful. The School may wish to consider the use of “champions” to engage individual clinicians’ involvement in the program at other sites, particularly those undergoing rapid expansion and which will be of greater strategic importance to the program in the future.

The School and its partner organisations, including St John of God (SJOG) and Ramsay hospitals, have embraced the culture of teaching, research and scholarship in private hospitals. This increasingly true across the continuum of medical education. The School is engaged in flexible and innovative partnership agreements to support substantive academic appointments for example, the financial support by SJOG of academic appointments at SJOG (Murdoch). There is also the possibility of joint appointments with Curtin University.

The School has continued to recruit additional clinical teachers and clinical attachments. Additional access to clinical attachments is expected as a consequence of expansion at SJOG (Murdoch).

There are small numbers of students on each clinical attachment (sometimes integrated with University of Western Australia students) and students were very satisfied with the quality of the clinical attachments.

Students receive a considerable amount of clinical teaching from senior clinicians. With the development of more resident and vocational trainee positions in the private sector, these doctors will provide an additional teaching resource for the School.

The School provides excellent resources for teachers and students, for example the Clinical Skills Handbook.

Students are provided with experience in the provision of health care to Aboriginal people. This experience is primarily provided in the large metropolitan public hospitals (Royal Perth, Sir Charles Gairdner and Fremantle Hospitals) and especially in the smaller outer metropolitan public hospitals (Swan District and Armadale).
Appendix One  Membership of the 2012 Assessment Team

Professor Richard Murray (Chair) MBBS, DipRACOG, MPubHlth &TropMed, FRACGP, FACRRM
Dean of Medicine, School of Medicine and Dentistry, James Cook University

Associate Professor Wendy Brown (Deputy Chair) MBBS (Hons), PhD, FRACS, FACS
Director, Centre for Obesity Research and Education, Associate Professor, Department of Surgery, Monash University, Visiting Medical Officer, The Alfred Hospital

Professor Wayne Hodgson BSc, PhD, Graduate Certificate in Higher Education
Deputy Dean (Education), Faculty of Medicine, Nursing and Health Sciences, Monash University

Professor John Kolbe MBBS, FRACP
Head, Department of Medicine, Faculty of Medical and Health Sciences, University of Auckland

Ms Annette Wright
Program Manager, Medical Education and Accreditation, Australian Medical Council

Ms Sarah Vaughan
Medical School Assessment Officer, Australian Medical Council
Appendix Two  Groups met by the 2012 Assessment Team

Senior Executive Staff
Dean of Medicine
Chair, College of Medicine
Vice-Chancellor

Medical School Staff
Dean of Medicine
Associate Dean, Preclinical
Associate Dean, Clinical
Associate Dean, Teaching and Learning
Associate Dean, Rural, Remote and Aboriginal Health
Associate Dean, Clinical Leadership and Research
Director of Mission
Executive Officer
Head, Aboriginal Health
Head, Assessment
Years 1 and 2 Coordinators
Clinical Curriculum Coordinator
Clinical Liaison Officer
Assessment Coordinator
Written Examinations Coordinator
Clinical Assessment Coordinator
Assessment and Evaluation Officer
Professor, ProVice-Chancellor Research
Manager, Research Office
School of Medicine Fremantle Research Manager
Cardiologist & Hospital Coordinator, Armadale Kelmscott Hospital
Associate Professor, PPD Domain
Associate Professor, CCP Domain
Associate Professor, BSC Domain
Director, Academic Enabling and Support Centre
Quality Assurance Manager
Director, Quality Management and Academic Development
Discipline Leader (Critical Care)
Anaesthetics Coordinator
Intensive Care Coordinator
Discipline Leader (Surgery)
Discipline Leader (Medicine)
Discipline Leader (Psychiatry)
Discipline Leader (Paediatrics)
Discipline Leader (O & G)
Discipline Leader (ENT)
Associate Professor, General Practice
Pharmacology Lecturers

**Medical School Committees**
School Executive Committee
Curriculum Management Committee
Medical Education Support Unit
Research Committee
Assessment Committee
Evaluation Committee
Clinical Committee

**Medical Students**
Subiaco MED300 & MED400 Students
Fremantle MED300 & MED400 Students
Members of Medical Students’ Association of Notre Dame

**Clinical Sites**
WA Health
Chief Executive, Southern Metropolitan Health Service

Subiaco Hospital
Director, Clinical Teaching (Private Sector)
Hospital Coordinator
Administrative Officer
Chief Executive Officer
Director, Medical Services
Director, Post Graduate Medical Services
Clinical Mentors and Teachers

Fremantle Hospital
Director, Clinical Teaching (Public Sector)
Hospital Coordinator
Clinical Students’ Coordinator
Administrative Officer
Acting Executive Director / Acting Director, Clinical Services
Clinical Teachers
Curtin University
Vice-Chancellor
Pro Vice-Chancellor, Health Sciences
Deputy Vice-Chancellor, Academic

**External Bodies**

External Advisory Board
Dean, Faculty of Medicine, Dentistry and Health Sciences, the University of Western Australia
Director of the Rural Clinical School, University of Western Australia
Directors, Clinical Training in Public Hospitals