

THE UNIVERSITY OF NEW SOUTH WALES



Faculty of Medicine

Submission to the Australian Medical Council

Assessment of a Major Course Change

December 2002

A New Medical Program at UNSW – ...creating a community of learning and discovery...

Executive Summary

This submission describes an entirely new and innovative six year, three - phase undergraduate Medicine program developed by the Faculty of Medicine at the University of New South Wales (UNSW). The program will lead to the awards of Bachelor of Medicine and Bachelor of Surgery (MB BS) degrees and will to replace the current BSc(Med) MB BS.

Timing of Launch & Selection of Matriculants

The new program commences in 2004. New admission procedures, designed to select applicants with a broader range of abilities began for the 2003 entry cohort, and these students will study the existing program until the end of year 3, after which they will transition into the new program in 2006. The decision to implement the new program in a temporally staggered fashion was taken to obviate the need for running the new and old programs in parallel for up to six years.

Conceptual Design & Philosophy of the Program

The proposed UNSW program is outcome-based and is designed around the phased achievement of eight desired capabilities by graduation that include generic attributes, such as self-direction, critical analysis, teamwork and reflective practice, in addition to traditional medicine-related capabilities. Each capability has an average of 5-6 elements to be achieved in each of the three phases of the program, and these structure the assessment system which measures achievement of these elements. The learning process encourages student autonomy, learning from experience, collaborative learning, and the development of adult teacher-learner relationships.

Learning in the proposed program is 'contextual' using constructed health scenarios (phase 1), defined actual experiences (phase 2), or independent (yet supervised) experiences (phase 3) as the learning contexts. Content is horizontally integrated around broad themes. The program has a modular structure, comprising 27 eight-week blocks that represent iterative cycles through four domains that organize the program vertically. Three of these domains are stages of the human life cycle, whilst the fourth, deals with the environment in which life occurs, health is maintained and care is delivered.

[Index to AMC questionnaire](#)

[Selection Procedures p.88](#)

[Staggered Implementation p.125](#)

[Eight Graduate Capabilities p.32, 36-45](#)

[Pedagogic Philosophy p.48](#)

[Three phase macro-structure of the Program p.51, 68](#)

[The four domains p.49](#)

Phase 1 (Scenario-based learning – SBL), an integrated program covering the first 2¼ years, exposes students to fundamental biological, behavioural and social sciences that form the basis of understanding health and disease and the systems used to provide care. Students explore “scenarios” via a mix of traditional pedagogic delivery modalities as well as innovative vertically integrated group activities (i.e. students from years 1 and 2 in the same small group).

[Phase 1 – Scenario-Based Learning p.51](#)

The introductory 8-week block (the Foundations Block) prior to beginning SBL will provide a sound experiential grounding in the pedagogic methodology, which pervades the remainder of the course. The Foundations Block focuses upon the process of learning rather than the content, although, as with all elements of the new program, relevant contextual settings are used.

[Vertical integrated \(VI\) groups p.50,52](#)

[Foundations Block p.62](#)

The central design element of Phase 2 (Practice-based learning) involves students in reflection upon actual clinical and practical experiences in order to purposefully reshape and deepen their knowledge from Phase 1. Targeted clinical attachments will be supplemented by relevant small group tutorials, integrated science structured practical experiences as well as an extended case methodology.

[Phase 2 – Practice Based Learning p.56](#)

The third phase of the proposed program involves “independent reflective learning” (Phase 3) over 10 x 8-week modules which will be primarily delivered in clinical and community settings. Organising dimensions of this Phase will take into account a) clinical disciplines b) locations & settings of care e.g. rural, and c) primary and niche specialty nature of clinical care.

[Phase 3 – Independent Reflective Learning p.57](#)

There is substantial flexibility built into the program with <70% of the courses being prescribed. Student choices for the remainder include electives, selectives, courses to be studied in faculties at UNSW other than Medicine, and an independent learning project of 24 weeks duration. The latter can be organized by students in a customized manner and emphasizes in-depth study (the Independent Learning Project - ILP), self-direction, critical analysis and discovery, and utilizes the considerable research strengths of the Faculty and its affiliated institutes of medical research.

[Flexibility in the new Program p.59](#)

[Independent Learning Project \(ILP\) p.59, 147](#)

Assessment

Assessment in the new Medicine program will be capability based, requiring students to demonstrate their ongoing development with respect to the eight Graduate Capabilities.

[Assessment p.76](#)

The methods by which students are able to show evidence of achievement of the desired graduate capabilities will vary for different capabilities. Overall, the assessment process will involve three components:

- integrated formal assessments
- an innovative learning portfolio assessment system
- performance assessments that require qualitative, rather than quantitative approaches.

Planning & Implementation of the UNSW Program

Design and implementation of the new program is being managed by the Office of Medical Education, which coordinates the activities of a number of design, advisory and working groups. Particular focus is currently occurring in development of learning materials and training of facilitators for the nine Phase 1 modules, and more detailed design of phases 2 and 3. In concert with the latter, innovations are being introduced into the existing year 4-6 program, so that it becomes increasingly similar to the new phase 2 and 3 programs, allowing students in the existing program to transition into the new one by 2006.

[Office of Medical Education p.72](#)

Evaluation of the Proposed UNSW Program

As part of the introduction of a new program, an integrated Teaching Development Program is proposed that will combine course and teacher evaluation strategies with staff development and visible rewards for quality teaching.

[Evaluation p.139](#)

The curriculum will be intermittently evaluated using a variety of methodologies in partnership between the academic staff and the student body. The evaluation outcomes will be linked to ongoing and iterative staff development needs. This will be aided by a UNSW-wide initiative of the Pro Vice Chancellor (Education) which supports sustained development of quality in teaching at UNSW.

Faculty Development for the New Program

A significant element of the design process for the new education program has been engagement of staff in cross-disciplinary working groups. Emphasis in the planning methodology has been to embed experiences for staff in developing skills in staff for the new style of teaching. In addition, several pilots have been conducted to explore both logistical deployment as well as to practically test implementation aspects of the philosophies of the new program. These have also provided key staff with early opportunities to work in new teaching modalities

[Faculty Development p.35](#)

The Faculty Organisation and Facilities to deliver the Program

The Faculty's current organisational structure (nine schools including recently merged schools) is well-suited to deliver an integrated program. Design of the new program has been conducted through a major process of change for the Faculty.

[Faculty Structure and Governance p.153](#)

With the effluxion of time during the planning process, 'working parties' designed to encourage tolerance of ambiguity, permit creativity and germinate innovative ideas in early stages have become more formalized 'learning activity design groups'. These are emerging as formalized structures for managing the oversight of phases, assessment etc.

Independent evaluations of the Faculty conducted recently for academic planning purposes suggest that recent amalgamations of some Schools have promoted a greater sense of ability within new units to achieve real cross-disciplinary outcomes.

The Faculty is currently considering the implementation of a novel system of Colleges through which the program would be managed at the student level. Explicit recognition of the power of the informal curriculum significantly underpins this proposal.

The University will embark upon completely rebuilding the physical precinct of the medical school. This will provide for contemporary spaces suited for deployment of the new program including typologies of space designed to emphasize flexible learning and multiple life-cycle re-use of space as learning (including technology changes) continues to evolve.

Facilities p. 110

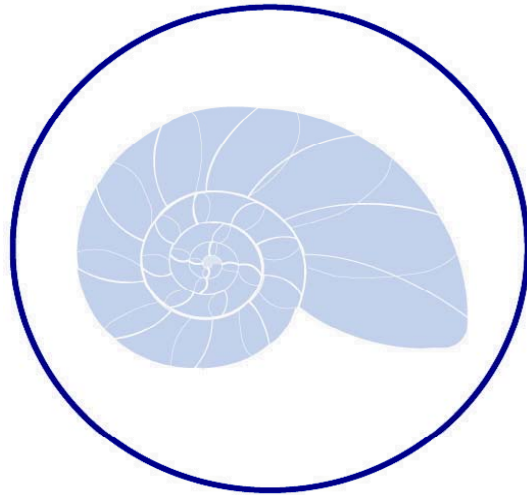
Communication Strategies

A website devoted to the New Medicine Program has been established to assist in communicating developments to the teaching staff, current and prospective students, and the community. The URL address is:

<http://newprogram.med.unsw.edu.au/>

The following submission attempts to answer the issues asked in the questionnaire and demonstrate how the program meets the AMC standards. However, some sections are more applicable to existing rather than new programs, and in these sections, proposals rather than existing practice are generally stated.

The journey of change within the Faculty of Medicine at UNSW has been large in scale but evolutionary in nature. Through extraordinary commitment of time and creative energies of many staff, one tangible product on the pathway to creating a sustainable community of learning and discovery is the proposed new medical education program. The complexity, and yet simplicity, of the proposed program is embodied in the metaphor of a nautilus shell. It communicates a number of aspects of the new program, including the spiral or iterative aspects, the modular nature, and the central core of graduate capabilities that represent a blueprint to align design of learning activities, assessment approaches, and evaluation of educational outcomes.



In the following pages, the nautilus shell is used as an icon in the right hand margin to highlight sections where key concepts or novel terms are described.

The submission is divided into two volumes. Volume 1 represents the completed AMC questionnaire. Volume 2 contains more specific details of the teaching program and various appendices. As additional details of the program are developed over the next few months, Volume 2 will be updated and re-submitted to the AMC Team in April 2003, along with any additional material requested by the Team.

BACKGROUND

A Medical School Details

Medical School Address: Faculty of Medicine – Office of the Dean
University of New South Wales
UNSW SYDNEY NSW 2052

Dean: Professor S Bruce Dowton

Dean's Telephone
Number: 02 9385 2451

Administrative Officer: Ms Kim Gillies

Administrative Officer's
Telephone Number: 02 9385 1008

Facsimile Number: 02 9385 1120

Email Address: k.gillies@unsw.edu.au

Internet address: www.med.unsw.edu.au

B The University

Please provide two copies of University documents that contain information on:

- University governance
- Senior university staff
- University structure and organisation
- University statistics.

If any of these topics are not covered in the documents, please provide details separately.

Please see UNSW Statistics 2001 document (included)

C The Medical School

1. Provide two copies of the current Handbook.

Two copies of current Handbook are provided.

2. Provide copies of the School's Strategic Plan, one for each member of the assessment team.

Copies of existing planning documents are provided in Appendix 1. With the appointment of a new Vice-Chancellor, Professor Wyatt R Hume in July 2002, a major new process of academic planning has been launched. In addition, during the life of the current strategic plan, the Faculty has undergone major reorganisation with consolidation of a number of Schools into larger school units.

3. School structure and administration

Academic activities of the Faculty are conducted in the following Schools:

- School of Medical Sciences
- School of Public Health & Community Medicine
- School of Psychiatry
- School of Women's and Children's Health – includes Departments of Obstetrics & Gynaecology and Paediatrics

Clinical Schools - UNSW Faculty of Medicine has five Clinical Schools:

- Prince Henry / Prince of Wales Clinical School
- St. George Clinical School
- St. Vincent's Clinical School
- South Western Sydney Clinical School
- School of Rural Health (incorporating two divisions - Greater Murray and Mid-North Coast)

Each of the metropolitan Clinical Schools include the disciplines of Medicine, Surgery and Anaesthetics / Emergency Medicine / Intensive Care. The School of Medical Sciences includes Departments of Anatomy, Pathology and Physiology & Pharmacology.

Administrative Structure

The Faculty is supported by a central administration unit under the direct leadership of the Dean as well as disseminated, School-based administrative staff. The Dean's Unit includes thirteen staff who manage the Faculty's responsibilities for support to undergraduate and postgraduate students, research, academic affairs, human resources and development. Additionally the Dean's Unit has the following responsibility areas:

Office of Medical Education

The Office of Medical Education has been established to coordinate a number of key aspects of the current Medicine program, and to oversee development and implementation of the new Medicine program, including management of accreditation by the Australian Medical

Council. The Office of Medical Education has a full-time staff of three with other members of Faculty seconded on an ongoing, as required basis.

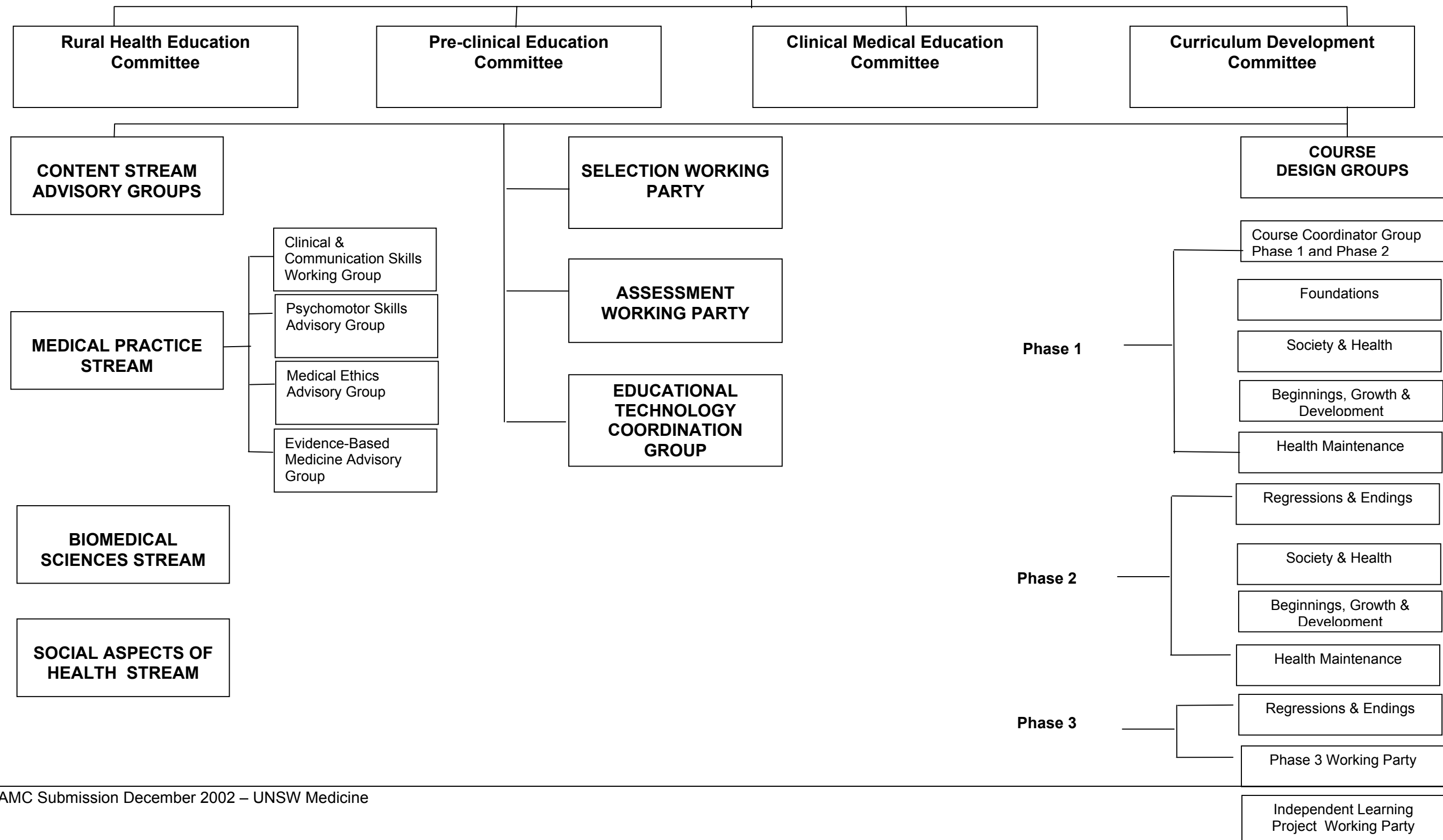
Medicine Computing Support Unit

The Faculty has a dedicated computing support unit which provides user assistance, including outreach to all Clinical Schools, and input into the setting of Faculty strategic direction. Staff of the Computing Support Unit include, 8.5 FTEs with expertise in desktop support, networking, infrastructure management and web design.

Finance Department

The Faculty's finance department provides support to Schools and to the Faculty/UNSW interface for budget, treasury, purchasing and central administrative functions.

4. School Committees



Membership Provisions

The Faculty Committee structure will also be discussed in greater detail in the Governance and Administration section of this document. The list below briefly outlines the major decision making and undergraduate educational committees of the Faculty.

Faculty Board

All staff holding academic appointments in the Faculty including conjoint appointments at lecturer or above, are members of Faculty Board including such other persons as the Academic Board shall appoint, with this membership being reviewed every two years. The Faculty Board meets four to five times per year and its principal terms of reference are:

- as the forum of the Faculty, meetings of the Faculty Board will reflect the purpose of the Faculty (as set out in the University's Bylaw 54)
- to supervise the teaching in the subjects with which the Faculty is concerned
- to be responsible, with the assistance of such examiners as the Academic Board may from time to time appoint on the report of the Faculty or of the Dean of the Faculty, for the conduct of examinations in those subjects
- to take cognisance of and encourage scholarship and research in those subjects to consider and report on all matters referred to it by the Council, the Vice-Chancellor or the Academic Board

Faculty Standing Committee

Faculty Standing Committee is the principal operational vehicle of governance within the Faculty and meets seven times each year.

Both the Faculty Board and the Faculty Standing Committee operate under a set of formal delegations from the UNSW Council.

Education Committee

The Education Committee considers all matters relating to undergraduate, general education, professional and continuing education programs. It meets four times each year and has four key sub-committees:

- Curriculum Development Sub-Committee
- Clinical Medical Education Sub-Committee
- Pre-Clinical Medical Education Sub-Committee
- Rural Health Education Sub-Committee

5. School/faculty/university relations

The Faculty of Medicine is one of seven faculties within the University of New South Wales. In addition to these, the University also has 2 Colleges and the Australian Graduate School of Management.

It actively participates with the central administration of the University including the Deputy Vice-Chancellors for Research & International and Education & Enterprise, and the Pro Vice-Chancellors for Research and Education.

Three years ago the University appointed Professor Adrian Lee (then Professor of Medical Microbiology) as Pro Vice-Chancellor (Education). The Pro Vice-Chancellor's office has assumed significant responsibility across the University for assisting the University and its component faculties in sustaining and improving the quality of educational experience. Particular emphasis from this office has been directed towards establishment of systems for monitoring quality within the University's educational offerings, development of effective and innovative models of staff development including seconded fellowships, coordination of University activities in e-learning and managing the University's response to the Australian Universities Quality Audit program. A number of academic staff members from the Faculty of Medicine have participated in seconded fellowship programs operated by the Pro Vice-Chancellor's office.

D The Departments / Other Organisational Units

Departments of the School

School of Medical Sciences

- Professor Denis Wakefield

School of Public Health & Community Medicine

- Professor Anthony Zwi

School of Psychiatry

- Professor Phil Mitchell

School of Women's and Children's Health

- Professor Richard Henry

Clinical Schools

Prince Henry / Prince of Wales Clinical School

- Professor John Dwyer

St. George Clinical School

- Associate Professor David de Carle

St. Vincent's Clinical School

- Professor Terry Campbell

South Western Sydney Clinical School

- Professor Jeremy Wilson

School of Rural Health

(incorporating two divisions – Greater Murray and Mid-North Coast)

- Professor Sandy Reid

Medicine Computer Support

- James Leeper

Medicine Finance

- Tim Harnett

Office of Medical Education

- Associate Professor Patrick McNeil

Other departments that teach in the medical course

School of Biotechnology and Biomolecular Sciences, Faculty of Science
Head of School: Associate Professor Kevin Barrow

Various Schools throughout the University provide teaching in the General Education Program. UNSW requires all undergraduate students undertake a structured program in general education as an integral part of studies for their degree.

3 Teaching other than the medical course

Undergraduate Study

In addition to the core medical program the following degrees are offered:

- 3850 Bachelor of Science in Health and Sports Science BSc
- 3860 Bachelor of Science in Prosthetics & Orthotics
- 3831 Bachelor of Science (Medicine) Hons

Graduate Study

- 9025 Master of Medicine in Geriatrics by Coursework MMed
- 5506 Graduate Diploma in Geriatric Medicine
- 7364 Graduate Certificate in Geriatric Medicine
- 2960 Master of Health Administration by Research MHA
- 8900 Master of Health Administration by Formal Course Work MHA
- 8941 Master of Health Services Management MHSM
- 8404 Master of Commerce – Health Informatics MCom
- 7360 Graduate Certificate in Health Services Management GradCertHSM
- 2885 Master of Health Professions Education by Research
- 9050 Master of Clinical Education by Distance Education MCLinEd
- 5501 Graduate Diploma in Clinical Education by Distance Education GradDipClinEd
- 7376 Graduate Certificate in Clinical Education by Distance Education GradCertClinEd
- 2845 Master of Public Health by Research
- 9045 Master of Public Health by Coursework MPH
- 5507 Graduate Diploma in Public Health GradDipPH
- 7368 Graduate Certificate in Public Health GradCertPH
- 5500 Graduate Diploma in Paediatrics GradDipPaed
- 9055 Master of Sports Medicine MspMed
- 5503 Graduate Diploma in Sports Medicine GradDipSpMed
- 7378 Graduate Certificate in Sports Medicine GradCertSpMed
- 8049.1000 Master of Science in Biopharmaceuticals by coursework
- 9060 Master of Medical Science in Drug Development by Distance Education MMedSc
- 5504 Graduate Diploma in Drug Development by Distance Education GradDipDD
- 7369 Graduate Certificate in Drug Development by Distance Education GradCertDD
- 7375 Graduate Certificate in University Learning and Teaching
- Doctor of Philosophy (PhD) by research
- Doctor of Medicine (MD) by research
- Master of Surgery (MS) by research
- Master of Science (MSc) by research
- Master of Medicine (MMed) by research

COURSE	# of Students	EFTSU				
		DETYA	Misc	Local Fee	ISFEE	TOTAL
Intro Anatomy	184	19.8			3.1	23.0
Intro Functional Anatomy	11	0.7			0.6	1.3
Basic Histology	105	5.4		0.1	1.1	6.5
Systems Histology	82	4.2		0.1	0.9	5.1
Vertebrate Development A	22	1.3			0.1	1.4
Vertebrate Development B	16	1.0			0.0	1.0
Visceral Anatomy	12	5.0			0.3	5.3
Functional Anatomy 1	54	6.4			0.4	6.8
Functional Anatomy 2	47	5.5			0.4	5.9
Neuroanatomy	58	6.5			0.8	7.3
Neuroscience	7	0.8			0.1	0.9
Anatomy Honours	4	2.0				2.0
Fundamentals of Anatomy	77	8.5			1.1	9.6
Functional Anatomy 1	54	6.4			1.4	6.8
Functional Anatomy 2	47	5.5			0.4	5.9
Biological Anthropology A	18	1.1	0.1			1.1
Biological Anthropology B	21	1.1		0.1	0.2	1.3
Cell Biology	23	2.8	0.1			2.9
Medicine for Optometry studs	34	1.3			0.1	1.4
Contemporary Bioethics	110	5.5			1.0	6.2
Concepts of Physical Fitness & Health	1140	48.4	0.8	0.7	20.7	70.7
Health & Power in the Internet Age	204	7.4		0.1	5.1	12.6
Children - Growing up in Society	81	4.3		0.1	0.6	5.0
Animal Welfare	36	1.6			0.7	2.2
Using the Media	158	5.9		0.1	3.8	9.8

COURSE	# of Students	EFTSU				
		DETYA	Misc	Local Fee	ISFEE	TOTAL
Miracles & Misadventures of Modern Medicine	73	2.5			2.1	4.5
Human Origins, Human Problems	137	6.0		0.1	2.4	8.5
Frontiers in Brain Research	76	3.7		0.1	0.9	4.7
(Mis)representation of Health	87	4.2	0.1		1.1	5.4
Hormones and Health	174	8.3	0.2	0.1	2.2	10.8
Money, Morals & Mad Cows	60	2.1		0.1	1.6	3.7
Molecular Basis of Disease A	35	3.9		0.1	0.4	4.4
Molecular Basis of Disease B	28	3.1		0.1	0.3	3.5
Pathology Honours	4	2.0				2.0
Processes in Disease	107	11.6	0.1	0.1	1.5	13.4
Membrane & Cellular Physiology	29	2.6			1.0	3.6
Muskuloskeletal Disease	11	1.1		0.1	0.1	1.4
Pharmacology for Optometry	60	4.5		0.2	0.3	5.0
Neurophysiology	40	4.1	0.1	0.1	0.6	5.0
Introductory Pharmacology	46	4.5		0.1	1.1	5.8
Cardiorespiratory & Exercise Physiology	30	2.9			0.9	3.8
Endocrine, Reproductive & Developmental Physiology	52	5.5			1.0	6.5
Clinical & Experimental Pharmacology	39	4.1		0.1	0.6	4.9
Physiology 1A	300	30.6	0.1	0.1	6.6	37.5
Principles of Physiology A	67	7.3		0.3	0.9	8.4
Physiology 1B	224	23.8	0.1	0.1	4.0	28.0
Principles of Physiology B	67	7.3		0.4	0.8	8.4
Cardio & Exercise Phys (Adv)	20	2.1			0.4	2.5
Membrane & Cell Phys (Adv)	10	1.0			0.3	1.3
Neurophysiology (Adv)	27	2.6			0.8	3.4

COURSE	# of Students	EFTSU				
		DETYA	Misc	Local Fee	ISFEE	TOTAL
Intro. Pharm & Toxicology (Adv)	46	4.5		0.1	1.1	5.8
End, Repro & Dev Phys. (Adv)	52	5.5			1.0	6.5
Clin & Exp Pharm (Adv)	39	4.1		0.1	0.6	4.9
Physiology Honours (F/T)	15	6.5			1.0	7.5
Physiology Honours (P/T)	1	0.3				0.3
Pharmacology Honours	12	5.0			1.0	6.0

Total School non-medical EFTS contribution (per year)

Undergraduate: 139.2
 Postgraduate : 607.4
 Total : 746.6

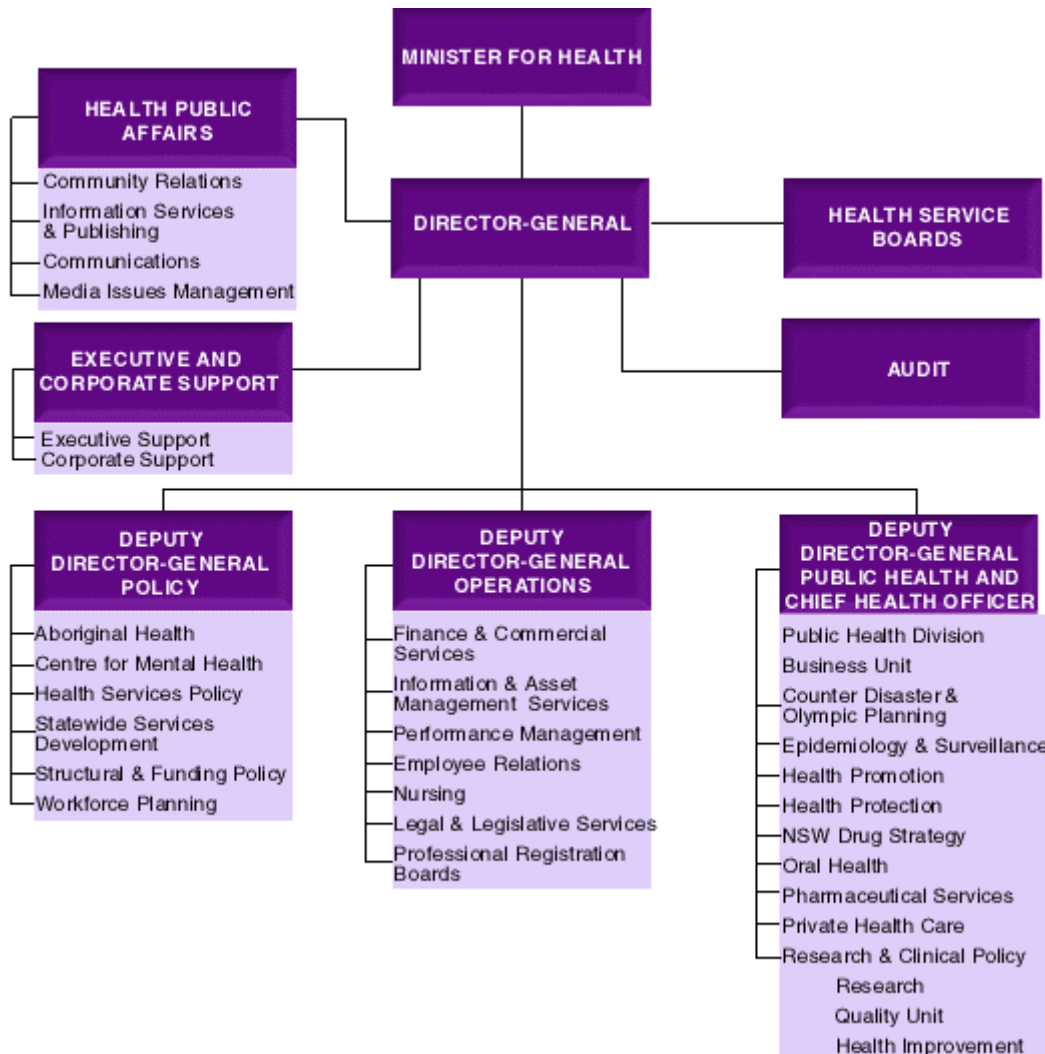
E School and Health Department Relations

The UNSW Faculty of Medicine has important relationships with NSW Health principally through the Area Health Services in which major teaching hospitals and community teaching sites are located. These include the South Eastern Sydney Area Health Service, the South Western Sydney Area Health Service and more recently with Federal initiatives for rural medical education, the Greater Murray Area Health Service and the Mid North Coast Area Health Service. Through the recent development of the Illawarra & Shoalhaven Medical Teaching Program, the Faculty also has close ties with the Illawarra Area Health Service through the CEO, Dr. Tony Sherborn and Board Chair, Dr. Rod McMahon.

The Dean of the Faculty has a seat on the Board of the South Eastern Sydney Area Health Service and participates actively in Board Meetings and a number of the sub-committees of the Board. In the South Western Sydney Area Health Service Professor Ian Webster, the retired Clinical Associate Dean, has held a position on the Board of the South Western Sydney Area Health Service since the creation of the Clinical School in the late 1980s. Continuation of Professor Webster's tenure on the SWSAHS Board has provided a continuation of close linkages with the Area. Professor Jeremy Wilson, the Clinical Associate Dean appointed in early 2002, has recently been appointed to the Board. Both Professor Dowton as Dean and Professor Wilson enjoy close working relationships with the Area Chief Executive Officer respectively for the South Eastern and South Western Area Health Services, Ms. Deborah Green and Mr. Ian Southwell. Appointments to the Boards of the Area Health Service are made by the NSW Minister for Health, i.e. these are not *ex officio* positions.

The Faculty also has access to the most senior levels of NSW Health through the Minister's Office, the Director General's Office as well as the Office of the Deputy Director General & Chief Health Officer, Dr. Greg Stewart. Professor Dowton interacts on an

intermittent basis with Dr. Stewart and senior colleagues in the portfolios under Dr. Stewart which are most relevant to the interface between the Faculty of Medicine and the NSW Health Department. Professor Downton chairs two peak advisory bodies for the New South Wales Department of Health, the Medical Training Education Council (MTEC) and the Research and Development Advisory Committee (RDAC). Through both of these appointments, the Dean has both close and regular contact with senior officers of the department and ministerial staff.



Principal Teaching Hospitals		
NAME	TYPE	NUMBER OF BEDS
Prince of Wales Hospital High Street, Randwick 2031	The hospital covers all major specialties and sub-specialities as well as the following special units: Hyperbaric Unit Services Spinal injuries	423
Prince Henry Hospital site Anzac Parade, Little Bay 2036	Spinal Rehabilitation General Rehabilitation [these services will be relocated to the POW campus once the new Spinal Unit is completed]	46
The Sydney Children's Hospital High Street, Randwick 2031	Paediatric tertiary referral hospital for the whole state of NSW	126
The Royal Hospital for Women Barker Street, Randwick 2031	Specialist hospital for obstetrics and gynaecology which also provides a service for neonatal paediatrics	131
St George Hospital Gray Street, Kogarah 2217	All major specialties including radiotherapy	533
The St Vincent's Hospital Victoria Street, Darlinghurst 2010	Acute general hospital with highly developed specialist units in most areas of medicine and surgery.	313
The South Western Sydney Area Health Service	The Faculty of Medicine at UNSW has an agreement with South Western Sydney Area Health Service which includes all hospitals and services:	
Liverpool Hospital, Elizabeth St Liverpool	Provides all major services including a major trauma center	551
Fairfield Hospital, Wetherill Park	Provides services in general medicine, general surgery, maternity and paediatrics	173
Bankstown-Lidcombe Hospital, Bankstown	Provides a full range of medical and diagnostic services	360
Campbelltown Hospital, Therry Road, Campbelltown	Provides general and medical, obstetrics and gynaecology, orthopaedic, anaesthetic and mental health services.	262
Bowral Hospital, Bowral	Acute Care services	70
Braeside Hospital, Wetherill Park	Rehabilitation, psychogeriatrics and palliative care.	71

The Illawarra Area Health Service - Wollongong Hospital	All acute services	283
Wagga Wagga Base Hospital	Most major disciplines including emergency services and trauma	200
Albury Hospital	Major disciplines including emergency services. Major centre for trauma in the region	129
Port Macquarie Base Hospital	All major services	161
Coffs Harbour	Aged care rehabilitation, psychiatry, some primary care and community care	152
Manning Base Hospital		171
Griffith Base Hospital	General medical, surgical (incl paediatric), obstetrics and rehabilitation	92
Other teaching hospitals		
Calvary Hospital Kogarah Inc	Palliative care and geriatric services	65
Sacred Heart Hospice (Sisters of Charity) Darlinghurst	Palliative care	64
St Vincent's Private Hospital	Acute medical and surgical hospital that is equipped to offer a tertiary referral service	230
Sutherland Hospital Caringbah	General medical and surgical and obstetrics. Psychiatry, rehabilitation, and oncology	254
Long Bay Correctional Centre	Provides and coordinates a comprehensive range of health services for people in custody	120
The Sydney Hospital & Sydney Eye Hospital, Macquarie Street Sydney	ENT, hand surgery and ophthalmology	65
War Memorial Hospital, Waverley	Geriatric rehabilitation	34
St Luke's Hospital Complex, Potts Point	Private acute hospital, nursing home and aged care services	108
Kempsey District Hospital	General medical, surgical (incl paediatric), emergency medicine, obstetrics and rehabilitation	81

Port Kembla Hospital	Provides rehabilitation and psychiatric services	52
Shellharbour Hospital	Emergency, medical, surgical, psychiatric, obstetric services	150
Community and other health services		
A number of other facilities and organisations are used by the Faculty for intercurrent teaching purposes, such as elective rotations by Year 5/6 students. These include:		
Albion Street Centre, Darlinghurst	Treatment of AIDS	
The Langton Centre, Surry Hills, Sydney St Vincent's Clinic, Darlinghurst	Treatment of addictions (students accompany some VMO consultants to see patients in private practice)	
Karitane Mothercraft Service, SWSAHS	Promotes health and provide quality care and guidance to families, focused on new mothers and babies	
Skin and Cancer Foundation, St Vincent's Hospital, Darlinghurst	Focuses on the diagnosis and treatment of skin cancer and community education	

SELF-STUDY

A School Appreciation of its Own Strengths and Weaknesses

B Future Priorities and New Developments

The UNSW Faculty of Medicine enjoys considerable strengths across a wide range of clinical and research areas and is emerging from a period of significant challenge in the last three years. Significant strengths of the Faculty include:

- Excellent and dedicated staff, both academic and general; particular note is made of the very strong contribution of the conjoint staff (staff specialists and visiting medical practitioners) involved in teaching and research programs of the Faculty
- Preparedness of many staff to engage in development of an innovative new medical course at a time of major structural reorganisation of the Faculty
- An emerging sense of greater engagement in interdisciplinary work within the Faculty
- Outstanding research programs in a broad variety of disciplines including national and international leadership in some research areas including psychiatry, neurosciences, HIV medicine, immunology and inflammation, international health, cardiovascular biology
- Superior leadership in curricular planning by Associate Dean for Medical Education
- Strong support from affiliated Area Health Services and hospitals based upon a long history of mutual association
- Alignment with an array of excellent research institutes and centres
- Strength of the UNSW position within Australia and regionally as a university

- Arrival of Professor Wyatt R Hume as new Vice Chancellor in mid 2002 providing a renewal of academic planning and vigour to the institution
- Real potential for significant commitment for rebuilding the physical environs of the medical precinct on campus
- Transparency in university and faculty operating modes in relation to resource allocation
- Historically, a strongly devolved model of Faculty governance at UNSW
- Return to break-even fiscal operation on annual trading basis by year end 2002, one year in advance of original predictions

Despite the tremendous achievements of the Faculty in recent years, most especially the dedication to completion of plans for the new medical program, the Faculty has been through a difficult era - in the last three years the Faculty has confronted a looming and potentially spiralling debt which has been managed through processes of school mergers and staff reductions. The resultant structure includes a number of merged schools which not only provide enhanced administrative efficiency but have promoted greater opportunity for development of interdisciplinary work and improved work practices. Nonetheless, the morale of staff has been injured through these difficult times but is restoring gradually.

Curriculum & Assessment

The plans for the new medical course represent an enormous change for the Faculty at UNSW. The prior program was heavily discipline centred and, until planning for the new program commenced, there was little impetus to seriously revisit the underlying pedagogy and the needs of contemporary medical education. The highly devolved operation of the old program has a number of strengths, largely centred around the discipline focus of the teaching staff. However, the weaknesses have been recognised and relate primarily to the lack of coherence around the student experience, lack of interdisciplinary considerations in pedagogy and inadequate mechanisms for Faculty-based oversight of the program. The old program has been strongly teacher and teaching focussed. These issues are addressed comprehensively in the design of the new program which is strongly learner and learning centred.

Assessment in the current program has been largely managed at the School level where authority for oversight of discipline specific courses rests. Whilst Faculty-based oversight of student performance occurs in accord with UNSW policies and procedures, the lack of commonality in assessment methods, inconsistent communication with students regarding expectations in assessments and a failed attempt at integrated assessment in year 3 several years ago all represent weaknesses of the current system. The new program addresses these concerns through development of uniform approaches to assessment across the Faculty and a stronger Faculty basis to the management of assessment (cf the existing "Federalist" approach of the Schools).

It is particularly noteworthy to commend the plans for strong linkages between the statement of graduate outcomes and the proposed assessments in the new program as well as adoption of relatively novel forms of assessment in medical education including a portfolio system.

Academic Staff

Along with students in the Faculty, the staff are the greatest asset. UNSW has an excellent and committed teaching staff representing broad strength across the majority of relevant medical disciplines. Many staff are also actively involved in research programs and/or clinical work. Heavy reliance is placed upon participation of conjoint academic staff in the teaching hospitals to work with clinical academic staff members in executing

the teaching programs. A pleasing feature of the planning process for the new curriculum has been the enhanced engagement of a number of conjoint staff in major commitments of energy, insight and time to the process. Considerable time and investment has been made in involving staff in the development of the conceptual basis of the new program. A structured Faculty-development program is planned for 2003 for all those who will facilitate small groups in 2004.

Despite the strengths of the academic staff within the Faculty there are a number of concerns including-

- Numbers of staff in some disciplines are small – in some disciplines (e.g. Surgery, Radiology etc), the Faculty parallels experiences in other Australian medical schools in attracting and retaining full-time academic staff
- Staff changes arising from the restructuring of the Faculty have also exacerbated the concerns in some quarters. The pleasing return to a neutral budgetary trading position by end 2002 provides an opportunity to begin to remediate this circumstance and active dialogue is in progress with the Vice Chancellor.

Physical resources

The Faculty uses a variety of facilities both on the UNSW campus at Kensington and throughout affiliated teaching hospitals of metropolitan Sydney and the School of Rural Health. Existing facilities are of heterogeneous quality and will be able to respond to the emerging needs of the new medical curriculum variably well. Hospital based facilities are generally appropriate to the current program and will be relatively easily adaptable to the new program.

Significant investments in capital upgrades of facilities at a number of off-campus locations have been made over recent years – the St George Hospital Research and Education Centre has an array of very suitable teaching spaces and an excellent library. Liverpool Hospital also has an excellent education centre, library and clinical skills laboratory. Clinical teaching spaces in hospitals of the Randwick campus (Prince of Wales, Sydney Children's and Royal Hospital for Women) are excellent. Skills laboratories are being planned at both the POW campus as well as St. Vincent's hospital. At St. Vincent's campus the recent completion of the new Xavier building for clinical services of the public hospital, is permitting redevelopment of a teaching area within the historic de Lacy building.

The major traditional teaching facilities of UNSW have recently been renovated – the current course relies heavily upon large lecture facilities and large-scale teaching laboratories. With the new program, short term needs for greater access to small group teaching rooms will be achieved through utilisation of a wider variety of such rooms scheduled through the Centrally Allocated Teaching Spaces (CATS) system of UNSW as well as tutorial rooms in hospitals adjacent to the Randwick campus. Current initiatives are underway to examine development of a temporary demountable facility on campus for the launch of the new program in 2004.

Significant energy has been devoted to development of plans for an entirely rebuilt medical precinct of the campus. This project will likely be a part of the *Sydney BioHub* project – a joint initiative of the NSW state government and UNSW. Tenders have been recently let for master-planning and conceptual design of this ~\$350M project which will include a new medical school facility. In the (unlikely) event that this project does not progress, commitment has been secured for a site on the UNSW campus for the building of a new medical school building.

Educational Resources

The educational resources of the Faculty are extensive. These include –

- (as noted above) excellent and committed teaching staff
- a diverse array of teaching sites in the health sector spanning inner city hospitals, general tertiary care hospitals, district hospitals and community practice and care settings. A strong School of Rural Health has also emerged under the Commonwealth strategies to recruit and retain medical practitioners for region, rural and remote practice
- recently, refurbished medical library
- close working relationship between UNSW medical library and academic staff involved in planning the new medical program. A senior biomedical librarian has been seconded to the office of the Associate Dean for Medical Education
- excellent IT infrastructure including computing laboratories and dedicated support staff funded through the Faculty

In preparing for the new program, an external consultant (Frazer-Walker) has been retained to work with the Associate Dean for Medical Education in planning the IT resource needs for the new program. This work, conducted through a detailed brief to the consultant, is nearing completion and has informed decision-making about needs for further development in 2003.

Evaluation

Evaluation of educational programs has heretofore been largely managed at a School level as well as a University level through the Course Evaluation Questionnaire. Excellent work in some Schools has been performed in a sustained way through a variety of internal approaches as well as through targeted external reviews. However, the devolved nature of UNSW School governance has at time resulted both in heterogeneity of the approach and a lack of appropriate cohesion and depth (in some instances) of evaluation of the Faculty's educational programs.

Significant emphasis is now being placed upon evaluation at a University level under the leadership of the Pro Vice Chancellor (Education), Professor Adrian Lee. It is pleasing that the approach to evaluation of the new program will closely align with the work of Professor Lee and his team, the charter of which is to focus upon development of sustainable approaches to quality management within UNSW teaching programs.

Governance

The Faculty operates under an effective model of participatory governance. The University has a very strong Academic Board, regarded in some sectors as being among the strongest in the nation. The parallel system of governance - i.e. executive (i.e. Vice Chancellor and Deans) and academic (Faculty Boards, Standing Committees and their presiding members on up to the Academic Boards and its active subcommittees) is robust at UNSW. Resource appropriation and management is solely the purview of the executive arm of the University.

Some significant changes were made to the UNSW governance procedures in 2000 and 2001 with a new system of delegated powers to a Faculty Standing Committee. These have streamlined some processes within decision-making obviating the need for a quorate full Faculty Board for deliberation and passage of relatively minor proposals. The nature of clinical school structures within the UNSW system of affiliated hospitals creates an interesting mix of loyalties – divided between University/Faculty focussed and

hospital/clinical discipline focussed. This tension is managed well in most Schools and, in general, has improved over the last few years.

In addition to the formal mechanisms of governance within the Faculty, the Dean has utilised a “leadership forum” for consultation and discernment about important matters. This group, comprised of Heads of Schools, Associate Deans and senior academic staff from disciplines not represented in the HOS, was a most effective forum during development of plans for major changes within the Faculty’s structure and operations.

Funding

The current system of allocation of resources from the Chancellery occurs through a transparent process of formula-driven devolution to the Dean. A one-line budget is delivered to the Dean supported by considerable substantiation through data concerning DEST teaching loads as reflected in the annual enrolment plan, international student enrolment numbers and generation of indirect research inputs through the Institutional Grant Scheme and the Research Training Scheme. It is unclear that this system which has prevailed under the prior Vice Chancellor will continue beyond 2003. Clearly, this system does not permit a tight linkage of University level strategy to resource appropriation.

Systems have been developed in the Dean’s office to understand and manage the Faculty’s finances over the last five years in a way which was not possible based upon the earlier policies, practices and levels of staff expertise. The funding of the Faculty has represented a significant challenge in recent years and was a major driver for the reorganisation and ‘down-sizing’. Unlike other Australian medical schools the decision to not significantly escalate the number of fee paying students was taken, based upon appraisal of the capacity to deliver a sustainable high-quality program if the numbers increased.

It is pleasing that the Faculty has returned to a ‘break-even’ operating position ~one year in advance of the timing predicted (including expunging a significant deficit arising from redundancy packages). Negotiations are in progress for establishment of a budget in 2003 which will permit some growth.

C Statements by Organisational Units

SCHOOL OF MEDICAL SCIENCES

The School of Medical Sciences was formed in 2002 as a result of the amalgamations of the Schools of Anatomy, Physiology & Pharmacology and Pathology. The School has active teaching programs in all years of the present medical curriculum and likewise will be involved in all years of the new medical curriculum. There is a strong emphasis on an understanding of the basic medical sciences and their application to the promotion of health and the understanding of disease mechanisms. The amalgamation of the three schools has facilitated the integration of teaching programs across the School of Medical Sciences, and this will be further strengthened within the new curriculum.

Strengths of the School

- Well established integrated teaching programs Experienced competent teachers who have received numerous awards for teaching excellence.
- Good teaching facilities on the University campus.
- Large teaching resource in the conjoint staff of the major teaching hospitals.
- Well established computer assisted learning programs.
- Excellent computer facilities for staff and students.

- Outstanding museum collections in Anatomy and Pathology.
- Excellent opportunities for our undergraduate students to participate in research projects.
- An education research unit dedicated to evaluate and improve undergraduate teaching.

Weaknesses

- Small full time academic staff with large commitment to teaching.
- Variable teaching ability in conjoint staff.
- Poor teaching facilities in some Departments and at some teaching hospitals.
- Decreased teaching support staff.

Priorities for Further Development of the School

The School's priorities for further development are summarised in the Annual Report and the Strategic Plan.

- Establish the School of Medical Sciences as a leading provider of undergraduate and postgraduate education.
- Become a leader in the development of high quality multi media teaching material for undergraduate medical students and students in the medical sciences.
- Develop and extend the use educational technology in undergraduate teaching.
- Develop and research the effectiveness of computer based learning available to students by supporting the efforts of the Educational Media Unit (EMU) and the Teaching Research Unit.
- Promote the use of educational theory and research outcomes to shape the new medical curriculum.

The Role of the School of Medical Sciences in the Medical Program

The School of Medical Sciences plays an important role in the integration of the medical undergraduate curriculum in providing a strong scientific basis to the understanding of health, disease and disease mechanisms, and linking these to clinical manifestations of disease on an individual and community basis. As a result of this ongoing involvement in the undergraduate teaching program, across all years of the medical course, the School of Medical Sciences provides continuity of contact for students in their educational process.

The Changing Role of the School in the Medical Curriculum since the last AMC Accreditation

There have been dramatic changes within the School of Medical Sciences since the last AMC accreditation. At that stage there were three distinct schools of Anatomy, Physiology & Pharmacology and Pathology. The integration of these Schools into a single unit as a prelude to the introduction of a new undergraduate medical curriculum has resulted in significant changes to the administration and integration of teaching in the School. Members of the School of Medical Sciences have been actively involved in the development of the new undergraduate medical curriculum. They have promoted the basic concept of the importance of knowledge of the scientific basis of the structure and function of the human body as being critical to the development of a solid understanding of all aspects of medicine. Members of the School have also been actively involved in the development of the new assessment programs for undergraduate medical students.

Members of the School are keen to be actively involved in the teaching program through the six years of the new undergraduate medical curriculum. The Educational Media Unit was established with the specific aim of helping with the integration and computer assisted learning for students participating in the new medical curriculum. A large number of initiatives are underway to help facilitate the transition to the new medical curriculum. These include the development of computer based learning modules for self-learning, particularly helpful for students during their rural attachments.

Future Changes within the School of Medical Sciences

- Recruitment of additional staff to actively participate in the undergraduate teaching program. It is anticipated that a number of senior academic appointments will be made in the next several years. The number of conjoint staff in the School will also increase over the next few years.
- Increased number and improved quality of undergraduates. Computer assisted learning modules will be developed by the Teaching Research Unit and EMU.
- Integration of the museums of Anatomy and Pathology into a single managed unit that will improve their educational value.
- Full integration of the teaching activities of the three Departments within the School of Medical Sciences.
- Active participation in the implementation and ongoing development of the new undergraduate medical program.

SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE

In the current curriculum the SPHCM coordinates courses on Introductory Clinical and Behavioural Skills (ICBS), Ethics, Population and Community Health issues and Primary Care (general practice, rural indigenous health, and aged care, ENT and Dermatology) as well as contributing to a large number of other courses. The School also coordinates a number of General Education subjects.

Members of the school are involved in developing the new undergraduate curriculum and are leading some development groups in phase 1 (Foundations, Society and Health), phase 2 (Society and Health, Regressions and Endings) and phase 3 as well as a variety of the cross cutting groups concerned with Assessment, Ethics, Communication and Clinical Skills.

Strengths and weaknesses

The School has a very diverse range of academics, conjoint academics and administrative staff to draw upon for undergraduate medical education (public health, general practice, drug and alcohol, geriatrics, health services management, ethics and health law, international and indigenous health). For example, academic and conjoint general practitioners are currently involved in teaching in ICBS in year 1, in clinical studies in year 2, supervising community projects in year 4, supervising in practice attachments in year 5 and supervising in rural district hospitals in year 6. These represent opportunities for practical and one-one learning which are invaluable components of the program.

Ensuring that such a large number of diverse clinicians are adequately briefed and trained in medical education and that quality assurance processes are in place is a very significant organizational challenge which has been met in a number of innovative ways. Community placement and small group teaching, both favoured methods of teaching within the SPHCM, also present major logistical challenges to academic and

administrative staff. Despite this the student evaluation of the courses run in the School have been generally positive.

The development of the new Population and Community Health course in year 4 has been a major achievement. This involves a mixture of population health tutorials, community based project work, evidence based medicine tutorials and clinical experience in community oriented health services. The latter has been a major challenge for the clinical schools as it represents a significant departure from existing acute care based clinical attachments.

Two of the weaknesses in the current program relate to assessment and the specialization of teaching. The current curriculum is unbalanced in both its emphasis on assessment and the volume of this assessment. This tends to overshadow the valuable learning activities and experiences, which students may get in community placement especially prior to major exams. The emphasis on discipline based teaching in the current curriculum, tends to prevent the students developing overall clinical reasoning and integrated approaches to management. Both these issues are being addressed in the new curriculum.

Main changes since the last AMC accreditation

These include:

- Merger of three former schools (Community Medicine, Medical Education and Health Services Management) into a single organizational entity.
- Introduction of a 6 week Population and Community Health course in Year 4
- Trial of population health in the Obstetrics and Gynecology Term in Year 5
- Introduction of a more organized system of regional training and quality assurance for community based attachments
- Appointment of a Lecturer in Indigenous Health and introduction of more indigenous health as part of Population and Community Health in year 4 and Rural Health in year 5 and 6.

Priorities for development

These include:

- Integration of population health and indigenous health across the curriculum (not only in the 4th year of the current program)
- Earlier exposure to community placement and development of alternative community based attachments
- Integration of multicultural health and cultural competence throughout the curriculum
- Adequate resources for desirable population health and ethics teaching within the new curriculum.

SCHOOL OF PSYCHIATRY

Strengths

- Continued major successes in obtaining national peer-reviewed research grants, e.g. new grants commencing 2003:
 - NHMRC Program grant (Parker, Mitchell, Wilhelm, Hadzi-Pavlovic, Malhi, Austin) 2003-2007 - \$7.7 million over 5 years
 - NHMRC project grants: i) first chief (CIA) investigators: Andrews et al; Sachdev & Brodaty - ii) other chief investigators (CIB etc): Einfeld; Ward; Levy

- Australian Rotary Health Research Fund: Austin; Sachdev & Valenzuela
- Establishment of NSW State-funded Black Dog Institute at Prince of Wales Hospital to develop training, research, educational and consumer programs for depression and bipolar disorder
- \$3.2 million capital funding
- \$1 million p.a. recurrent funding (2002-2007)
- Continued high peer-reviewed journal publication productivity and quality. Highlights include:
 - Seven researchers from the School of Psychiatry are in the top 18 Psychiatry & Psychology citations for 2002 (Science Citation Index)
 - High profile publications: e.g. in 2002 Ute Vollmer-Conna co-author of paper in Science; Steel and Silove paper in Lancet on mental health of Cambodian refugees
 - International and national recognition of achievements of School members:
 - Sachdev: President-elect of International Neuropsychiatry Society
 - Mitchell: (Organon) Senior Research Award of Royal Australian & New Zealand College of Psychiatrists 2002
 - Brodaty: (Novartis) Research Award of Australasian Society for Psychiatric Research 2002
 - Breakspear (Conjoint Lecturer): Junior (Organon) Research Award of Australasian Society for Psychiatric Research 2002
 - Malhi: Junior (Organon) Research Award of Australasian Society for Psychiatric Research 2001
 - Steel: 2002 Australian Human Rights & Equal Opportunity Commission award
 - Major contribution to international health development – Prof. Silove has led development of national mental health services in East Timor (in conjunction with WHO and UN)

Weaknesses

- Lack of senior academic presence at St George Hospital due to secondment of Prof. Hickie to beyondblue (National Depression Initiative) in 2000, and subsequent loss of this position with faculty financial contraction
- “Greying” of School academics: of the 11 full academics, there are six full professors, one associate professor, three senior lecturers and one (half-time) associate lecturer. No lecturers.
- The clinical experience of medical students is increasingly narrow and aversive. With the reduction of beds in the public system, most of the patients have severe recurrent psychosis, often comorbid with substance abuse and personality dysfunction. The situation is little better in the community setting.
- A relatively small School dispersed across the four major teaching hospitals and three associated teaching hospitals (Sutherland, Campbelltown and Bankstown), with consequent difficulties of:
 - establishing a critical mass of academic staff for teaching and research at each major teaching hospital site; and
 - establishing cohesive School identity and functioning
- Lack of innovative undergraduate teaching programs

Priorities for development

- Establishment of academic department at St George Hospital (Professor, lecturer, administrative support)

- Establishment of videoconferencing capacity to facilitate communication across the various campuses (including rural settings) for business meetings, teaching (undergraduate and postgraduate) and research activities
- Establishment of “research streams” across the School (e.g. brain imaging, genetics etc)
- Involvement in brain imaging research consortium associated with new POW MRI 3-Tesla scanner (Prof. Sachdev is UNSW representative on facility Scientific Advisory Committee)
- Increase in Masters and doctoral research students
- Discussion with private psychiatric hospitals to broaden undergraduate clinical experiences
- Development of clinical and research program in Forensic Psychiatry: Prof. David Greenberg appointed Conjoint Professor 2002; Research Professor (funded by Corrections Health) to be established 2003
- Establishment of Centre for Population Mental Health in SWSAHS

Role within the medical course

- Human Behaviour course years 1 and 2 (Vollmer-Conna, Malhi, Cunningham)
- Clinical psychiatry teaching year 5

Change in role in medical curriculum since last AMC accreditation

- First students undertaking entire psychiatry training in rural area (4 students at Wagga Wagga second six months 2002)
- Appointment of part-time academic to School of Rural Health with conjoint appointment to School of Psychiatry 2002 (A/Prof Jim Greenwood)
- Involvement of staff in development of new medical program

Expected future changes in medical curriculum

- Increased number of rural students over next few years
- Involvement in each phase of new curriculum 2005+

SCHOOL OF WOMEN'S AND CHILDREN'S HEALTH

Since the last AMC accreditation, the School of Women's and Children's Health has been formed from an amalgamation of the previous Schools of Paediatrics and Obstetrics and Gynaecology. In the current curriculum, there are 9 week blocks in Year 5 in Obstetrics and Gynaecology and in Paediatrics. Neonatology has been taught during the Obstetrics Term and the new school structure is compatible with that allocation.

In the new curriculum, Beginnings, Growth and Development is a major theme. All students will have at least one Women's Health block in Phase 3 and at least one Child Health block in Phase 3; students will have a Women's and Children's Health block in Phase 2; and issues related to Women's and Children's Health will be prominent in Phase 1. Staff have always been prominent in teaching.

Until recent years, research has been a relative weakness. Considerable progress has been made in the last 5 years. Children's Cancer Institute Australia and the National Perinatal Statistics Unit are both linked to the School. Research Grant income and higher degree involvements are at record levels. All established academic positions are filled.

PRINCE OF WALES CLINICAL SCHOOL

Teaching Program

Strengths

- Communication skills teaching in Year 2 provided by primary care practitioners
- Teaching of basic clinical skills in Year 3 using personal tutelage system
- Clinical clerkships in Year 6 providing increasing involvement in patient management
- Diversity of clinical services providing a broad range of clinical experiences
- Centralised approach to development and evaluation of teaching program by Clinical Teaching Unit
- Computer suite with access to on-line teaching resources in Clinical Teaching Unit
- Access to on-line teaching resources throughout Hospital using ward computer workstations
- Library

Weaknesses

- Paucity of communication skills teaching beyond Year 2. This is to be addressed in 2003 with specific communication skills to be introduced in Years 3 and 4
- Lack of formalised teaching of clinical procedural skills. This is to be addressed in 2003 with establishment of clinical skills centre and teaching program
- Lack of functionally designed clinical skills centre. The School will have access to physical space to establish a clinical skills centre in 2003
- Limited equipment for use in clinical skills centre
- Limited physical space for social activities. Propose to address this for 2003 by re-design of student space in Clinical Teaching Unit to include a lounge area for students
- Insufficient number of lockers
- Poor standard of student accommodation

Future Priorities

- Development of communication skills curriculum beginning in Year 2 with basic communication skills continuing in subsequent years to focus on specific issues
- Development of training program for clinical procedural skills with establishment of clinical skills centre
- Development of master classes for system-based teaching in Year 3
- Development of case-based method teaching in Year 4
- Development of clinical ethics course for Years 4 and 6
- Improvement of social support structure for students in School

Role the School plays within the Medical Course

- Teaching of clinical studies in Years 2, 3, 4 and 6 including teaching program within the Hospital setting and participation in campus-based teaching activities
- Clinical teachers collaborate in teaching activities with campus School

ST VINCENT'S CLINICAL SCHOOL

Strengths and Weaknesses

St Vincent's Clinical School's strengths include its long tradition of teaching coupled with its strong sense of identity and of community as a hospital. The Hospital has a strong sense of mission, derived from the continuing presence of the Sisters of Charity and traditions of excellence.

The academic staff at St Vincent's are internationally outstanding and the Campus boasts several major Research Institutes, including the Victor Chang Cardiac Research Institute and the Garvan Institute for Medical Research. While these are only peripherally involved in the undergraduate curriculum, we encourage the students to see them as a working part of the hospital and as a facility at their disposal and we believe this encourages them and inculcates in them an attitude to research as being part and parcel of the life of a doctor.

We have just moved into a brand new hospital building with more space and light and this too must count as a significant strength.

Weaknesses include our relatively small size and high degree of specialisation. This is particularly true in the public hospital and is significantly counteracted by the presence on campus of a relatively large and very active private hospital in which the students are encouraged to see patients. The 6th year students are actually formally rostered to attachments in the Private.

Parking (or the lack of it), is often perceived by the students as a weakness but the hospital is very close to rail and bus transport into the city centre.

Priorities for Development

Immediate priorities include the still ongoing move into the new Public and Private hospital buildings, the projected move of the Professorial Units in early 2003 into renovated quarters in the historic De Lacy Building, and a major new research facility on which planning is well advanced and on which construction will commence in the next 12-24 months.

Role the School Plays within the Medical Course

The St Vincent's Clinical School provides education in years 2-6 of the current medical course through direct clinical teaching. Staff of the School participate in a number of campus based didactic programs as well. This clinical school, through the involvement of Professor Ric Day and Professor Terry Campbell have launched the Faculty's involvement in the introduction on a trial basis in 2002 (to be continued next year), of the National Prescribing Curriculum. Access to this curriculum for all of the 6th year class (with passwords and personalised feedback), has been organized from the National Prescribing Service in mid 2002 and plan to continue that in 2003. It has been positively received by the students.

A number of St. Vincent's staff are involved in working parties regarding development of the new program.

Future Changes

Plans are well advanced for video conferencing of our Grand Rounds between St Vincent's and Wagga Wagga Base Hospital. This will not impact directly on our own students but will certainly impact on those at Wagga. The necessary software upgrades etc have been ordered to permit this to occur during 2003.

ST GEORGE CLINICAL SCHOOL

Strengths

The main strength of the St George Clinical School is a strong team of committed teachers working in a carefully organized program. The School is making excellent use of resources outside of its boundaries to expand teaching programs. These resources include community facilities in the St George area and the teaching resources in the Illawarra and Shoalhaven.

Weaknesses

A weakness in the past has been that we did not teach community medicine or population health at the St George Campus but this weakness has been addressed in the past two years when we have conducted an extremely successful program of teaching population health largely based in community facilities at and around St George Hospital.

Priorities for development.

The School needs to develop facilities for teaching and assessing procedural and other skills. Steps are being taken to aggregate current resources in the hospital and add to them as needed.

A second priority is to expand and develop facilities for laboratory based and animal based research. A new laboratory area is currently being fitted out. There are plans to establish a new large and small animal research facility.

The role the School plays within the Medical Course

The School plays an important role in teaching of clinical studies. It now accommodates the single largest cohort of students in each of 3rd, 4th and 6th year. It also accommodates a large proportion of students studying Clinical Studies 2. A small but significant amount of teaching in Women's and Children's Health and Psychiatry also takes place at the St George Hospital.

A number of academic staff from the Clinical School have been involved in the development of the new Medical program. Dr Tony O'Sullivan serves as Chair of the Assessment Working Party for the new curriculum. Dr's George Mangos and Michael Grimm are co-leaders of phase 1 and 2 design groups respectively.

Changes in Role since the last AMC accreditation.

The School is now teaching Population Health and Community Medicine at the St George Hospital. It is also participating in development of the Wollongong and Shoalhaven Medical Teaching Program by arranging for rotation of year 4 students for six week periods to Illawarra and Shoalhaven.

SOUTH WESTERN SYDNEY CLINICAL SCHOOL

Strengths

The SWS Clinical School is the only city-based Area Clinical School, encompassing the campuses of Liverpool, Bankstown, Fairfield, and Campbelltown Hospitals. The rich diversity of clinical practice encompassed by these centres is one of the great strengths of SWSCS. Over the past 5 years, SWSCS has grown significantly in terms of undergraduate student numbers and expansion into teaching of junior years. Currently, approximately 120 students attend SWSCS in Years 3, 4 and 6. The clinical programme has continued to be refined, based on formal student feedback through the Clinical Teaching Project, allowing evolution of small group innovative teaching sessions and rotation across the campuses. The appointment of a Clinical Associate Dean and a Director of Medical Student Education has allowed dedication of time to improvement and refinement of all aspects of the teaching programme.

Other strengths of SWSCS include: the development of the prototype Faculty Clinical Skills Centre with its integrated skills programme for Years 4, 5 and 6; the availability of reasonably priced on-site student accommodation; exposure to patients at a favourable student to patient ratio; access to patients from a large range of ethnic and social backgrounds, including a large NESB population; and personal attention to students with difficulties.

Weaknesses

SWSCS faces some challenges, relying on staff specialists and VMOs for the bulk of student teaching. There is difficulty in rewarding these dedicated tutors who do express lack of rapport with the University that has only partly been alleviated by manoeuvres to encourage conjoint appointments. Other problems include: space allocation for masterclasses and exams; inadequate space and facilities for basic laboratory research and difficulties liaising with branches of other Schools co-located at Liverpool Hospital but not formally part of SWSCS.

The role the School plays within the Medical Course

SWSCS plays a leading role in many areas of the current medical school curriculum. The Clinical Skills programme developed at Liverpool Hospital is being implemented across all Faculty Schools in 2003. A new programme of communication sessions (eg "Gaining consent", "Breaking bad news") in conjunction with the Pam McLean Centre is being expanded in 2003. SWSCS teachers have involvement on all of the current academic committees and subcommittees, and play major roles in setting of exams and running of the common campus teaching sessions.

Priorities for development

An improved basic research precinct with adequate support for academic staff at the early stages of their research career; development of an MOU with SWSAHS to formalise relationships between the Area Health Service and the University, to ensure that teaching is always seen as part of the 'core business' of the Area Health Service; and recruitment of further academic staff, particularly in Surgery.

Looking to the future, SWSCS is preparing for the challenge of the development and implementation of the new Medicine program. The fostering of research and academic career paths for SWSCS staff is also being given attention. It is anticipated that the SWS

Clinical School will continue to grow and flourish, providing excellence in undergraduate and postgraduate teaching and making a major contribution to all aspects of academia in the Faculty.

SCHOOL OF RURAL HEALTH

The UNSW School of Rural Health was formed in 2002 by merging the Greater Murray Clinical School, (Wagga Wagga, Albury/Wodonga and Griffith) which commenced in Jan 2000, with the Mid North Coast Clinical School, (Port Macquarie Coffs Harbour and Kempsey) which began taking students in January 2002. The School is designed to provide prolonged rural based medical education for 25% of Australian based Medical Students in the course. The minimum time requirement in the present curriculum is 18 months. In 2003 the 4 main campuses will be taking 36 students into Year IV of the six year course.

Strengths

- Dedicated staff who are committed to teaching
- Keen students who are predominantly from a rural base.
- Broad clinical experience reflecting population morbidity
- Mix of community and hospital based clinical experience
- Good student staff ratios
- Patients who are happy to see students
- Excellent collaboration with Area Health Services, local clinicians, City Councils and Community organizations
- Support from the Dean and the faculty as a whole
- Opportunity to deliver the curriculum in an innovative manner: largely patient based self directed learning tracked electronically to ensure adequate curricular coverage
- Promotion of research in rural areas
- Excellent IT infrastructure.

Weaknesses (Difficulties)

- In recruitment of senior Academic Staff with University experience
- In appointment of senior clinicians at an appropriate University level
- In obtaining sufficient teaching staff in an environment where the clinicians are already extremely stretched
- In training staff in modern teaching methods
- In access to general staff development activities because of cost and time
- In access to basic science expertise which would help in integrating basic and clinical sciences
- In access to teachers in some disciplines, notably ENT, Dermatology.
- In accommodating the Faculty requirement that students attend 'lecture weeks' in Sydney. This is highly disruptive and very expensive. It is to be hoped this will not be a problem in the new curriculum
- In integrating members of the School into the Faculty.
- In managing small groups of students if there are any interpersonal difficulties

D Statement By Students

