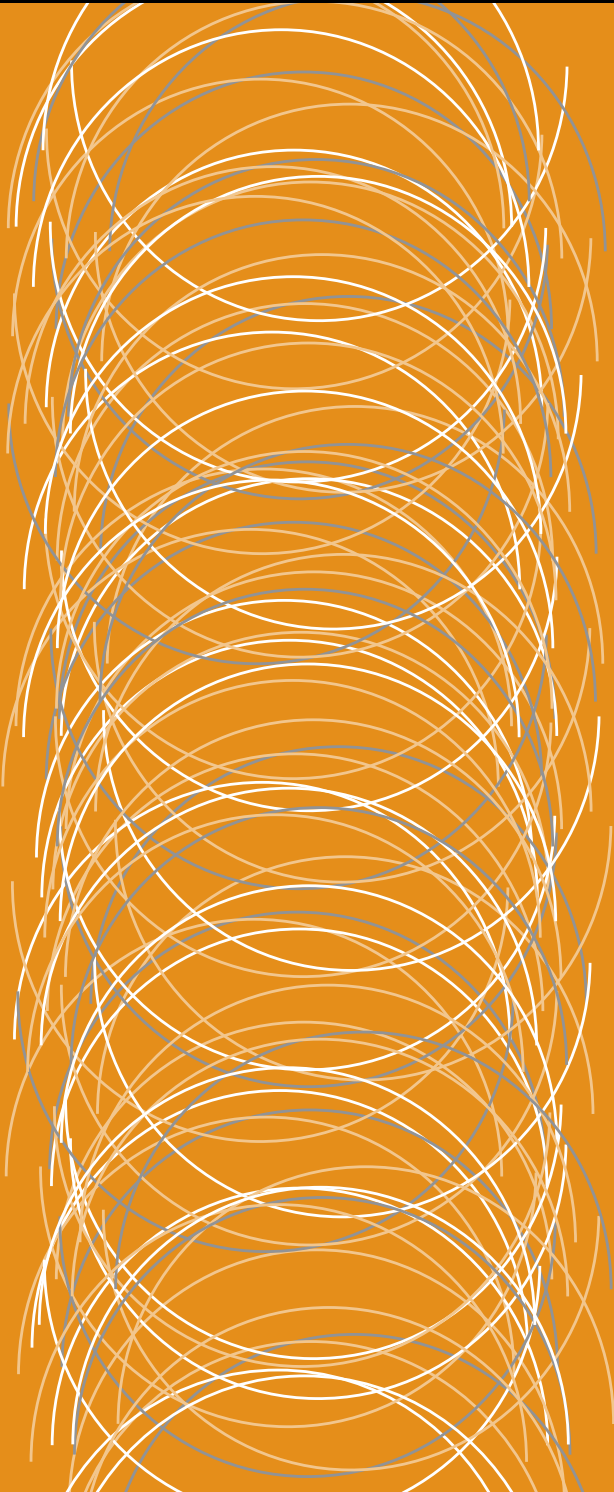


Australian Medical Council Limited

Accreditation of
Curtin University, Faculty of Health Sciences
Curtin Medical School, medical program

AMC



Medical School Accreditation Committee
November 2018

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Executive summary 2018

Accreditation process

Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for the follow-up assessment. An AMC team assesses the submission, and visits the provider and its clinical teaching sites.

Accreditation of Curtin Medical School's new Bachelor of Medicine/Bachelor of Surgery was granted in 2016 to expire on 31 March 2023, subject to it satisfactorily meeting monitoring requirements of the AMC, including a follow up visit in the first half of 2018.

The purpose of the follow-up visit for a new program as per the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018*, is to review the plans for the later stages of a new program development and confirm the accreditation decision.

In completing the follow-up assessment, an AMC team reviewed the School's submission and the student-run Curtin Association of Medical Students (CAMS) report, and visited the Curtin Medical Schools Bentley Campus in the week of 14-17 May 2018. Additional information was provided to the assessment team following the visit and this was reviewed by the team on 17 August 2018.

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

Accreditation Background

The AMC considered the Curtin University, Faculty of Health Sciences, Curtin Medical School Stage 1 proposal for the five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery program in June 2015, and invited the School to proceed to a Stage 2 assessment. The Stage 2 application for accreditation was assessed by the AMC in 2016.

The AMC Directors reviewed the accreditation report in October 2016, and found that the proposed MBBS program met the approved accreditation standards. Directors agreed:

- (i) That the five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery medical program of the Curtin University, Faculty of Health Sciences, Curtin Medical School be granted accreditation to 31 March 2023.
- (ii) That accreditation of the program is subject to meeting the monitoring requirements of the AMC, including: satisfactory progress reports; a follow up visit in the first half of 2018 to assess whether the detailed plans for the later stages of the program meet the standards; and the conditions described in Appendix 3.

The School submitted a report on conditions in November 2016, which was accepted by the AMC's Medical School Accreditation Committee. The Faculty had met seven conditions, with two conditions marked as progressing for reporting in 2017.

The 2017 report on conditions included an update on the two outstanding conditions along with seven additional conditions arising from the 2016 assessment. The Medical School Accreditation Committee found that seven conditions were met; two conditions were progressing and identified a new condition from the 2017 report. The School has been asked to report on these conditions in the 2018 follow-up assessment.

Decision on accreditation

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

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

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

- (i) confirm the Curtin Medical School's accreditation to 31 March 2023, subject to satisfactory progress reports;
- (ii) if the School is found not to meet all the standards, to set conditions to ensure the standards are met in a reasonable timeframe.

The AMC is satisfied that the medical program of Curtin University continues to substantially meet the approved accreditation standards.

The 17 December 2018 meeting of AMC Directors agreed:

- (i) that the five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery medical program of the Curtin University, Faculty of Health Sciences, Curtin Medical School continues to substantially meet the accreditation standards;
- (ii) that the five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery medical program of the Curtin University, Faculty of Health Sciences, Curtin Medical School has its accreditation confirmed until 31 March 2023; and
- (iii) that accreditation of the program is subject to meeting the monitoring requirements of the AMC, including: a focussed follow-up assessment, to take place in 2019, to assess the planned delivery of the clinical program, satisfactory progress reports; reports on conditions and the following new conditions:
 - a) By 2019, provide evidence that the medical program has addressed the following conditions from the accreditation report:

AMC condition #	Accreditation condition
31	Demonstrate that the Clinical Education Committee is operational and effective. (Standard 1.1)
33	Address the workload burden on current staff in order to ensure the continued progress on development of the program and the sustainability of the program into the future (Standard 1.4, 1.8, 8.3)

34	Confirm that key appointments are made as scheduled. (Standard 1.8)
35	Confirm the appointment of the Year 3 Assessment Lead. (Standard 5.1)
36	Clearly separate student support from academic progress decisions. (Standard 7.3)
37	Provide the outline of the Year 5 clinical placements. (Standard 8.3)

b) By 2020, provide evidence that the medical program has addressed the following conditions from the accreditation report:

32	Demonstrate that the Research Committee is operational and effective. (Standard 1.1)
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The collated accreditation conditions and quality improvement recommendations from the 2016 and 2018 assessments may be found in **Appendix Three**. (Please note conditions are numbered for tracking purposes)

Key findings

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

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

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

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

Follow-up assessment

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

Standards 1.1, 1.4, 1.5, 1.7 and 1.8 are substantially met.

Conditions

2019

- 31 Demonstrate that the Clinical Education Committee is operational and effective. (Standard 1.1)
- 33 Address the workload burden on current staff in order to ensure the continued progress on development of the program and the sustainability of the program into the future (Standard 1.4, 1.8, 8.3)
- 34 Confirm that key appointments are made as scheduled. (Standard 1.8)

2020

- 32 Demonstrate that the Research Committee is operational and effective. (Standard 1.1)

Recommendations

- H Negotiate arrangements with the University to facilitate a more flexible approach to timetabling that allows the School's year-long units to be responsive to curriculum adaptation and need. (Standard 1.2)
- I Develop the School's research agenda to highlight the excellent medical education initiatives that have been developed for the program. (Standard 1.7)
- J Develop more flexible delivery options to enable all staff, particularly clinical tutors and those with joint appointments, to engage with staff development opportunities. (Standard 1.9)

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

Nil additional

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

Standard 3.2, 3.3 and 3.5 are substantially met.

Recommendations

- K Vertical integration into the later years of the course will need to be articulated particularly with regard to interprofessional learning. (Standard 3.2)
- L Articulate where program Themes are evident in the Specific Learning Outcomes for clinical rotations in Years 3 – 5 of the program. (Standard 3.4)

Commendation

The School has undertaken extensive work to modify the Flinders curriculum to create a program that is contemporary and focused on the School's purpose. (Standard 3.3)

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

Standard 4.6 is substantially met

Recommendations

- M Evaluate the effectiveness of the mentoring programs and the strategies to promote role modelling in research. (Standard 4.5)
- N Evaluate the student experience of patient-centred collaborative care in Years 4 – 5. (Standard 4.6)
- O Evaluate the initiatives to promote interprofessional learning planned for Years 3 – 5 of the program. (Standard 4.7)

Commendations

The Senior Citizen Partnership Program has very positive student feedback and a reported positive impact on the senior citizens. (Standard 4.1)

Interprofessional learning is well done. (Standard 4.7)

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

Standards 5.1, 5.2, 5.3 and 5.4 are substantially met

Condition

2019

35 Confirm the appointment of the Year 3 Assessment Lead. (Standard 5.1)

Recommendations

- P Review the University, Faculty and School rules on supplementary examinations with a view to improved alignment. (Standard 5.1)
- Q Consider strategies to facilitate securing psychometric resources to conduct more sophisticated analyses and reviews of their assessment practices. (Standard 5.4)
- R Consider securing additional assessment expertise in clinical and workplace-based assessment in future faculty appointments. (Standard 5.4)

Commendations

The on-line learning and assessment application is excellent. (Standard 5.3)

6. The curriculum – monitoring	Met
---------------------------------------	------------

Nil additional

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

Standard 7.3.4 is substantially met.

Condition

2019

36 Clearly separate student support from academic progress decisions. (Standard 7.3)

Recommendations

- S Develop support and pathways to assist students in attaining the required level of chemistry for selection in the program. (Standard 7.1)
- T Continue to develop and implement strategies to ensure that all recruitment targets are met. (Standard 7.1)
- U Develop alternatives to the online application process that could be offered to applicants who may be without adequate IT access or infrastructure. (Standard 7.2)

Commendations

The Indigenous Enabling Program is a positive initiative that is showing immediate benefits and is likely to continue to grow the Indigenous cohort. (Standard 7.1)

The current School staff have provided excellent, responsive student support. (Standard 7.3)

The School has clear and well-considered processes concerning professionalism and fitness for practice. (Standard 7.3)

The inclusion and involvement of students on committees is commendable. (Standard 7.3)

8. Implementing the curriculum- learning environment	Met
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Standard 8.3 is substantially met

Condition

2019

37 Provide the outline of the Year 5 clinical placements. (Standard 8.3)

Recommendation

V Establish a room within the Medical School building for the use of Aboriginal and Torres Strait Islander students. (Standard 8.1)

Commendations

The facilities at the School are of a very high standard. (Standard 8.1)

The development of the Midlands Clinical School is a significant achievement. (Standard 8.3)

The plans to focus on innovation and service planning in the Peel/Mandurah region within the longitudinal program are excellent. (Standard 8.4)

2018 Report on Conditions and Recommendations

Condition 3				
Provide formal agreements with the School's major health partners to confirm effective partnerships for delivery of the program for the period of accreditation. (Standard 1.6)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
The actual costs of clinical placements are still to be determined. Letters of support from the various clinical placement sites are noted, confirmation of agreements with clinical school sites including MOI's stipulating costs to be incurred should be finalised in early 2019. It is acknowledged that the agreement with Midland Hospital, a major Curtin Site, has been signed. Confirmation of the arrangements with the Rural Clinical School (which will take 25% of the Year 4 cohort) should be finalised by early 2019.				

Condition 30				
Provide a report on the academic medical education expertise that is utilised in embedding the Indigenous Health curriculum in the program. (Standard 1.1)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
The Faculty Director of Indigenous Engagement, Cheryl Davis teaches into the program and also plays a key role in the School and is represented on the Curriculum Committee (strategic level influence), the Theme 3 Subcommittee and attends the Executive Committee by invitation. She reports working closely with the Chair of Theme 3 and has influence into the other themes throughout the program. Plans are currently underway for recruitment of an Indigenous Academic at a senior lecturer level. This person is to be appointed by the end of 2018 and will be allocated 0.5FTE to the School and 0.5FTE to the Faculty. The expectation is that this person will assist Cheryl in embedding the Indigenous Health curriculum in the program, particularly in the clinical Years 4 and 5. The team looks forward to hearing about developments in this very important area. The School has close involvement with the Centre for Aboriginal studies, which provides university wide services including support to Aboriginal students, including the highly innovative and very promising Enabling Program. The Centre provides cultural awareness training for staff and the team spoke to Medical School staff enrolled in the training				

Recommendation A		
Confirm the arrangements between the medical program, the Director Indigenous Engagement, the Centre for Aboriginal Studies, and the Indigenous Health Unit to ensure sustainable input into the medical program. (Standard 1.1)		
2018 Finding	Progressing	Satisfied
	✓	
Details regarding the Schools progress on this recommendation are described with regard to the outstanding condition at 1.1 above.		

Recommendation B		
Determine the costs of future clinical teaching through discussions at the state level, and factor the cost into the program's funding model. (Standard 1.5)		
2018 Finding	Progressing	Satisfied
	✓	
The actual costs of clinical placements are still to be determined. Students will be engaged in predominantly clinical learning in Year 4 of the program from 2020. Confirmation of agreements with clinical school sites, and the costs to be incurred should be finalised in early 2019.		

Recommendation C		
Consider opportunities for cross-representation on executive and substantive committees of the School's health partners where appropriate, and for continued regular meetings at varied levels of management to facilitate effective partnerships with the health sector. (Standard 1.6)		
2018 Finding	Progressing	Satisfied
		✓
Senior members of the medical School are now well represented on committees of various health partners. The Dean is a committee member of the Department of Health Medical Student Clinical Placement Advisory Group, a member of the Western Australian GP Stakeholders group, a council member of the Australian Medical Association (WA), and an Advisory Board member of the Curtin Centre for Clinical Research and Education. The Associate Dean of Medical Education serves as Chair of the Scientific Review Committee of St John of God Health Care is a committee member of the Human Research Ethics Committee at St John of God Health Care and a Board member of Geraldton Universities Centre. The Director of Clinical Education is a member of the Clinical Risk and Governance Committee and the Morbidity and Mortality Committee at Royal Perth Hospitals, and a member of the Inter-hospital Liaison Committee of the Australian Medical Association. The Theme Four Lead is Chair of the Board of Bethesda Hospital, President of the Australasian College of Health Service Management (National and WA) and the Chair of the WA Country Health Service.		

Condition 5				
Provide evidence of the processes to be implemented from Year 3 to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites. (Standard 2.2.3)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
The team is reassured that the outcomes in Year 3 and Year 5 are unlikely to be different given the similarities of the student experience and the intended aims of the small amount of variable content. The team requires demonstration of mapping of the Rural Clinical School curriculum to the two other Year 4 models so that the comparability of the planned student experience can be ascertained.				

Condition 7				
Provide the finalised Years 3 to 5 curriculum, and map how the Years 3 to 5-curriculum content will demonstrate progression towards the graduate outcomes. (Standard 3.2)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
The finalised Year 3-5 curriculum has been provided and includes mapping towards achievement of graduate outcomes.				

Condition 8				
Provide details of the proposed Year 4 longitudinal training model. (Standard 3.2 also referring to 8.3)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
For Year 4, there is a high-level outline of rotations and learning objectives that are outlined in the submission. The longitudinal training module is to be delivered by experienced educators with regard to medical student training and post-graduate training. The modelling for this training was not available at the time of the visit. No detail of the available clinical rotations, which will be required to allow the supervision and clinical guides to be developed. The current Longitudinal Model is being developed by the Director Learning and Teaching and other academic staff. This was not available at the time of the visit. The AMC requires this to be provided.				

Condition 9				
Provide evidence of purposeful curriculum design articulating how the themes are integrated in the curriculum and in learning and teaching activities, in particular the vertical integration across Years 3 to 5. (Standard 3.3)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
There is a very purposeful approach to developing the best content in the themed areas within the early years of the program with improvements in cases and design. This has been driven by some changes in delivery pattern. Work is ongoing to further develop the later years of the program.				

Condition 10				
Provide specific learning objectives for Years 3 to 5 aligned to the four themes and the program's graduate outcomes. (Standard 3.4)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
The curriculum descriptions have been provided and are available to students.				

Condition 11				
Provide evidence of opportunities for students to pursue studies of choice that promote breadth and diversity of experience. (Standard 3.6)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
Choices for community-based and population health rotations in Year 3 are noted. Students also have the opportunity to participate in selectives and electives. The possibility for directives for students returning from the longitudinal rotations is also present.				

Condition 14				
Confirm the Year 3 to 5 assessment schedule (Standard 5.1.1) ; and clearly document the Year 3 to 5 assessment and progression requirements for the medical program (Standard 5.1.2) .				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
Progressing but should be presented more clearly in an accessible, concise document. Appoint Year coordinators for Year 3 as soon as possible, Year 4 by February 2019, and Year 5 by July 2019. Provide details of the implementation of the assessment plan for Years 4 and 5, including timelines for funding flow, recruitment of clinical teachers and assessors, School development of assessors, finalisation of assessment practices, and negotiation of processes and tools for workplace based assessment				

Condition 18				
Confirm assessment methods and formats to assess the intended learning outcomes in Years 3 to 5 and demonstrate they are fit for purpose (Standard 5.2.1) ; provide blueprints that map assessment in Years 3 to 5 against the themes and unit learning outcomes (Standard 5.2.2) ; and confirm the validated methods of standard setting to be used in Years 3 to 5. (Standard 5.2.3) .				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	5.2.3
More detail is needed regarding Year 4-5, particularly for workplace-based assessment. Clinicians will need training and re-calibration prior to the commencement of Years 4 and 5. The standard setting component is satisfactory and closed.				

Condition 21				
Demonstrate implementation of a program of review of the program's assessment policies and practices, and processes to ensure consistency across sites. (Standard 5.4)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
Plan is sound, but high level. More detail needed on Years 4/5.				

Recommendation E		
Customise the chosen ePortfolio system to allow reporting in meaningful domains. (Standard 5.1)		
2018 Finding	Progressing	Satisfied
		✓
The ePortfolio is sufficiently developed for implementation.		

Condition 22				
Confirm plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics. (Standard 6.2)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
There are plans to evaluate psychometric data from Cumulative Achievement Tests in Year 1, in relation to each Curriculum Theme and the associated Graduate Outcomes. Analysis will be undertaken to explore areas where student learning may be deficient, for the stage of learning, in order to inform ongoing curriculum design. Conclusions from the analysis will be directed to the Lead for each Theme, and Chair of the Theme Subcommittee, and the Curriculum Committee in the School, for discussion and action.				

Condition 23				
Provide evidence that outcome evaluation results are made available and the School considers stakeholder views. (Standard 6.3)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
There is evidence that outcome evaluation results are reported to the Curriculum Committee, and through that Committee to the School Executive. The School demonstrates a commitment to sharing evaluation information and results with its stakeholders, although more strategic evaluation plans are on hold because of the current excessive staff workload. One of the roles of the School Advisory Board is to review the performance of the School and to assist with dissemination of the feedback to stakeholders as well as seek their further input. The Advisory Board also engages industry leaders and provides community input into the School.				

Condition 26				
Provide evidence of sufficient patient contact to achieve the program outcomes (Standard 8.3.1) ; and of sufficient clinical teaching facilities to provide clinical experiences (Standard 8.3.2) .				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
The sites defined for the clinical years appear to provide access to patients across a spectrum of medical need. The access to population and community studies in Semester 2 Year 3 is excellent. Access to practices has been provided with spare capacity for year 1 and 2 of the program. The volunteer numbers for the Senior Citizens program have been easily met; the shadowing day and home stay immersion experience requirements have also been easily met in Year 1. There is a high level of engagement by senior staff to facilitate and support the community partners in this endeavour.				

Condition 27				
Demonstrate active engagement with the other two medical schools in Western Australia to ensure adequate clinical facilities and teaching capacity for the program at all shared sites including the Rural Clinical School. (Standard 8.3.4)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
				✓
There is strong engagement with other medical schools, especially University of Notre Dame, Fremantle. The issue of exact clinical placements had not been agreed at the WA Ministry level, and site clinical placement agreements are yet to be signed.				

Condition 28				
Provide evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility, and of processes for supervisor training, monitoring and support. (Standard 8.4)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
The oversight of the clinical supervision and teaching time will be determined at each site through a formal clinical placement agreement, as is in place at Midland hospital.				

Condition 29				
Define the responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements. (Standard 8.4)				
2018 Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied and closed
			✓	
The AMC will need to see the position descriptions for the clinical deans at the clinical training sites. The possibility of clinical deans in General practice was raised at the visit, but these roles are not defined. The relationship between other Western Australia Medical Schools is critical at each site and will need to be managed in different ways at each site. The governance of General practice placements, despite being negotiated by the GP Advisory Group, will be managed by the hospital deans. This could be problematic given the nature of engagement of General Practices as independent businesses.				

Introduction

The AMC accreditation process

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

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

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

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

The AMC appoints an accreditation assessment team to complete a reaccreditation assessment. The medical education provider's accreditation submission forms the basis of the assessment. The medical student society is also invited to make a submission. Following a review of the submissions, the team conducts a visit to the medical education provider and its clinical teaching sites. This visit may take a week. Following the visit, the team prepares a detailed report for the Medical School Accreditation Committee, providing opportunities for the medical school to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, together with a recommendation on accreditation to the AMC Directors. The Directors make the final accreditation decision within the options described in the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2018*. The granting of accreditation may be subject to conditions, such as a requirement for follow-up assessments.

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

After it has accredited a medical program, the AMC seeks regular progress reports to monitor that the provider and its program continue to meet the standards. Accredited medical education providers are required to report any developments relevant to the accreditation standards and to address any conditions on their accreditation and recommendations for improvement made by

the AMC. Reports are reviewed by an independent reviewer and by the Medical School Accreditation Committee.

The University, the Faculty and the School

Curtin University was established in 1987 as Western Australia's third university, and Australia's first university of technology. In 2017, the University enrolled 56,662 students comprising of 35,836 Bachelor level and more than 9,000 postgraduate students. The University employs 4,068 academic and professional staff members.

The University organisational structure consists of five faculties:

- Centre for Aboriginal Studies
- Curtin Business School
- Faculty of Health Sciences
- Faculty of Humanities
- Faculty of Science and Engineering.

The Faculty of Health Sciences has seven schools with the establishment of the Curtin Medical School, including Pharmacy and Biomedical Sciences; Nursing, Midwifery and Paramedicine; Occupational Therapy, Speech Therapy and Social Work; Pharmacy; Physiotherapy and Exercise Science, Psychology, and Public Health.

The Curtin Medical School, medical program is a five-year undergraduate entry Bachelor of Medicine/Bachelor of Surgery. The first intake cohort size is 60, growing by 10 students each year to a maximum of 110 in 2022.

In Year 1 of the program, students complete the Curtin interprofessional first year with other health professional students, including medicine specific units and shared health professional units. The AMC accredited Flinders Medical Program Doctor of Medicine curriculum has, and continues to be appropriately modified and implemented for Years 2 to 5 of the program.

The School's main campus is located at the University's Bentley campus south of Perth and a large network of clinical schools and facilities are planned to contribute to the delivery of the program.

This report

This report details the findings of the 2018 follow up assessment and the review of the 2018 progress report.

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

The members of the 2018 AMC team are at **Appendix One**.

The groups met by the AMC team in 2018 are at **Appendix Two**.

The collated conditions on accreditation are at **Appendix Three**.

Appreciation

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

1 The context of the medical program

1.1 Governance

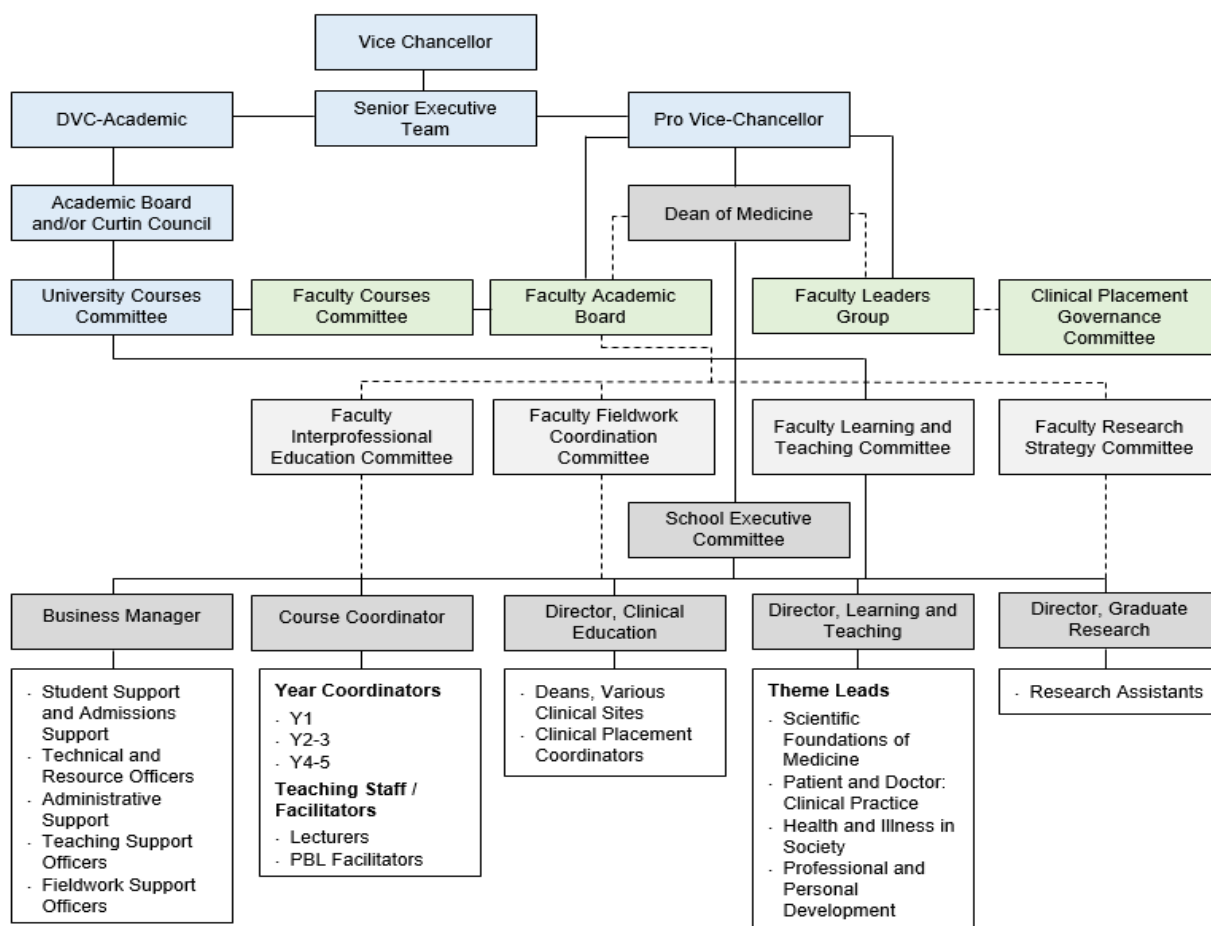
1.1.1 *The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher education institution.*

1.1.2 *The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.*

1.1.3 *The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance.*

The overall responsibility for the School remains with Foundational Dean, who reports to the Pro-Vice Chancellor (PVC). The PVC chairs the Faculty Leaders' Group and the Faculty Academic Board. The School also has representation in these groups with the Dean a member of the Leaders' Group and the Director of Learning and Teaching a member of the Faculty Academic Board and Courses Committee. Four of the key leadership positions within the School; Course Coordinator, Director of Clinical Education, Director of Learning and Teaching and the Director of Graduate Research (now slated for appointment in late 2018), are likewise represented on the corresponding Faculty level committees. These four positions, along with the Dean and the School Business Manager, make up the School Executive.

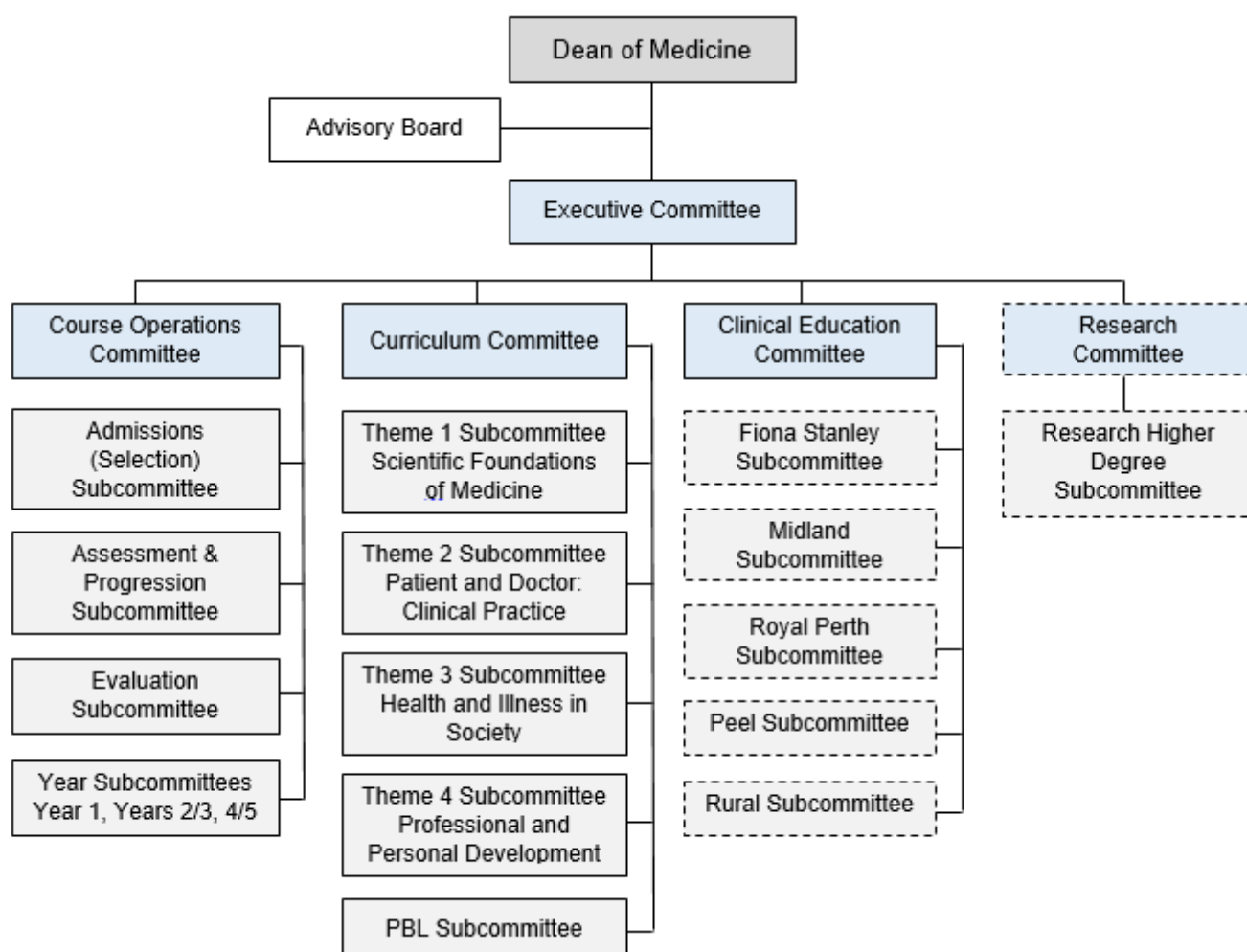
Figure 1 School Governance Structure



The Medical School has a clear organization structure. The Curriculum Committee is fully operational and receives reports from the four Theme subcommittees (responsible for vertical

integration throughout the program) and the PBL subcommittee. The Course Operations Committee is likewise operational and receives reports from the Admissions, Assessment and Progressions and Year Level subcommittees with the Evaluation Committee to become operational in the coming months. Membership of the Clinical Education Committee will be selected from subcommittees representing the key health partner groups (made up of the Fiona Stanley, Midland, Royal Perth/Bentley, Peel Health Campus and Rural subcommittees) and the Research Committee is not yet operational. The composition, terms of reference and reporting relationships of the various committees are well articulated and appear understood by key stakeholders. The composition of committees is expected to change over time as new staff appointments are made and when the School moves past its initial implementation phase.

Figure 2 School Committee Structure



The Medical School has representatives from key groups on committees, including the hospital subcommittees as listed above and the GP Working Group. The School actively engages with many clinician groups representing generalist and specialist clinical focus and metropolitan and rural based practices. A significant number of these practitioners have expressed their interest in ongoing relationships with the School around teaching and supervision throughout the program.

The school has a Program Advisory Board, which includes expertise from a broad range of vocational education, professional association, regulatory and health service organizations. The Board appears very engaged in their role and is currently meeting four times per year (double the anticipated meeting schedule). Indigenous representation on the Board is through a member of the Aboriginal Health Council of Western Australia.

1.2 Leadership and Autonomy

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

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

The School describes a “matrix management” model in which senior managers reporting to the PCV have responsibility for cross-faculty functions, including budget. The Dean has clear responsibility for the delivery of the program including academic leadership and School budgetary responsibility, overall responsibility for management, and development of the program and for recruitment of staff (including adjuncts) and stakeholder engagement. The Dean chairs the School Executive Committee, which has overall responsibility, and authority to implement the program and to make relatively minor changes to the program.

Design and development of the medical program is largely autonomous but relies on collaboration and cooperation with the other Schools in the Faculty and the broader University. It is notable that 75% of the first year program (the interprofessional subjects) is taught by other Schools in the Faculty and this requires significant teamwork around teaching (involving academics from other schools) and timetabling (which is centrally managed).

While the School appears to manage most of these requirements well, the use of the medical building by students from the entire university and the resultant central timetabling arrangements mean that the School must finalise the teaching for the year-long units for the entire 2019 academic year by June 2018. This results in a limited ability to be responsive to student feedback if the preferred changes have room booking implications. Some consideration needs to be given to the timetabling, as a more flexible approach to timetabling for year-long units would allow the program to be more adaptive and responsive to feedback.

The approval of the level of curricular change required for the School to move from semester based subjects (typical for Curtin University) to single year-long subjects preferred for Years 2 to 5 of the medical program have required consideration at a Faculty and University level – given the matrix management model. Likewise, significant budgetary decisions require this level of Faculty engagement and approval.

1.3 Medical Program Management

1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.

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

The Curriculum Committee is responsible for the academic integrity of the medical program and reports to the Executive Committee and the Dean. The committee has a strategic focus related to ongoing curriculum planning, development and review. However this group has largely been responsible for the extensive work undertaken (and still to be done) through the use of the Flinders curriculum as a scaffold, rather than a fully formed program for simple adaptation. The subsequent implementation and operational management of these decisions is the responsibility of the Course Operations Committee.

The Curriculum Committee is chaired by the Director of Learning and Teaching, and membership includes the Course Operations Committee (the Course Coordinator), the four Theme leads, the PBL coordinator, the Faculty of Health Sciences Director of Indigenous Engagement, the Year 1 and Year 2 Co-ordinators and other year co-ordinators as each cohort starts. Reflective of the move away from wholesale adaption of the Flinders curriculum, this group no longer includes a nominee from the Flinders Medical program. Representation from the theme leads ensures vertical integration of the program. The Course operations committee is responsible for the horizontal integration of the program.

As mentioned above, significant amendments or change to the course structure need to progress through Faculty, then University Courses Committees, with subsequent lines of communication through to the Vice Chancellor and the Curtin University Academic Council.

1.4 Educational Expertise

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

The School draws on staff within the School and the Faculty to teach into the early years of the program. Seventy five percent of the first year taught outside the School as part of the interprofessional first year, and expertise from other Schools and from clinicians is brought into the teaching of the second year of the program on a session-by-session basis.

As at March 2018, there are only two full time academic staff members in the School – the Dean and the Director of Learning and Teaching. The Associate Dean Medical Education /Course Coordinator is employed at a 0.8 FTE and the Director of Clinical Education and Director of Early Years Clinical Education are both employed on 0.5 FTE contracts. There are 2.4 FTE Lecturer and tutors at level C or D and 21 sessional tutors on contracts. During the visit in May 2018, the team was informed that appointment of a Professor of Medicine (research) was likely to occur by the end of the year, and that appointment of a senior lecturer in Indigenous Health was imminent – this role appears to be of particular importance to the operational and strategic direction of the School.

The School has the advantage of access to Faculty expertise, through the Director of Indigenous Engagement, and University expertise via the Director of the Centre for Ingenious Studies and the Student Support Officer. The contributions of these people into the Medical program are significant.

School staff have considerable educational expertise and their commitment and skill is evident in the thoughtful changes made to the Flinders medical program and the emergence of a new and unique Curtin Medical program. The new program has been tailored to the purpose of the School and the needs of the Western Australian community. The time demands of such a thoughtful and

widespread redesign of the Flinders curriculum are extensive. The flow on impact in terms of workload for creation of new assessment items, the number of items required for defensible assessments, and the logistics involved in setting up new clinical placements (particularly in sites without established clinical schools) are extensive and the team considers that significant increases in staffing levels are urgently required.

Subsequent to the team's visit to the School, a number of anticipated staff appointments have been brought forward – particularly appointments of Clinical Deans and Fieldwork Support Officers at the clinical school sites and Assessment Leads for Years 3, 4 and 5. The most recent response from the University indicates that these positions will be brought forward to the end of 2018, boosting the team with further part-time positions in Clinical Lead and Assessment Lead roles.

The team notes the extensive workload demands on the Associate Dean of Medical Education and the Director of Learning and Teaching. In addition to the work expectations of their roles, there is an enormous amount of work that is required related to the development of the curriculum and in anticipation of the establishment of the currently unfilled roles. The Director of Learning and Teaching, while a full-time role, also carries substantial Faculty responsibilities. It is not clear what specific curriculum and assessment expertise will be sought in the positions that are being brought forward, but the School is encouraged to consider the workload burden on current staff in order to ensure continued progress on development and sustainability of the program into the future.

1.5 Educational Budget & Resource Allocation

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

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

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

The Dean has the primary responsibility and authority for the Schools financial situation and has authority for financial transactions to the value of \$250,000. Transactions above this amount must be considered by the PVC, Health Sciences. Staff appointments up to a Level D academic level (excluding casual or sessional appointments) require Faculty sign off, and those above Level D require Faculty and Provost Approval. The Dean is supported by the School Business Manager, the Faculty Accountant and the Financial Services staff in management of the budget.

The School submits a three-year budget in the second half of each year and the financial services projections verified by the University Chief Financial Officer allow for negative cash flow in the early years of the implementation of the medical program.

The Vice-Chancellor, PVC and Provost continue to voice strong commitment to the newly established medical school, which enrolled its first cohort of medical students in 2018. The new PVC Health Sciences, had only been in the role for four weeks, but met with the team to assure them of the recognised importance of the Medical School to the general plan of the Faculty and the broader University.

The School has received in principle confirmation of Rural Health Multidisciplinary Training (RHMT) funding from the Federal Government but the details of this are yet to be finalised. Confirmation of funding flow and timing of this will be need to be clarified.

1.6 Interaction with Health Sector and Society

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

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

The Dean regularly meets with Deans of the UWA and UND Fremantle medical schools.

The School continues to build on their initial partnerships with stakeholders in the health sector. They currently have fieldwork arrangements with three Aged Care Facilities, which facilitates student involvement in the Senior Citizen Partnership Program.

The School signed a contract agreement with Ramsay Health Care in March 2018 and has a formal agreement around staffing between the School and University of Notre Dame for the Wheatbelt Medical Student Rural Immersion Program. The School has a signed agreement with St John of God Midland and Private Hospitals.

Hospital stakeholders from Peel Health Campus, Fiona Stanley Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital express support for student placements and formal agreements are progressing.

Staff members are on external committees including Department of Health Medical Student Clinical Placement Advisory Group, GP Stakeholders Group, AMA, as well as research and hospital committees. Senior members of the medical school are now well represented on committees of various health partners including the:

- Department of Health Medical Student Clinical Placement Advisory Group
- Western Australian GP Stakeholders group
- Australian Medical Association (WA)
- Curtin Centre for Clinical Research and Education Advisory Board
- Scientific Review Committee of St John of God Health Care (Chair)
- Human Research Ethics Committee at St John of God Health Care
- Geraldton Universities Centre Board
- Clinical Risk and Governance Committee at Royal Perth Hospital
- Morbidity and Mortality Committee at Royal Perth Hospital
- Inter-hospital Liaison Committee of the Australian Medical Association
- Board of Bethesda Hospital (Chair)
- Australasian College of Health Service Management (National and WA) (President)
- WA Country Health Service (Chair).

The School continues to work closely with the Director of the Centre for Aboriginal Studies to establish effective partnerships with the Aboriginal Health Council of Western Australian the

Derbarl Yerrigan Health Services. The Faculty has agreements in place around fieldwork in Eastern, Southern and Northern Metropolitan Health Services.

1.7 Research and Scholarship

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

The Faculty of Health Sciences and the broader University have a strong research base and senior Faculty and University leadership recognise the potential for the Medical School to contribute to ongoing growth in this area. In spite of a hectic development schedule, a number of academic staff have continued to publish, predominantly in clinical research. The ongoing development of hospital partnerships is likely to further increase the potential of the School in this area.

While a number of academic staff have teaching and learning expertise, staff member contributions to medical education research have been limited due to their extremely heavy workloads during this early operational and development phase of the School. The team considers there are a number of innovations worthy of thoughtful educational scholarship, which could have a major influence on the field. The senior citizens, wheatbelt, interprofessional first year, adapted PBL and enabling programs are all particularly notable and worthy of a scholarly approach to quality assurance and impact evaluation.

The team notes the plan for a professorial appointment in Research, which is currently envisaged to be a 0.5FTE contribution to the School, with a concurrent clinical research appointment at Royal Perth Hospital.

1.8 Staff Resources

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

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

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

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

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

The School has a small number of core staff, many who are fulfilling multiple roles, often on fractional appointments. Considering the scope of work involved in rolling out a new medical program and significantly adapting the Flinders medical program this is a very lean staffing level. The sustainability of this kind of workload on key staff, and the impact on their career progression is likely to be significant. There is an urgent need to accelerate appointment of Clinical Deans and the Fieldwork Support Officers at the clinical school locations and significant assistance could be given to key academic staff through appointment of additional project officers – allowing the current staff to focus more on direction, implementation and quality assurance.

The most recent response from the University indicates that several positions will be brought forward to the end of 2018, but the Assessment Lead and PBL coordinator position for Year 3 is currently vacant. These are key appointments that must be made shortly.

Curtin University has well established and proactive policies for appointment of Aboriginal and Torres Strait Islander staff. There are plans in place for active recruitment of a senior lecturer in Indigenous Health to be allocated 0.5 FTE to the School, and 0.5 allocation to the Faculty Indigenous Health Unit. This appointment is likewise seen as one that must be made as a matter of urgency

Recruitment of GP clinicians and other clinician adjuncts to support clinical placements has progressed well and given current projections is likely to meet requirements for Years 3 onwards. GP clinicians have been allocated to Year 2 students as clinical mentors.

The Faculty has well-established policies for volunteer and simulated patient recruitment. The School has 24 registered simulated patients and provides case information and a simulated patient guide via email, followed by a short training session on the day. Simulated patients engaged in OSCE assessments receive additional hour and half training sessions in the week prior to the exams and receive gift voucher acknowledgment of their assistance.

The University has appropriate policies in place for indemnification of University and affiliate staff regarding their involvement in the medical program and in research.

1.9 Staff Appointment, Promotion & Development

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

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

Consistent with other universities Curtin has well-established appointment and promotion policies for academic staff. Standard policies around teaching, research and service functions are in place, but staff within the School, particularly the core staff, have limited capacity to engage in research and service functions during this extremely busy early development phase of the new school. Development opportunities will need to be prioritised in coming years with the appointment of more staff.

The Medical School (via the Course Coordinator and Director, Learning and Teaching) has implemented training for staff as part of the upskilling process for a new school. Staff have engaged in tutorial training and written and clinical assessment skills training. Clinical tutors, particularly those with joint appointments have challenges in engaging with development opportunities, and the School might consider more flexible delivery options for staff training in the future.

2 The outcomes of the medical program

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

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

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

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

2.1 Purpose

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

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

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

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

Curtin Medical School has a defined purpose in educating doctors for Western Australia with a particular focus on primary care, rural and Aboriginal health care settings. They state that their graduates will have strong communication and clinical skills, high levels of professionalism, and deep understanding of biomedical and clinical knowledge. They aim to graduate doctors skilled in lifelong learning who practice in an evidence-based manner.

The School is particularly committed to address the health disparity in Aboriginal and Torres Strait Islander peoples and those from rural and disadvantaged backgrounds, and as part of this mission has selection processes specifically focused on recruiting and supporting students from these backgrounds. The School is committed to being culturally competent with a focus on Aboriginal health and prevention and management of chronic diseases in vulnerable communities.

The underlying purpose of the School has remained consistent and is the result of extensive stakeholder consultation. The team notes that this purpose is understood and embraced by students and staff, and stakeholders internal and external to the University.

The School aims to address Western Australian health system challenges including the growing and aging population, increased incidence of chronic and co-morbid disease, widening health disparities between Aboriginal and non-Aboriginal populations and between different socioeconomic groups. It is also mindful of the shortage of doctors in outer metropolitan and rural areas and doctors with skills in general practice, aged care, palliative care, Aboriginal and Torres

Strait Islander health and mental health. The selection processes, teaching in Years 1 to 2, and the plans for Years 3-5 appear to be well aligned with these community needs. The existing strong research approach within the Faculty, and the potential for interprofessional collaboration, suggest that the school will have significant capacity to align its service and research activities in the same direction.

2.2 Medical program outcomes

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

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

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

The School has nine high level MBBS Course Learning Outcomes that are aligned with the Curtin University Graduate Attributes and the 40 AMC Graduate Outcome Statements, (which the School has adopted as their own Graduate Outcomes). The four domains of the AMC Graduate Outcome Statements are well aligned with the four themes of the Curtin Medical School – Scientific Foundations of Medicine, Patient and Doctor: Clinical Practice, Health and Illness and Society, and Professional and Personal Development.

The outcomes of the Curtin Medical Program are consistent with the AMC's goal for medical education. The School articulates a core goal to graduate junior doctors who will be safe and effective interns, with a strong foundation for further training and lifelong learning. There is clear emphasis on careers in primary care and on providing experience for students in outer metropolitan and rural areas in efforts to encourage students to pursue this focus in their future careers.

The graduate outcomes in Years 1-3 of the program are likely to be comparable as these years are predominately delivered at the Bentley campus. Clinical placements over this time, although occurring in different settings, have generalizable learning outcomes relating to the experience of medicine in a clinical setting rather than a focus on specific content related to that site.

In Years 4-5 a suite of initiatives have been described to overcome potential variability in outcomes given the plans for Year 4 students to be based in one of three settings:

- the rural clinical school (administered by UWA)
- a longitudinal integrated clerkship type model in the Peel, Mandurah region, and
- traditional clinical hospital rotations.

These strategies include use of specific learning objectives (independent of location), back to campus weeks and common assessment tasks. These plans will need ongoing monitoring, including extensive consultation with teaching staff and the first few cohorts of students in order to evaluate the success of these initiatives.

The team acknowledges that students undertaking rural clinical school program will be completely independent of the Curtin University Medical Program for the duration of their 4th

year, and therefore such strategies will not be possible for this group of students (during Year 4). Evidence that outcomes for students following each of these three Year 4 paths (particularly those at the Rural Clinical School) are comparable at the end of the first and second cohort of Year 4 students in 2020 and 2021 will be required.

The final year of the program has a more homogenous design for all students, and this includes additional rotations in medicine, surgery and general practice to address any identified gaps in students' clinical experiences up until that point.

3 The medical curriculum

3.1 Duration of the medical program

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

The Curtin Medical School, MBBS remains a five-year, school-leaver direct entry program.

Since the 2016 assessment, Years 2 – 5 have become year-long units in order to promote integration within each year and to support decisions regarding assessment and progression. While there has been no significant changes to the graduate outcomes or the curriculum themes, unit learning outcomes have been adjusted to suit the new course structure.

Details of the rural clinical School (RCS) rotations and Peel Mandurah rotations are yet to be finalised but will follow a longitudinal integrated (12 month) placement model.

3.2 The content of the curriculum

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

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

3.2.2 Clinical Practice: The medical graduate as practitioner.

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

3.2.3 Health and Society: The medical graduate as a health advocate.

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

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

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

The curriculum plans map directly to the AMC standards.

The finalised Year 3 curriculum includes elements that are well advanced, including week-long clinical placements in General practice and hospital environments. In addition, students undergo placements of two days per week in community organisations with general learning objectives. These include Prison services, Aboriginal Medical Services, large-scale dialysis units, medico-legal services. Other opportunities, including placements in palliative care, are planned.

Some student experiences emphasise community partnership. For example, the needs analysis developed within Theme 3 shows a strong alignment between the task, the learning outcomes and the capacity to deliver the community program. This activity will provide access to advocacy groups and raise awareness of social determinants of health in the region.

Basic surgical exposure will include skill development that will prepare the students for rural and metropolitan clinical placements. Clinical standards for healthcare are also planned with reference to all themes. A set of expert clinical lectures on the area of translational medicine is planned.

Mentorship will be provided by volunteer Year 2 students who will mentor Year 1 students. From Year 2 – 5, clinical staff from the community and hospitals will mentor students in the Medical School Mentor Program.

Vertical integration into the later years of the course will need to be articulated as the program matures, particularly with regard to interprofessional learning.

For Year 4, there is a high level outline of rotations and learning objectives which are outlined in the submission. The detail of sites and supervision is yet to be provided in detail.

In Year 5 there is again an oversight of surgery, medicine, acute care and general practice. Community or hospital based selectives and electives are also undertaken in Year 5. Where needed, students returning from the longitudinal rotations, or any student that is required to re-take a clinical rotation will have opportunities for participation in directives.

3.3 Curriculum design

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

Originally, the School had intended to make minimal changes to the Flinders University medical curriculum and implement this program in a largely unchanged format in Years 2-5 of the program. However, over the last two years the School has become increasingly convinced that changes to the Flinders program and intentions for the Curtin program have diverged, and as a result the Flinders program is being used as a scaffold for development of an almost entirely new medical program. As a result, the School has undertaken extensive work to modify the curriculum with a focus on the School's purpose and its focus on making vertical integration of themes evident throughout the years. These adaptations reflect improved curriculum delivery and responsiveness to local needs.

The course is well designed to utilise the interprofessional Year 1, with excellent transition into the Year 2 MBBS program. Successful transition has been enhanced through the inclusion of PBL training and the developing of clinical skills in Year 1.

Interestingly, improvements in sequencing within Year 1, allowing the emergence of reasoning skills, have already been implemented in the second cohort for Year 1. The PBL cases in Year 2 support the development of student leadership. The approach is well developed and thoughtful, and again responsive to student feedback.

There is a very purposeful approach to developing the best content in the themed areas within the early years of the program with improvements in cases and design. This has been driven by some changes in delivery pattern.

The current staff are committed to understanding and developing the early years curriculum and have the expertise to do that. They are supported through the academic involvement of clinicians to assist with the delivery of the curriculum into the clinical years of the course.

The Curriculum alignment with interprofessional learning is a strength. The commitment to aligning the Flinders-based program scaffold with the curriculum elements of the existing programs in the Faculty of Health Science is commended.

Units, course areas and mapping have been provided at a high level showing in general where curriculum will be delivered in the later years of the course. The range of proposed clinical placements are appropriate for a medical course of this length and reflect graduate outcomes for

this program. The development of clinical readiness in Year 3 is progressing with some excellent choices for the range and depth of areas. The alignment with population health is a strength.

We note with interest the IPL Year 1 and the team is interested in the impact of this on ongoing curriculum development. The forward integration of the IPL start into the later years of the course is a strength and indicates clear innovation. Evaluating the vertical integration of this program into the course would clearly demonstrate the School's capacity to contribute to innovation in Medical Education.

Considerable work has been done by the Associate Dean and Director Learning and Teaching with the Sciences Faculty members at Curtin to look at having science curriculum as up-to-date as possible. The research faculty of the Curtin University are hopeful that research opportunities are provided to the Medical students. Opportunities for this will need to be more fully explored for the latter years of the course.

The input and early redesign of the population health theme is linking directly to gaps in the Flinders curriculum and adapting the curriculum particularly in Year 3 in areas of disadvantage and gaps in clinical care. Theme 3 is well resourced given the existing faculty structures. The integration of Theme 3 into the PBLs will provide a more integrated delivery to the medical students and lead into the later years of the course, although it does diminish the interprofessional aspects of training that were possible under the proposed model.

The Indigenous Health Curriculum will need to be developed to ensure vertical integration through all years of the program. It is understood that the new academic appointment will undertake this role.

3.4 Curriculum description

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

The curriculum descriptions have been provided and are available to students.

There is a high-level link between the proposed clinical places and the four themes. However, the design for individual students is not clear. Further work with respect to clinical training sites and links to the themes would enhance clarity in this regard. Currently, the Specific Learning Outcomes for Program Themes are not explicitly articulated for clinical rotations, but this work is planned.

3.5 Indigenous health

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

Students are introduced to Indigenous health care through a core interprofessional unit in Indigenous Cultures and Health Behaviours, and the team notes the School's intention to ensure vertical integration throughout the subsequent years. The School intends to provide opportunities for students to engage in immersive experiences throughout the course. The team acknowledges the importance of the appointment of an Indigenous academic in the School who will bear much responsibility for the vertical integration of Indigenous components of the curriculum, and the important role this person is to play in building Indigenous cultural capabilities for teaching and professional staff. The team looks forward to learning more about this work over time. There are some conflicting reports about the depth of Indigenous teaching in

Year 1 of the course and the plans for vertical integration of Indigenous health into the course. It is intended that will be resolved through this academic appointment.

3.6 Opportunities for choice to promote breadth and diversity

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

Choices for community-based and population health rotations in Year 3 are noted. Students also have the opportunity to participate in selectives and electives. The possibility for directives for students returning from the longitudinal rotations is also present.

A system that allows student to indicate preferences for clinical places and rotations as well as general practices would enhance the program. It would be useful to see ways that students will be able to achieve first preference places in these rotations. Given the mission of the School, it would be pleasing to see that opportunities for rural training would be available to those unable to achieve a place in the RCS.

4 Learning and teaching

4.1 Learning and teaching methods

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

A wide range of learning and teaching methods are employed to facilitate students to meet the outcomes of the medical program. There is considerable breadth of learning and teaching methods, including the suite of online resources available to students and staff. Acknowledgement is also given to the extensive work that has been undertaken, to adapt the Flinders program to customise to the Curtin context.

Years 1 – 3

Classroom based learning and teaching methods include, Problem-based learning (PBL), large and small group Interprofessional Education, using a flipped classroom approach, lectures and workshops, student led seminars and peer-to-peer learning.

Problem-based learning (PBL) includes a focus on the development of skills in clinical reasoning, patient-centred care, Indigenous health, interprofessional education and professionalism. Staff have undertaken significant re-development of the Flinders Program to contextualise PBL cases to the requirements of Curtin Medical School and to embed content from all four themes into cases. Formative assessment items, tutor and peer-to-peer feedback, wrap-up sessions and explicit articulation of the Learning Outcomes, supported by tutor training and activities to standardise teaching, help to support students to master the relevant material.

Online methods utilise the learning management system, Blackboard, to provide well labelled resources including timetables, learning outcomes and recorded lectures. Other online learning and teaching resources include an ePortfolio, Sectra Table for interactive visualisation of contextualised anatomy and other sites such as Osmosis and MediLectures to supplement learning in the program.

Clinical learning includes small group teaching, including the use of simulation equipment and simulated patients, the Senior Citizen Partnership Program (SCPP), the Wheatbelt immersion program, a transition to clinical placements module, participation in selectives, visits to an Aboriginal Health Centre and participation in a Noongar, on-country, elective unit. Learning is supplemented by formative and summative Objective Structured Clinical Examinations (OSCE).

In the SCPP, students visit older people in residential aged care facilities in pairs. During the visits, students and their senior citizens may converse in the aged care facility or share experiences in other areas in the community through, for example, going for walks or going to the cinema. Students continue to visit their senior citizen partners across the 5 years of the medical program. The SCPP received very positive student feedback during the AMC site visit. A positive impact on the senior citizens was also described.

The Wheatbelt Medical Student Immersion Program involves Year 2 students spending time in rural locations for 4 days. In pairs, they stay with a host family, to develop an understanding of the implications of living in and receiving medical care in a rural setting. The Curtin students are joined by students from the University of Notre Dame for this week.

Years 4 – 5

In Years 4 – 5, classroom based learning is planned to include back-to-campus weeks, which will be supplemented as required through the medical school mentor program. Back-to-campus weeks will enhance the equivalence of student learning through covering areas of learning that may not have been covered at all clinical sites,

The online learning resources will continue from Years 1-3 of the program and will remain available throughout the whole course.

Methods to deliver learning and teaching in clinical settings are facilitated by industry placements across the community and in hospitals, in urban, regional and rural settings. These placements will be across a breadth of disciplines including General Practice, Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Acute Care, electives, selectives and directives.

Plans are in progress to develop site-specific and general pedagogy plans (lectures, ward rounds, bed-side teaching, tutorials, simulations etc.) for each clinical placement.

4.2 Self-directed and lifelong learning

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

Multiple approaches are used to prepare the cohort to evaluate and take responsibility for their own learning and to prepare for lifelong learning.

There is a strong focus on problem-based learning (PBL) over Years 1 – 3. In this, students self-identify learning objectives and strategies to address their learning needs, guided by medically-trained tutors. There is an emphasis on the cohort becoming increasingly independent and self-directed, culminating in both student-led PBL cases, where a designated student chairs the session and student-led seminars. During PBL, students are encouraged to develop skills in clinical reasoning and the provision of patient-centred care, guided by self-reflection and feedback, both from peers and tutors. Complementing PBL are clinical skills sessions in which the cohort practice communication, history-taking and examination, guided by self-reflection on recordings of their performance and feedback from tutors and linked assessments. Self-reflection and its assessment, are also formally incorporated into the Senior Citizen Partnership Program.

A flipped classroom approach is used to continue to encourage students to take responsibility for their own learning. An example of this relates to Interprofessional Education, in which the medical students prepare in advance for group work and, informed by their pre-reading, contribute their insights to patient cases.

There are many engaging and interactive online resources to facilitate and encourage the cohort to take responsibility for their own learning.

Expansion of these activities to Years 3 – 5 as the program progresses, will be noted with interest. The ePortfolio will assist students to seek out opportunities to cover designated learning objectives whilst on placement, mentored by their clinical supervisors. Gap Analysis sessions during Back-to campus weeks will encourage students to reflect on knowledge gaps and to develop plans to bridge them. Access to the many online resources available in Years 1 – 3, will continue.

4.3 Clinical skill development

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

Students are given multiple opportunities to develop core skills in preparation for patient encounters. Prior to participation in the Senior Citizen Partnership Program, the Wheatbelt Medical Student Immersion Program, and visits to an Aboriginal Health Centre, students receive school-based teaching in aged care, communication skills, Indigenous health and rural health.

In preparation for year-long immersion in clinical placements in Years 4 – 5, activities across Years 1 – 3, aim to prepare students for this transition. Amongst these are:

- Problem-based learning with a focus on the development of skills in clinical reasoning and content knowledge.
- Clinical skills sessions, including the use of online resources, simulation equipment and simulated patients to develop skills in communication, history-taking and examination.
- Short introductory clinical placements in the community and hospital-sector i.e. day-long placements in General Practice and hospitals (Year 2), week-long placements in General Practice and hospitals (Year 3) and 2 x 6-week Selectives in Year 3.
- Surgical skills program to prepare students to attend theatre and to participate in related skills including catheterization and suturing.
- Case-studies and Standardised Patient scenarios for Clinical Skills simulations for “ward-ready” clinical skills.

Assessment also aims to prepare the students to develop core skills in both history-taking and examination, through the use of formative and summative OSCEs.

In Years 4 and 5, simulation sessions will be used alongside clinical placements.

4.4 Increasing degree of independence

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

In Years 1 – 3, students have supervised involvement with patients through the Senior Citizen Partnership Program, Wheatbelt Medical Student Immersion Program, visits to Aboriginal Health Centres and community and hospital-based placements. Across Years 4 – 5, the level of participation in clinical care is scheduled to increase as students will build on shadowing experiences in earlier years, to take a more active role in patient care. This will culminate in opportunities for parallel consulting, particularly in General Practice.

4.5 Role modelling

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

Role modelling by clinicians acting as tutors and clinical supervisors is used to guide learning in PBL, clinical skills sessions and clinical placements. This is to align with the aspiration that “role modelling is and will be promoted by medical educators throughout all levels of the course and demonstration of high standards of clinical competence, excellence in teaching skills, and the provision of exemplars of professional behaviour will be expected”. Role-modelling by teaching

staff will be performed by mentors participating in the Curtin Student Mentorship Program and the Medical School Mentoring Program. Plans have been discussed to further expose the cohort to research partners within the School of Medicine to act as mentors in this area.

Assessment of evaluation data on the effectiveness of the mentoring programs and the strategies to promote role modelling in research as the program progresses, may be beneficial.

4.6 Patient centred care and collaborative engagement

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

The medical program promotes the concepts of patient-centred care. In Years 1 – 3, this is championed in both Problem-Based Learning and clinical skills sessions. Additionally, students report an appreciation of the importance of a patient-centred approach, through their experience of older people in the Senior Citizen Partnership Program and through living with rurally-based families in the Wheatbelt Medical Student Immersion Program. Both programs received enthusiastically positive feedback from the students interviewed, in terms of their experience and impact on learning.

As the program matures, an evaluation of patient-centred collaborative care in Years 4 – 5 may be beneficial.

4.7 Interprofessional learning

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

In Year 1, students undertake Interprofessional Education in:

- Foundations for Professional and Health Practice
- Foundations of Medicine
- Foundations of Medical Practice
- Human Structure and Function
- Evidence Informed Health Practice
- Integrated Systems Anatomy and Physiology
- Indigenous Cultures and Health Behaviours.

Students describe opportunities to learn with, from and about their colleagues in many health-related groups including:

- nursing
- midwifery
- medical imaging
- occupational therapy
- physiotherapy
- pharmacy
- social work

- speech pathology
- paramedicine
- laboratory medicinehuman biology
- molecular biotechnology.

Interprofessional activities in this year include group presentations, ePortfolio reflections, case studies, visits to health care settings and formative assessments. The Curtin Association of Medical Students noted receipt of teaching from “a wide variety of sources, including nurses, Indigenous health workers, researchers and many other professions” and highly encouraged the medical school to continue with the innovative structure of teaching Interprofessional learning.

In Year 2, students reported further opportunities in Interprofessional Education through discussions in PBL cases. Plans are under consideration to allow vertical integration of Interprofessional Education into the clinical years of the program in, for example, initiatives in Back-to-campus weeks. It will be of interest to follow initiatives in this area as students progress into Years 3 – 5 of the program.

The School is encouraged to build on the innovative approach, particularly in Year 1, to map and implement vertical integration of Interprofessional Education throughout the medical program.

5 The curriculum – assessment of student learning

5.1 Assessment approach

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

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

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

Assessment is managed by the Assessment and Progression Committee, while decisions about student progress are determined by The Board of Examiners. Assessment and progress procedures are detailed in program documentation. The unusual structure of Year 1 has implications for the rules of progression in that year, because Curtin University policies restrict the rights for students to undertake supplementary examinations and prevent students from repeating any interprofessional subjects that have been passed. The relationship between University, Faculty and School rules on supplementary examinations needs review and improved alignment.

The level of development of assessment activities varies by academic year. For Year 1, implemented for the first time in 2017, 75% of the program was delivered through Faculty-wide subjects that are delivered to large groups of students in all health professional programs. Formative assessment was delivered largely through individual feedback from Tutors after PBL sessions. For the medicine-only subjects that comprised the other 25% of the program, additional formative assessment was an OSCE that aimed primarily to provide experience in the OSCE format. Additional summative assessment of the medicine subjects was by written MCQ tests, all in Single Best Answer format. Each Semester has two summative MCQ examinations. A mid-semester MCQ test has 80 items, and the end of Semester test has 125 items; these are combined across the year to provide a comprehensive assessment of knowledge.

For Year 2, being delivered for the first time in 2018, all subjects are delivered by the medical school and the assessment is more like assessment in other medical programs. Formative assessment has been increased through the addition of monthly, 10-item MCQ quizzes, although resource constraints have limited the development of appropriate feedback mechanisms. There is a mid-year formative test of 150 item MCQ and an end-of-year summative MCQ exam of two papers totalling 240 items and a summative OSCE.

For Year 3, sufficient detail is provided, although preparation for implementation has been delayed by a lack of resources. For example, while Year 1 and 2 have appointed assessment leads, Year 3 does not yet have an appointed lead to drive the final preparation for implementation, which is only 8 months away.

For Years 4 and 5, a sound plan has been provided, but details of the implementation process is yet to be realised. Assessment leads have yet to be appointed, delaying the engagement of clinical leads necessary to recruit and train examiners in both new and congested sites. Clinicians in the latter environment may be experienced assessors, but must gain an understanding of the expectations and Learning Outcomes of the Curtin program. Year 4 includes at least three different curriculum models, each of which require to be documented clearly and in detail, including how students will be assessed. In particular, the workplace-based assessment plans require greater detail.

Although Year 4 and 5 will not commence until 2020 and 2021 respectively, a clear implementation plan is required to guide the development of the capacity to provide and manage assessment in both years. This should be available well before the commencement of the Year 4/5 program.

5.2 Assessment methods

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

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

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

The proposed assessment policy includes a comprehensive range of assessment methods and formats, with a balance of formative and summative assessments, aiming to assess learning outcomes for all four program domains. Methods include group and individual PBL engagement assessments, written assessments using Single Best Answer (SBA) multiple choice questions (MCQs), OSCE, and an e-portfolio with reflective assignments. For the clinical years, a range of workplace-based assessments are planned, including DOPS, Mini-CEX and P-MEX.

Two kinds of assessment blueprints are in use. The first is an overall, learning outcome to assessment method/format blueprint, and the second is a more detailed blueprint for learning outcomes in written tests. A third blueprint – mapping learning outcomes to OSCE stations – will be developed. The blueprints that have been presented so far for Year 1 are appropriate, and similar documents for other years will follow as required. A blueprint for Year 3 should be available soon.

Standard setting is conducted using the Ebel method for MCQ tests, while the Borderline Regression method will be used for OSCEs. These are appropriate, validated methods.

5.3 Assessment feedback

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

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

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

The small size of the foundation cohorts and close relationships with faculty members has enabled close monitoring of the progress of students. The Program Director promptly receives information from students and staff, and is able to respond rapidly. Formative assessments are available from several sources, including the program Osmosis, which combines a wide range of learning resources and USMLE-style MCQs that feedback on answers. These are excellent resources and a potentially valuable source of feedback for students.

While the amount of formative feedback was substantial, students commented that they would like both more feedback, particularly on MCQs, and more detailed feedback, as strategies to assist preparation for summative examinations. For the second iteration of Year 2 in 2018, a single MCQ question has been added after each PBL case for students to work through together, formally exploring all choices. In Year 2, each student receives an individualised report on areas of

weakness, in reasonable detail, for their performances on the mid-year formative test. These developments have been welcomed by students, although students report disappointment at the relative lack of feedback on the monthly, 10-item MCQ knowledge quizzes.

Feedback to tutors on both teaching and cohort performance is currently provided easily, because of the intimate nature of the learning environment. Formal mechanisms will need to be developed as the School grows to maturity, increases cohort sizes and becomes more dispersed.

5.4 Assessment quality

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

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

The program is so new that a formal review of assessment practices has not been necessary. However, changes have been made quickly because of the strong communication in the small program. An example of this rapid, reflexive change is the addition of an MCQ question-based formative assessment and discussion.

The School reports that they lack the psychometric resources to conduct more sophisticated analyses and reviews of their assessment practices. Acquiring such resources should be considered when resources allow this.

While the clinical program is planned for delivery, mostly in relatively adjacent facilities, the potential for a lack of a Curtin influence in the RCS program in Year 4 has implications for the consistency of assessment. Curtin staff expressed concern that, should the current RCS model be adopted as planned, Curtin students may enter the RCS year with different experiences and capability than students from other medical programs, and may return to Year 5 with different capabilities to other Curtin students. This will be difficult to determine in the absence of mapping of the RCS program to the Curtin curriculum and, at least initially, some common assessment across Year 4 for all Curtin students. However, the Director of the RCS stated clearly that, once RHMT funding is approved, Curtin will be welcomed as a third partner in the RCS and that curriculum mapping and some customised learning and assessment may be negotiated. The UNDAF leadership confirmed that they had faced similar challenges when joining the RCS about 10 years ago, but that the RCS had been flexible and accommodating. The school is urged to commence negotiations with the RCS as soon as the funding agreement is confirmed.

Negotiations with the RCS should include the potential for student selection, mapping of the two curricula, tailoring of learning experiences to address any potential gaps in learning, and inclusion of Curtin assessment for 1-2 years to demonstrate that Curtin learning outcomes are achieved and that Curtin students are not disadvantaged on their return to Year 5. The RCS should evolve into a three-partner organisation, with representation of Curtin Medical School representatives alongside those from UWA and UNDAF.

The Item Bank now comprises about 600 MCQ items that are calibrated at a combined Year 1 and 2 level, and there are plans to reach 1600 shortly and then add about 800 per year. Most have been written by Curtin staff, representing a change in plans from 2016, when items from Flinders University and the IDEAL shared bank were intended to be used. This is a substantial task that may have imposed a considerable additional burden on the academic staff, without the addition of any extra resources.

6 The curriculum – monitoring

6.1 Monitoring

- 6.1.1 *The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.*
- 6.1.2 *The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.*
- 6.1.3 *The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.*

The School demonstrates a commitment to monitoring and evaluation and acting on the feedback provided. There are mechanisms in place to review and monitor the curriculum, teaching and assessments. These include the Curtin University official student feedback survey, eVALUate, conducted each semester, as well as more frequent internal monitoring within the School in the form of online feedback questionnaires and focus groups. There is an attempt to reduce the survey burden to students by requesting questionnaire completion in a group of students, with different groups sampled at different times. This approach maximises the data available and diminishes the risk of missing data due to non-response at the end of semester survey.

The three main sources of monitoring data – eVALUate, online questionnaires and focus groups give complementary data to ensure the quality of the learning experiences of medical students. Questionnaires generate quantitative data that allows a broad picture of student satisfaction to be formed. The School has generated qualitative feedback regarding the quality of learning and teaching experiences for the inaugural cohort of first year medical students by conducting a series of twelve focus groups across the 2017 academic year as well as promoting online questionnaires. There are plans for key findings from this student experience research, together with similar data from successive cohorts, to be used by academic and professional staff at the School to inform future initiatives.

There is evidence of timely action taken by educators in response to feedback from students to improve the quality of learning. Feedback reports are generated and disseminated through the appropriate working groups and committees for discussion. For example in January 2018, the Director of Learning and Teaching convened a meeting with the Interprofessional First Year (IPFY) Unit Coordinators and other leaders for IPFY, to review and discuss the feedback related to each individual unit. There appears to be an effective mechanism for responding to student feedback.

During the early development of the medical curriculum, there was close collaboration with Flinders University in using the Flinders' medical curriculum. Curtin University consulted with UNDA, Griffith University and the University of Queensland, regarding the medical curriculum, medical school building design and clinical placements. It also consulted with the University of British Columbia and the Northern Ontario School of Medicine with regard to distributed medical and health sciences education, and with Maastricht University in regards to assessment of student learning. There are plans for the School to seek collaborative research and curriculum benchmarking opportunities with medical schools in Australia such as AMSAC, MDANZ, MECC and ACCLAiM for written exams and OSCEs.

The School also has links with the Division of Medical and Dental Education at the University of Aberdeen, and plans to conduct an external review for the first and second cohorts in Year 5 using two experienced clinically trained external reviewers from Australia and overseas. They will provide comments on both the written examination and the OSCE for Year 5 examinations. This process was adopted in a smaller scale for the Year 1 OSCE when Professor Katharine Boursicot was engaged to review and advise on OSCE stations as part of building assessment capability within the School clinical staff.

6.2 Outcome evaluation

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

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

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

The School has operated for 16 months since the start of the inaugural Cohort. There has therefore been little opportunity to analyse cohort performance in relation to outcomes of the medical program. However there has been an evaluation of the Multiple-Mini Interviews (MMIs) for the 2017 intake (first cohort). The Director of Learning and Teaching, in conjunction with a PhD student from Curtin, designed and completed a project to investigate aspects related to the MMI factor structure, the internal reliability, scoring and order effects, the School offers compared to non-offers, prediction of School offers, rural students and baseline differences. Data is inconclusive thus far and additional analyses from subsequent cohorts will be required. Further analyses are planned of student attributes generated from the MMIs in relation to individual student achievement in Year 1 of the MBBS course. These analyses will be disseminated to committees responsible for student selection, curriculum and student support.

There are plans to evaluate psychometric data from Cumulative Achievement Tests in Year 1, in relation to each curriculum theme. The associated graduate outcomes analysis will be undertaken to explore areas where student learning may be deficient for the stage of learning, in order to inform ongoing curriculum design. Conclusions from the analysis will be directed to the lead for each theme, and chair of the Theme Subcommittee, and the Curriculum Committee for discussion and action.

Similar analyses are planned for psychometric data from the Year 1 formative OSCE in relation to the domains of professionalism, communication skills and clinical skills to identify any particular areas where student learning is not deemed sufficient for this stage of learning. This analysis will inform curriculum design where applicable.

The School is planning to use blueprint data at both curriculum-assessment level, and assessment task level, to map graduate outcomes. The approach of layering blueprinting data year-on-year should ensure that there will be sufficient sampling, as each year of the course is completed by the first cohort, and that no significant gaps in assessment of graduate outcomes exist across the five years of the course.

6.3 Feedback and reporting

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

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

There is evidence that outcome evaluation results are reported to the Curriculum Committee, and through that committee to the School Executive. This ensures that results of outcome evaluation are provided to leads of the Theme Subcommittees to inform their theme-based planning. The School leadership considers outcome evaluation results during long-term planning.

Results of the eVALUate unit survey are published via a unit summary report, which is made available to students enrolled in the unit, teaching staff involved with the unit and the Dean of the School. Unit Coordinators are expected to share quantitative unit survey results with the unit teaching team.

The School demonstrates a commitment to sharing evaluation information and results with its stakeholders, although more strategic evaluation plans are on hold because of the current excessive staff workload. One of the roles of the School Advisory Board is to review the performance of the School and to assist with dissemination of the feedback to stakeholders as well as seek their further input. The Advisory Board also engages industry leaders and provides community input into the School.

7 Implementing the curriculum - students

7.1 Student intake

- 7.1.1 The medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.*
- 7.1.2 The medical education provider has defined the nature of the student cohort, including targets for Aboriginal and Torres Strait Islander peoples and/or Maori students, rural origin students and students from under-represented groups, and international students.*
- 7.1.3 The medical education provider complements targeted access schemes with appropriate infrastructure and support.*

The School has clearly outlined the intended nature of the student cohort and is working on schemes to support their target groups to improve successful intake.

Targets are not yet met in terms of the rural, Indigenous and social equity groups – although the work invested in increasing the recruitment of Indigenous students in the 2018 cohort has been positive. The AMC looks at this with interest to see whether and how all recruitment targets will be met in future cohorts. It is currently unclear how the social equity cohort will be identified and recruited.

The Indigenous Enabling Program is likely to continue to grow the Aboriginal and Torres Strait Islander cohort. A “safe space” for Aboriginal and Torres Strait Islander students within the faculty building and the recruitment of Aboriginal and Torres Strait Islander Faculty staff would represent an improvement to the infrastructure and the support already provided to these students.

It is noted that there is a possibility that students in the rural cohort will be students who have undertaken their post-primary school education in major prestigious metropolitan institutions and recognise that this cohort is not the intended beneficiary of this pathway. This may present a recruitment challenge.

As past learning in Chemistry is a prerequisite requirement for admission to the program, support and pathways for attaining the chemistry component for selection would be desirable.

7.2 Admission policy and selection

- 7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.*
- 7.2.2 The medical education provider has policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses.*
- 7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Maori.*
- 7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.*

In order to reduce selection bias, which could unfairly advantage more resource-rich applicants, the School is encouraged to consider developing an option, other than the online application process, that could be offered for applicants who may be without adequate IT access or

infrastructure. This may improve the access to course admissions for Indigenous, social equity and isolated rural or remote students with limited or inadequate IT access.

7.3 Student support

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

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

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

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

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

Student support services and the mechanisms through which these services are delivered are very well done. The efforts made by the current School staff to date are admirable, but further recruitment is necessary as the School grows. Given the small number of staff within the School, it is currently difficult for a clear separation of student support from academic progression decision making to occur. The School is encouraged to consider ways to make the separation structurally clear and communicate this to students.

The recruitment of Aboriginal or Torres Strait Islander Faculty staff would enhance the support for Aboriginal and Torres Strait Islander students within the Faculty.

7.4 Professionalism and fitness to practise

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

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

The School has very clear and well considered processes concerning professionalism and fitness for practice.

7.5 Student representation

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

The School's efforts and achievements in including and involving students on committees is commendable and the degree of approachability of staff and responsiveness of staff to student concerns is outstanding.

7.6 Student indemnification and insurance

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

Medical students are adequately indemnified and insured for all education activities.

8 Implementing the curriculum – learning environment

8.1 Physical facilities

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

The facilities at the School are of a very high standard. The medical School building is state-of-the-art with student options available for study space and group work. The building has the capacity to accommodate the expanded numbers as the Program moves forward. The Video capacity for student feedback and development is excellent. Many rooms of varying sizes were available and impressive. Student feedback indicates that the sympathetic design of the medical building, with 24-hour access to engaging, adaptable teaching spaces, facilitates a collaborative culture in peer-to-peer learning, both within and across years of the medical program.

The Aboriginal and Torres Strait Islander students raised the possibility of the School providing a safe space within the School of Medicine Building.

8.2 Information resources and library services

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

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

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

The IT support in the new building is excellent and there are multiple resources available for students including ePortfolios. The choice of an ePortfolio system is excellent, thoughtful and responsive to the development of local content. The library services were assessed at the last visit and deemed to be excellent. The students were aware of these services and appreciative of the IT support in the Building.

The internet services at remote sites will need to be considered as part of the ongoing planning for the clinical years. Given that these will be at locations, which have previously had medical students, this is likely to be supported. The students worked with Osmosis well; this has good formative assessment functions. SECTRA, which allows access to anatomy images and resources is being implemented.

Staff who make meaningful contributions to teaching in the clinical locations are likely also to require and be granted Curtin Library Access.

8.3 Clinical learning environment

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

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

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

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

The sites defined for the clinical years appear to provide access to patients across a spectrum of medical need. The access to population and community studies in Semester 2, Year 3 is excellent. Access to general practices is adequate with spare capacity for Year 1 and 2 of the Program. The required numbers of volunteers for the Senior Citizens program have been easily met; and the shadowing day and home stay immersion experience have been easily accommodated. There is a high level of engagement by senior staff to facilitate and support the community partners in this endeavour.

The outlines for the longitudinal programs and the Year 5 clinical placements are currently under development. These pieces of work will provide an essential foundation for the latter years of the program.

For Year 3, 4 and 5, the clinical sites include Peel/Mandurah, Midland/ St John of God, Fiona Stanley Hospital, including Fremantle, Royal Perth Hospital, Murdoch Hospital and the Western Australia Rural Clinical School. There appears to be the ability for the School to expand the capacity for clinical placements given this range of sites. In addition, it appears that there will be the opportunity to expand sites within the RCS to accommodate Curtin Medicine students. Three new sites are being developed in anticipation of this growth.

The Aboriginal Medical Service access was described for Peel and the RCS longitudinal program. It is less clear what purposeful curriculum design was in place for Aboriginal and Torres Strait islander health for Year 5, although there are opportunities to remediate this in the Campus weeks as designed.

There is strong engagement with other medical schools, especially University of Notre Dame, Fremantle. The issue of exact clinical placements had not been agreed to at the WA Ministry level, and site clinical placement agreements have yet to be signed.

Royal Perth Hospital is anticipating around 8 students per year and is planning depending on local services reconfiguration. Its relationship with Curtin is developing and a placement agreement is not yet available. Capacity in Obstetrics at Bentley was recognised.

The development of the Clinical School at Midland is commendable as this will be a major Curtin Clinical School site with greenfield opportunities. The patient availability will be comprehensive with Obstetrics and Gynaecology, Paediatrics, General Medicine and General Surgery, and medical and surgical subspecialties. There is a growing population being served by this hospital, which will allow clinical placement growth in this region. A clinical Placements agreement has been signed and this seems to have been welcomed by the community and was featured on the local television news. The chief of surgery has a plan to develop clinical rotations in the region covering general surgery and specialist surgery.

Fiona Stanley Hospital was anticipating around eight students per year; clinical places across a comprehensive range of clinical endeavours are likely to be available at that site. The allocation

of these rotations will need to be finalised, given the current load of 150 students from other medical schools at that site.

Fremantle Hospital has been reconfigured with aged care, general medicine and general surgery with a regional style of delivery. Curtin students will be assimilated with students from the other WA Universities. UWA has common start dates with UNDAF and timetabling issues might need to be addressed. The clinicians were conscious of matching students at similar stages of medical training and support for supervisors to orient them to the level of the students is planned to support this.

The site specific leads in academic clinical medicine and their administrative support are not yet in place although there are champions within each of the relevant hospitals. Given the start date of January 2019, the development of capacity for coordination of the year three places through administration and supervisor preparation is a matter of some urgency.

The role of the GP Working Group was explored in some detail. It appears that its functions regarding delivery are largely concerned with governing outer metro and Fremantle places. A common approach to assessment was proposed but it is not known how this will articulate with the RCS program or in Peel, and how standard outcomes across the three programs can be managed. The School is aware that there is a need to include Aboriginal and Torres Strait Islander and multicultural learning between the sites and programs.

8.4 Clinical Supervision

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

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

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

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

Given the large number of General practitioners already signed up to the preceptorship program, considerable thought has gone into establishing a supervisor support program. Part of the direction for this will be under a Clinical Deanships in the hospital locations, which will be coordinated through the central School of Medicine. There is a role for the GP Working Group in providing access to the practices, orientation, supervisor training and evaluation. It is anticipated that these rotations and their practical mapping will be completed at the end of 2018. The GP Working Group is developing online supervisor training and orientation for these rotations. This will go some way to harmonising the expectations at the different sites.

Hospital practitioner support has been provided through engaging champions at each of the sites. Further detail regarding the nature of clinical placements supervision including assessments in Year 3, 4 and 5 are required.

The Peel/Mandurah plans for delivering a longitudinal program of training with a strong focus around innovation and service planning in the region are excellent. There are plenty of available practices with some redundancy to allow for practice fatigue.

Appendix One Membership of the 2018 AMC Assessment Team

Professor Richard Hays (Chair) MBBS, PhD, MD, DipRCOG, DipRACOG, FRACGP, FACTM, FACRRM, FRCGP, FHEA, FAoME, FAMEE, FANZHPE

Professor of Remote Health and Medicine, James Cook University

Professor Annemarie Hennessy AM (Deputy Chair) MBA, PhD, MBBS, FRACP

Dean, School of Medicine Western Sydney University (WSU), Foundation Professor, School of Medicine WSU

Associate Professor Claire Harrison MB BCH, BAO, BMedSci, MRCSI, FRACGP

Senior Lecturer/ Year 4 Coordinator, Department of General Practice, Monash University

Dr Kristopher Rallah-Baker BMed, MAIDC, FRANZCO

Fred Hollows Foundation Fellow, Lions Eye Institute

Dr Anna Ryan PhD, Grad Cert Uni Teaching, MBBS, B.App.Sc (Clin) / B.C Sci. Grad Dip V.E.T., Grad Cert Acupuncture

Senior Lecturer and Medical Education Fellow – Assessment, Department of Medical Education, University of Melbourne

Professor Wilfred Yeo BMedSci, MB ChB, MRCP, RCP, MD, FRCP, FRACP, FBPharmacolS

Senior Medical Practitioner/ Co-Director Division of Medicine, Illawarra. Foundation Professor (Med and Clin Pharm) / Director Teaching Hospitals, University of Wollongong

Mr Alan Merritt

Manager, Medical School Assessments, Australian Medical Council

Ms Katie Khan

Program Administrator, Australian Medical Council

Appendix Two Groups met by the 2018 Assessment Team

Meeting	Attendees
<i>Date: Monday 14 May 2018</i>	
Executive Committee	Dean, Medical School Director, Learning and Teaching Course Coordinator Director, Clinical Education Business Manager Director, Centre for Aboriginal Studies President, Curtin Association of Medical Students
Course Operations Committee Year 1 Sub Committee Year 2 Subcommittee	Course Coordinator/Associate Dean, Year 1 Coordinator, Year 2 Coordinator Teaching Support Coordinator Year 1 Faculty Coordinator Year 1 Med Unit Coordinator and Year 2 Clinical Skills Coordinator Year 1 PBL Coordinator Director, Indigenous Engagement Lead Theme 3 School of Pharmacy and Bio Med Sciences Teaching Support Officer Fieldwork Placement Officer Student Representative
Years 3 to 5 - Overview	Director Learning and Teaching Director Clinical Education Associate Dean Clinical Tutor Senior Lecturer
PBL and Clinical Skills Tutors	Tutors: PBL Years 1 and 2 Tutors: Clinical Skills Years 1 and 2
Clinical Education Committee	Director, Clinical Education Director, Learning and Teaching Course Coordinator Medical Unit Coordinator Year 1 Members from Midland, FSH, RPH and Peel GP Representative
Curriculum Committee	Director, Learning and Teaching Chair, Course Operations Committee Leads: Themes 1, 2, 3 and 4 Director, Indigenous Engagement
Advisory Board	Chair, Advisory Board Members, Advisory Board

Meeting	Attendees
University of Western Australia	Pro Vice-Chancellor and Executive Dean Faculty of Health and Medical Sciences Head of School and Dean Medical School Head, RCSWA
Centre for Aboriginal Studies (CAS)	Director, Centre of Aboriginal Studies Director, Indigenous Engagement Pre-Med Program Coordinator
<i>Date: Tuesday 15 May 2018</i>	
Evaluation	Director, Learning and Teaching
Research	Dean, Curtin Medical School Faculty of Health Sciences PVC Director, Learning and Teaching Chair, Faculty Grad Research Committee Lead, CCRE (Clinical Trials) Director, CHIRI Lead, Theme 3
Student Selection and Admission	Associate Dean Admission Coordinator Director, Indigenous Engagement Director Students, Faculty of Health Sciences
PVC Health Sciences	PVC Faculty of Health Sciences
PBL Committee	Chair, PBL Committee, PBL Coordinator, Associate Dean Members, Year 1 and Year 2 PBL Development Teams Theme 2 Content Experts
WA Health	Manager, Postgraduate Medical Council of WA (PMCWA) Chair, PMCWA
Professionalism	Associate Dean, Medical Education Chair, WA Board, Medical Board Australia Director Learning and Teaching Lead, Theme 4
Students	Year 1 & 2 Students
Curtin Association of Medical Students	President Vice President Academic Representative Treasurer Secretary Member
Student Support	Associate Dean Student Support Officer Admissions Coordinator Student Representatives

Meeting	Attendees
Assessment and Progression Committee	Chair Board of Examiners Director, Learning and Teaching Teaching Support Coordinator Senior Lecturer
Finance and Resources	Dean, Curtin Medical School CMS Business Manager Faculty Business Director Manager Strategic Projects Chief Financial Officer
<i>Date: Wednesday 16 May 2018</i>	
Teaching Resources Demonstrations	Technical and Resource Officer Student
ePortfolio	Associate Dean Director, Learning and Teaching Teaching Support Coordinator
Vice-Chancellor	Vice-Chancellor
Rural Clinical School of WA	Head, Rural Clinical School of WA
Lecturers	Director, Clinical Teaching Early Years Lecturers, School of Pharmacy and Bio Med Sciences Medical School Lecturers
Teaching Clinicians	Director, Clinical Education Clinical Education, Early Years Teaching Clinicians
General Practitioners	Chair, GP Advisory Group Clinical Lecturer General Practitioners
University of Notre Dame Australia, Fremantle	Dean of Medicine Fremantle Associate Dean (Clinical)
Tour of teaching spaces and student facilities	Year 2 Students
<i>Date: Thursday 17 May 2018</i>	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	Faculty of Health Sciences PVC Dean, Curtin Medical School Associate Dean Director, Learning and Teaching Director, Clinical Education CMS Staff School Business Manager

Appendix Three Collated Accreditation Conditions and Quality Improvement Recommendations

Standard:	AMC condition #	Accreditation Conditions:	To be met by:	Status:
Standard 1	1	Provide evidence that the medical program's committee structure, in particular relating to the governance of the curriculum, is functioning adequately to meet the needs of the program (Standard 1.1.1).	2017	Satisfied
	30	Provide a report on the academic medical education expertise that is utilised in embedding the Indigenous Health curriculum in the program. (Standard 1.1) <i>from the 2017 progress report</i>	2018	Progressing
	31	Demonstrate that the Clinical Education Committee is operational and effective. (Standard 1.1) <i>from the 2018 follow-up assessment</i>	2019	To be determined
	32	Demonstrate that the Research Committee is operational and effective. (Standard 1.1) <i>from the 2018 follow-up assessment</i>	2020	To be determined
	2	Provide evidence of ongoing consultations with clinicians and healthcare providers in relation to plans for the medical program, its purpose and clinician involvement in its delivery (Standard 1.1.3).	2016	Satisfied
	33	Address the workload burden on current staff in order to ensure the continued progress on development of the program and the sustainability of the program into the future (Standard 1.4, 1.8, 8.3) <i>from the 2018 follow-up assessment</i>	2019	To be determined
	3	Provide formal agreements with the School's major health partners to confirm effective partnerships for delivery of the program for the period of accreditation (Standard 1.6)	2016	Progressing
	4	Provide confirmation of appointments to the two roles of Professor of Clinical Teaching and Clinical Skills Lecturer (Standard 1.8.1).	2016	Satisfied
	34	Confirm that key appointments are made as scheduled. (Standard 1.8) <i>from the 2018 follow-up assessment</i>	2019	To be determined
Standard 2	5	Provide evidence of the processes to be implemented from Year 3 to ensure that outcomes are comparable in any given discipline across dispersed and different teaching sites (Standard 2.2.3).	2018	Progressing
Standard 3	6	Provide the finalised Year 2 curriculum and map how the Year 2 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).	2017	Satisfied
	7	Provide the finalised Years 3 to 5 curriculum, and map how the Years 3 to 5 curriculum content will demonstrate progression towards the graduate outcomes (Standard 3.2).	2018	Satisfied
	8	Provide details of the proposed Year 4 longitudinal training model (Standards 3.2 and 8.3).	2018	Progressing
	9	Provide evidence of purposeful curriculum design articulating how the themes are integrated in the	2018	Progressing

Standard:	AMC condition #	Accreditation Conditions:	To be met by:	Status:
		curriculum and in learning and teaching activities, in particular the vertical integration across Years 3 to 5 (Standard 3.3).		
	10	Provide specific learning objectives for Years 3 to 5 aligned to the four themes and the program's graduate outcomes (Standard 3.4).	2018	Satisfied
	11	Provide evidence of opportunities for students to pursue studies of choice that promote breadth and diversity of experience (Standard 3.6).	2018	Satisfied
Standard 4		Nil		
Standard 5	12	Confirm the Year 1 assessment program, including the schedule and the public documents concerning the specific Year 1 assessment and progression requirements for the medical program (Standard 5.1).	2016	Satisfied
	13	Confirm the Year 2 assessment schedule (Standard 5.1.1); and clearly document the Year 2 assessment and progression requirements for the medical program (Standard 5.1.2).	2017	Satisfied
	14	Confirm the Year 3 to 5 assessment schedule (Standard 5.1.1); and clearly document the Year 3 to 5 assessment and progression requirements for the medical program (Standard 5.1.2).	2018	Progressing
	35	Confirm the appointment of the Year 3 Assessment Lead. (Standard 5.1) <i>from the 2018 follow-up assessment</i>	2019	To be determined
	15	Confirm assessment methods and formats to assess the intended learning outcomes in Year 1 and demonstrate they are fit for purpose; provide blueprints that map assessment in Year 1 against the themes and unit learning outcomes (Standard 5.2).	2016	Satisfied
	16	Confirm the validated methods of standard setting to be used in Year 1 (Standard 5.2).	2016	Satisfied
	17	Confirm assessment methods and formats to assess the intended learning outcomes in Year 2 and demonstrate they are fit for purpose (Standard 5.2.1); provide blueprints that map assessment in Year 2 against the themes and unit learning outcomes (Standard 5.2.2); and confirm the validated methods of standard setting to be used in Year 2 (Standard 5.2.3).	2017	Satisfied
	18	Confirm assessment methods and formats to assess the intended learning outcomes in Years 3 to 5 and demonstrate they are fit for purpose (Standard 5.2.1); Provide blueprints that map assessment in Years 3 to 5 against the themes and unit learning outcomes (Standard 5.2.2); and Confirm the validated methods of standard setting to be used in Years 3 to 5 (Standard 5.2.3).	2018	5.2.1 Progressing
				5.2.2 Progressing
	19	Provide outcomes from interrogation of early student results from Year 1 to identify any medical students	2017	5.2.3 Satisfied

Standard:	AMC condition #	Accreditation Conditions:	To be met by:	Status:
		performing below the level of the medical student cohort (Standard 5.3.1).		
	20	Provide details of the finalised mechanism for regular feedback following assessments, and regular feedback to supervisors and students on student cohort performance (Standard 5.3).	2017	Satisfied
	21	Demonstrate implementation of a program of review of the program's assessment policies and practices, and processes to ensure consistency across sites (Standard 5.4)	2017	Progressing
Standard 6	22	Confirm plans for evaluation of graduate outcomes, and examination of student performance in relation to student characteristics (Standard 6.2).	2018	Satisfied
	23	Provide evidence that outcome evaluation results are made available and the School considers stakeholder views (Standard 6.3).	2018	Satisfied
Standard 7	24	Provide the 2017 Medicine Undergraduate Guide that will be given to students at orientation (Standards 7.3 and 3.4).	2016	Satisfied
	36	Clearly separate student support from academic progress decisions (Standard 7.3) <i>from the 2018 follow-up assessment</i>	2019	To be determined
	25	Finalise the School's fitness to practise procedure (Standard 7.4).	2016	Satisfied
Standard 8	26	Provide evidence of sufficient patient contact to achieve the program outcomes (Standard 8.3.1); and of sufficient clinical teaching facilities to provide clinical experiences (Standard 8.3.2).	2018	Satisfied
	27	Demonstrate active engagement with the other two medical schools in Western Australia to ensure adequate clinical facilities and teaching capacity for the program at all shared sites including the Rural Clinical School (Standard 8.3.4).	2016	Satisfied
	37	Provide the outline of the Year 5 clinical placements. (Standard 8.3) <i>from the 2018 follow-up assessment</i>	2019	To be determined
	28	Provide evidence of an effective system of clinical supervision and adequate teaching time agreed with each facility, and of processes for supervisor training, monitoring and support (Standard 8.4).	2018	Progressing
	29	Define the responsibilities of hospital and community practitioners and the School's role to these practitioners by developing specific role statements (Standard 8.4).	2018	Progressing

Standard:		Recommendations:	Status:
Standard 1	A	Confirm the arrangements between the medical program, the Director Indigenous Engagement, the Centre for Aboriginal Studies, and the Indigenous Health Unit to ensure sustainable input to the medical program (Standard 1.1). To be met in 2017	Progressing
	B	Determine the costs of future clinical teaching through discussions at the state level, and factor the cost into the program's funding model (Standard 1.5).	Progressing
	C	Consider opportunities for cross-representation on executive and substantive committees of the School's health partners where appropriate, and for continued regular meetings at varied levels of management to facilitate effective partnerships with the health sector (Standard 1.6).	Satisfied
	H	Negotiate arrangements with the University to facilitate a more flexible approach to timetabling that allows the School's year-long units to be responsive to curriculum adaptation and need. (Standard 1.2)	To be determined
	I	Develop the School's research agenda to highlight the excellent medical education initiatives that have been developed for the program. (Standard 1.7)	To be determined
	J	Develop more flexible delivery options to enable all staff, particularly clinical tutors and those with joint appointments, to engage with staff development opportunities. (Standard 1.9)	To be determined
Standard 2		Nil	
Standard 3	D	Place more emphasis in Year 1 on assisting medical students to develop their professional identities in relation to clinical practice (Standard 3.2).	Satisfied
	K	Vertical integration into the later years of the course will need to be articulated particularly with regard to interprofessional learning. (Standard 3.2)	To be determined
	L	Articulate where program Themes are evident in the Specific Learning Outcomes for clinical rotations in Years 3 – 5 of the program. (Standard 3.4)	To be determined
Standard 4	M	Evaluate the effectiveness of the mentoring programs and the strategies to promote role modelling in research. (Standard 4.5)	To be determined
	N	Evaluate the student experience of patient-centred collaborative care in Years 4 – 5. (Standard 4.6)	To be determined
	O	Evaluate the initiatives to promote interprofessional learning planned for Years 3 – 5 of the program. (Standard 4.7)	To be determined
Standard 5	E	Customise the chosen ePortfolio system to allow reporting in meaningful domains (Standard 5.1). To be met in 2017	Satisfied
	P	Review the University, Faculty and School rules on supplementary examinations with a view to improved alignment. (Standard 5.1)	To be determined
	Q	Consider strategies to facilitate securing psychometric resources to conduct more	To be determined

Standard:		Recommendations:	Status:
		sophisticated analyses and reviews of their assessment practices. (Standard 5.4)	
	R	Consider securing additional assessment expertise in clinical and workplace-based assessment in future faculty appointments. (Standard 5.4)	To be determined
Standard 6		Nil	
Standard 7	F	Separate mentoring/ learning coach roles from assessment roles as soon as practicable (Standard 7.3.4)	Satisfied
	S	Develop support and pathways to assist students in attaining the required level of chemistry for selection in the program. (Standard 7.1)	To be determined
	T	Continue to develop and implement strategies to ensure that all recruitment targets are met. (Standard 7.1)	To be determined
	U	Develop alternatives to the online application process that could be offered to applicants who may be without adequate IT access or infrastructure. (Standard 7.2)	To be determined
Standard 8	G	Strengthen the School's plans to train and support clinical tutors in the professionalism domain. (Standard 8.4).	Satisfied
	V	Establish a room within the Medical School building for the use of Aboriginal and Torres Strait Islander students. (Standard 8.1)	To be determined

