

## SYDNEY MEDICAL SCHOOL

### FIRST PROGRESS REPORT ON RECOMMENDATIONS FROM PHASE THREE

<b>Affirmation 1</b>	The Academic Board affirms the Dean's plan to establish, by the end of 2008, a register of potential conflicts of interest arising from commercial relationships of Faculty members
<b>Action taken by the Faculty</b>	The University's Conflict of Interests Policy was introduced in April 2008 and promulgated to members of staff. Only two declarations of potential conflicts were received. Being aware of the importance of disclosure of conflicts of interest for people working in the medical community and following discussions with the Office of General Counsel, the Dean's Advisory Committee at its meeting on 13 August 2009 approved the establishment of a confidential register of external interests in the expectation that staff would be more willing to provide the information requested in the context of a register of all external interests, regardless of whether they constituted a conflict or perceived conflict. The Dean's Advisory Committee also approved the establishment of the External Interests Committee. The Committee's Terms of Reference are <b>attached</b> . A request to staff to declare any external interests was made in August 2009. The response rate has been very pleasing, almost 90%, and the declarations are now being reviewed by the Committee in a series of meetings expected to conclude by the end of April. In cases where the Committee perceives there to be a conflict of interest or a perceived conflict of interest, the Committee will be working with the relevant staff and supervisors in managing these. The register will be kept by the Office of General Counsel.
<b>Further action planned but not yet implemented (if appropriate)</b>	A number of awareness raising initiatives are planned, e.g. workshop, website, presentation at our Strategic Planning meeting.
<b>Faculty's evaluation of the success of action taken</b>	Not yet applicable. A review of the effectiveness of the register is planned for 2011.
<b>Affirmation 2</b>	The Academic Board affirms the Faculty's intention to consider a specific student support budget allocation for Indigenous health in the 2009 budget process to facilitate longer term planning and more systematic provision of student support for initiatives such as honours student placements and scholarships.
<b>Action taken by the Faculty</b>	<p>The Medical School has continued to fund the salaries of Dr Lilon Bandler, Senior Lecturer in Indigenous Health Education and Ms Lyn Chick, Executive Assistant in the Indigenous Health Education Unit. A specific Indigenous health education budget for 2010 has been established.</p> <p>The Dean's Scholarships Fund (established in 2007) provides for a number of scholarships for Indigenous students (in addition to scholarships that have already been established following private donations). The scholarships are for both Indigenous students in the Faculty, and for any students wishing to extend their students, for example through honours projects, in Indigenous health.</p> <p>The appointment of Dr Lilon Bandler has meant that the Medical School has a single point of contact for Indigenous students</p>

	<p>interested in studying medicine. Referrals to her office have been received from within the Medical School, from the broader University and from the community. Currently the Medical School has four Indigenous medical students. Students in Stages 1 and 2 - who spend most of their time on campus - are frequent visitors to the office, and are regularly provided with academic and personal support. Two students in Stage 3 have regular meetings, similarly covering academic and personal support. Utilising the existing Cadigal program, a new combined degree pathway has been developed, through work with the Faculty of Science: Indigenous Science Medicine Program. This is the first year for this combined degree, and there is one student enrolled.</p> <p>A review of the curriculum with particular reference to Indigenous health education has provided an opportunity to develop specific learning objectives (broadly based on the CDAMS Indigenous Health Curriculum Framework). This has been matched with continued work developing teaching and learning resources and assessment tasks for use throughout the course to provide a coherent core knowledge base in Indigenous health, with a number of extension possibilities. The Medical School has developed a number of Independent Learning Activity projects - in conjunction with the University Departments of Rural Health (Broken Hill and Lismore), which are always fully subscribed. There are two honours students, and a number of elective projects in Indigenous health. The Medical School continues to make some funds available to support students if they choose to further their experience in and knowledge of service delivery in Indigenous health, as community clinical placement opportunities are developed. A database of Sydney Medical School staff with experience, and expertise, along with information about community clinicians with an interest in supervision of students, to facilitate clinical placements for interested students.</p>
<p><b>Further action planned but not yet implemented (if appropriate)</b></p>	<p>Future work will include</p> <ul style="list-style-type: none"> <li>- continued development of a profile encouraging Indigenous people to study medicine</li> <li>- continued support of Indigenous medical students</li> <li>- continued development of teaching and learning resources for use throughout the medical course, matched by appropriate assessment material</li> <li>- development of a cultural training package</li> <li>- continued relationship building, to extend the clinical experience opportunities for medical students in Indigenous health.</li> </ul>
<p><b>Faculty's evaluation of the success of action taken</b></p>	<p>The 2010 budget has been allocated, providing quarantined funds for the work outlined. This demonstrates the commitment of Sydney Medical School to both teaching and learning in Indigenous health, and recruitment and support of Indigenous medical students. Continued work has meant that teaching and learning resources, assessment material, extension opportunities and learning objectives are constructively aligned.</p>
<p><b>Affirmation 3</b></p>	<p>The Review Team affirms the Faculty's intention to work with CIS and other relevant groups to consider options for improvements in technical support in lecture theatres and access to parking for clinical staff who are required to lecture on campus.</p>

<b>Action taken by the Faculty</b>	<p>A casually employed student is present at all lectures held in the Footbridge Theatre to assist the lecturer with audio and slide projection. Where applicable, the student also collects the Powerpoint file of the lecture for loading onto the Sydney Medical School web site.</p> <p>The Clinical Schools have been encouraged to ensure that a CSO is present at the commencement of a lecture when videoconferencing is involved and to ask lecturers to provide their slides ahead of time so they can be loaded into the system and checked in advance.</p> <p>With the cooperation of the Traffic Office, the Medical School has instigated a 'valet' parking system in the courtyard of the Edward Ford Building for visiting clinical lecturers.</p>
<b>Further action planned but not yet implemented (if appropriate)</b>	None
<b>Faculty's evaluation of the success of action taken</b>	<p>Feedback received from students indicates that the technical support provided by the Medical School has greatly improved the delivery of lectures in the Footbridge Theatre. In the absence of University-provided lecture theatre support staff, the Medical School will continue to use casually employed students as the most cost-effective solution to technical support in lecture theatres.</p> <p>The Clinical Schools have all successfully implemented this strategy. For the most part videoconferencing works well. Occasionally there are technical problems, but these are usually quickly resolved, at times with the assistance of hospital AVIT staff.</p> <p>The 'valet' parking system has been received very well and is used frequently.</p>
<b>Recommendation 1</b>	The Academic Board recommends that the Faculty provide a comprehensive report on the current status of, and future plans for, all Faculty postgraduate coursework programs.
<b>Action taken by the Faculty</b>	A report by the Chair of the Coursework Sub-Committee of the Combined Board of Postgraduate Studies, Professor Robert Cumming, is attached separately.
<b>Further action planned but not yet implemented (if appropriate)</b>	The Medical School has recently commissioned Emeritus Professors Kerry Goulston and Kim Oates (who undertook the Review of the medical program in 2007) to undertake a review of its postgraduate coursework programs, including the administrative processes and procedures associated with coursework programs. It is expected that the Review's recommendations will be considered by Faculty at its May meeting.
<b>Faculty's evaluation of the success of action taken</b>	Not yet applicable.
<b>Recommendation 2</b>	The Academic Board recommends that the Faculty seek advice from the School of Medical Sciences on strategies to ensure the efficiency of the delivery of teaching in units of study offered by the School.

<b>Action taken by the Faculty</b>	The School of Medical Sciences Teaching Committee has been taking a close interest in the various Bachelor of Science units of study to ensure that timetable overlaps are avoided wherever possible and that staff across the geographically dispersed School area aware of the (45) different offerings. In addition, a review of the Bachelor of Medical Science presently underway will seek to increase flexibility in the degree with a view to making more integrated science majors possible within the BMedSci.
<b>Further action planned but not yet implemented (if appropriate)</b>	Further action to be determined by the outcome of the review of the BMedSci.
<b>Faculty's evaluation of the success of action taken</b>	Not yet applicable.
<b>Recommendation 3</b>	The Academic Board recommends that the Faculty consider how it can better ensure that all staff and students are fully aware of, engaged with and supportive of the Faculty culture.
<b>Action taken by the Faculty</b>	<p>The Medical School communicates and engages with staff and students through a number of avenues:</p> <ul style="list-style-type: none"> <li>• The alumni and staff magazine, <i>Radius</i>, is published quarterly and highlights achievements by staff and alumni. It includes events that are important to the Faculty culture, goals, and strategy. It includes articles about new priorities and editorials by the Dean on issues which are important to the Medical School. Previously, it was available for staff at the clinical schools and in affiliated research institutes, but many did not see it. A copy is now individually addressed to each staff member. The magazine is also available online for staff and students.</li> <li>• <i>Curriculum Matters</i> is published quarterly by the Office of Medical Education and aims to showcase the enhancements to the Medical Program and keeping students and staff updated about changes to the curriculum. It is distributed in hard copy and also available online.</li> <li>• Schools and departments publish their own news pages or newsletters. They are circulated in hard copy and are also available on the Medical School website.</li> <li>• This year, for the first time, Sydney Medical School is looking to thank volunteer clinical teachers by inviting them onto campus for a tour of upgraded anatomy facilities and a brief talk about future directions by the Dean and other key staff.</li> <li>• The Dean's monthly newsletter is being redesigned to make it more inviting to read.</li> <li>• The Office of Global Health's initiative "Postcards from Wherever" provides an opportunity to hear about the work that staff and students have been doing in international health. It features stories from all around the world and is a great source of information about international electives and options.</li> <li>• Regular visits to the Clinical Schools by the Dean and senior staff, including the Associate Dean (Learning &amp;</li> </ul>

	<p>Teaching) to meet both students and staff, are continuing.</p> <ul style="list-style-type: none"> <li>• The Medical School recognises that the web is a vital communication tool and source of information for both staff and students. It has recently commissioned a review of its website and is now upgrading it to provide additional information about events, policies and news in a more user friendly and exciting format.</li> <li>• The Associate Dean (Learning &amp; Teaching) meets the Presidents and Year Representatives of the student societies (MedSoc and SUDUA for Dentistry students) bimonthly.</li> <li>• The Dean and the Associate Dean (Learning &amp; Teaching) with the staff of the Office of Medical Education arrange student forums for the entire year cohort each semester for Medicine Years 1 and 2.</li> </ul>
<b>Further action planned but not yet implemented (if appropriate)</b>	It is planned to conduct a study of the effectiveness of the various means by which the Medical School is communicating with its staff and students once the revised website has been up and running for a period of time. A full-time Web Editor and Communications Officer has recently been appointed, and it is expected that the website will be totally revised by September this year.
<b>Faculty's evaluation of the success of action taken</b>	Planned for early 2011
<b>Recommendation 4</b>	The Academic Board recommends that more emphasis might be given to sharing of best practice and innovations between Schools.
<b>Action taken by the Faculty</b>	<p>This is facilitated by regular dinner meetings of Heads of Schools hosted by the Dean. In addition, the Executive Officers of the Clinical Schools are meeting at least four times per year to share experiences. The visits to the Schools by the Dean and the Associate Dean (Learning &amp; Teaching) mentioned under recommendation 3. above as well as the curriculum newsletter <i>Curriculum Matters</i> also serve to convey new initiatives and innovations in other Schools.</p> <p>The Dean also hosts regular dinner meetings for the Disciplines (at least one meeting per year per discipline), primarily to ensure uniformity of teaching in a particular discipline across all of the Schools. These meeting also provide a vehicle for sharing of best practice and innovations between Schools.</p> <p>Good working relationships exist between medical educators at the different Clinical Schools and the Office of Medical Education, and ideas are shared informally. It should be noted, however, that there are differences between Schools in terms of resources available, relative priorities given to clinical teaching and research and relationship between Schools and Area Health Services, all of which impact on the local pattern of delivery of clinical teaching.</p> <p>The Office of Medical Education has developed an online Standard Operating Procedure Manual ("Omepedia") based on a Wikipedia platform which enables easy, up to date access, across all teaching sites to policies and procedures with regard to the Medical Program.</p>

<b>Further action planned but not yet implemented (if appropriate)</b>	The current implementation of curriculum review recommendations in particular is leading to innovations, and the Office of Medical Education has a central role in endorsing and disseminating good ideas. It has recognised that this could perhaps be better coordinated by encouraging successful initiatives to be documented and collated into a "Good Ideas Guide" or something similar.
<b>Faculty's evaluation of the success of action taken</b>	Planned for 2011
<b>Recommendation 5</b>	The Academic Board recommends that the Faculty benchmark against the University of Melbourne, and other appropriate institutions in order to achieve clarity about its national and international comparators and feed this back into strategic planning.
<b>Action taken by the Faculty</b>	<p>Benchmarking research: The Medical School's Research Committee has adopted the University of Melbourne descriptors for research, both to assist in benchmarking and also to facilitate the categorization of its research for promotional purposes. To facilitate benchmarking, the Medical School's Office of Research &amp; Research Training has led the organisation of research activities for the Medical School's website into seven broad research themes covering our full range of research in the biomedical, clinical, translational, public health and health policy areas. It has also led the development of web pages for each member of the Medical School. These initiatives will enhance the presentation of our research activities to the outside world and in particular to potential PhD students and other recruits.</p> <p>Benchmarking the Sydney Medical School against other Medical Schools:</p> <p>Sydney Medical School has played the lead role in establishing the Australian Medical Schools Assessment Collaboration (AMSAC). The aim of this group is to enable Australian medical schools to benchmark their students' performance against a group of other schools. The consortium comprises the medical schools of The University of Sydney, Monash University, The University of Western Sydney, The Australian National University, The University of Queensland, Bond University, The University of Newcastle and James Cook University. This grouping provides a representative sample of established and new schools, large and small schools and graduate and post-graduate entry schools. It covers about 40% of Australian medical school enrolments.</p> <p>The first round of benchmarking took place in the October/ November examination cycle of 2009. The benchmark that has been developed is a 50-question single-best-answer paper delivered to students at the end of their second year of training in each of the participating schools. The paper is delivered synchronously with the participating schools' Year II final assessments. This benchmark has been derived through a collaborative process whereby each school has contributed a selection of questions to a pool. Items have been selected from this</p>

	<p>pool and reviewed by an academic panel with representatives from each of the collaborating schools. It has been agreed that all the items in the pool are derived from material that is covered by the syllabi of the relevant schools. Preliminary analyses are in progress.</p> <p>The performance of the students in the Benchmark Test is aggregated, and in the reports each school can identify only itself – the comparators are de-identified. This enables comparison across participating schools without the risk of construction of league tables. Subject to satisfactory completion of this initial round of testing, it is planned to repeat the exercise on an annual basis.</p> <p>The feasibility of a second benchmark at the end of the various programs is being discussed amongst the participants, but concerns that such a benchmark might establish a mechanism for a national licensing exam have been raised. The establishment of a national licensing exam is a cause of anxiety in several schools. The arguments put forward against national exam include its propensity to determine curriculum and the assumption that it would create a league table of schools. If the first iteration of the AMSAC Year II Benchmark runs successfully, support for an end-of-course benchmark may grow.</p> <p>At a less formal level, the Chair of the Sydney Medical Program has had warm initial discussions with the Head of the Melbourne program about the sharing of experience and benchmarking data.</p>
<p><b>Further action planned but not yet implemented (if appropriate)</b></p>	<p>Regular discussions and sharing of experience with the University of Melbourne as above.</p>
<p><b>Faculty's evaluation of the success of action taken</b></p>	<p>The 2010 budget has been allocated, providing quarantined funds for the work outlined. This demonstrates the commitment of the Faculty of Medicine to both teaching and learning in Indigenous health, and recruitment and support of Indigenous medical students.</p> <p>Continued work has meant that teaching and learning resources, assessment material, extension opportunities and learning objectives are constructively aligned.</p>
<p><b>Recommendation 6</b></p>	<p>The Academic Board recommends that the Faculty obtain early indications of students' aspirations to inform Faculty planning.</p>
<p><b>Action taken by the Faculty</b></p>	<p>Sydney Medical School is one of 15 Australian and New Zealand medical schools participating in a data collection project known as the CDAMS Medical Schools Outcomes Database (MSOD) and Longitudinal Tracking Project funded by the Commonwealth Government. This project aims to initiate a national process to collect reliable demographic, educational and career intention data on medical students across all Medical Schools, and to store the data in a national database that will provide the basis for short and long-term monitoring and reporting on outcomes of medical education programs.</p> <p>The long term objectives of a longitudinal tracking process are to:</p>

	<ul style="list-style-type: none"> <li>• Provide medical schools and the Commonwealth with an effective, reliable evaluation mechanism for assessing actual, long-term outcomes of educational programs, and in particular those aimed at increasing the recruitment and retention of a rural medical workforce;</li> <li>• Provide an information resource for research projects for Australian medical educators which will contribute to the national and international literature on medical education;</li> <li>• Determine the effectiveness of various Commonwealth and university programs and interventions in influencing the career decisions of medical students;</li> <li>• Provide the Commonwealth with a secure, reliable source of accurate, up-to-date data for the purposes of effective long-term medical workforce planning;</li> <li>• Promote strategic reform of medical education policy and programs at the university, State and Commonwealth levels in order to match program and policy frameworks with national health priorities.</li> </ul> <p>Data collection is in progress.</p> <p>Sydney Medical School actively involves students in its major planning and policy decision-making forums, and students participate enthusiastically and constructively. In an initiative to be implemented in 2010, Senior students are also involved in the</p>
<b>Further action planned but not yet implemented (if appropriate)</b>	In an initiative to be implemented in 2010, senior students are also involved in formal processes to develop single-best-answer examination questions and to standardise examinations for the earlier years of the Medical Program. Students will also have opportunities to participate in modified tutor-training workshops. Both of these initiatives provide both assessable professional development opportunities for students and strengthen students' input into the Program's ongoing development.
<b>Faculty's evaluation of the success of action taken</b>	Students' response rates to the Longitudinal Tracking questionnaires described above are very high.
<b>Recommendation 7</b>	The Academic Board recommends that the Faculty develop some mechanisms for judging the effectiveness of its communication processes in order to better facilitate lateral and vertical communication in the Faculty.
<b>Action taken by the Faculty</b>	The recommendation related specifically to the role of Heads of Schools in ensuring that title holders in particular were aware of key issues. In addition to the communication strategies outlined under Recommendation 3., the Heads of School are in regular contact with their staff about changes in policy and procedures.
<b>Further action planned but not yet implemented (if appropriate)</b>	A research project "Improving Communication" was undertaken by the Children's Hospital at Westmead Clinical School in 2007 (copy attached). The Medical School is considering conducting a similar study across all of its schools and affiliated units once its revised website has been up and running for a period of time. A full-time person is now working on the website.
<b>Faculty's evaluation of the success of action taken</b>	Planned for 2011

<b>Recommendation 8</b>	<p>The Academic Board recommends that the Faculty consider</p> <ul style="list-style-type: none"> <li>• Running professional development in teaching programs on hospital sites modified for hospital requirements; and</li> <li>• Developing individual learning packages for tutors, using, for instance, the packages developed for Nursing tutors as a model (mentioned by Nepean Clinical School)</li> </ul>
<b>Action taken by the Faculty</b>	<p>The following programs and packages are currently being offered:</p> <ul style="list-style-type: none"> <li>• Central and Western Clinical Schools have been offering regular "Teaching on the Run" sessions for a number of years. The program is based on the original Teaching on the Run program devised by the University of Western Australia and is a structured program of six modules that provides a basic grounding in both the theory and practice of clinical teaching.</li> <li>• At Nepean Clinical School the Sub-Dean Education presents two or three times per year at Grand Rounds on topics relating to education of medical students, e.g. feedback on teaching and clinical scenarios and clinical assessment, curriculum changes and implementation.</li> <li>• The Northern Clinical School has adopted a multifaceted approach to maintaining and nurture the culture of learning and teaching which it has developed over a number of years. It includes the Short Course for Clinical Tutors consisting of a series of interactive sessions on topics relevant to clinical teachers and supervisors; JMO Education, a program that is intended to encourage interns and residents to take part in teaching by being allocated a small group of Stage 1 or Stage 2 medical students with whom they conduct a weekly informal tutorial during the year and which includes a half day course in teaching; and the Northern Clinical School Medical Education Forum, a regular monthly lunchtime session where education initiatives, innovations and issues are presented and discussed.</li> <li>• Teacher training sessions at the Children's Hospital at Westmead Clinical School comprise Clinical Reasoning Tutor Training sessions, Training Feedback for Self-Directed Learning Projects, Training in Procedural Skills Teaching for SCORPIO facilitators, Examination Briefings and Effective Clinical Teaching Workshops.</li> </ul>
<b>Further action planned but not yet implemented (if appropriate)</b>	None
<b>Faculty's evaluation of the success of action taken</b>	The "Teaching on the Run" program has received excellent feedback and there is substantial demand for regular repetition.
<b>Recommendation 9</b>	The Academic Board recommends that the Faculty and the Academic Board work together to explore strategies that will ensure that clinical academic titles are awarded at appropriate levels and streamline the application process.
<b>Action taken by the Faculty</b>	The application process has been streamlined and is working well with no committee process required for awards up to and including Level C. The service of a single Academic Board nominee for all

	<p>Level D committees (Professor Scott Kable) has been particularly useful and the Medical School is indebted to Professor Kable for his willingness to serve in this capacity thus ensuring uniformity of awards at this crucial level. The Dean's Advisory Committee has discussed the issue of making awards at appropriate levels on a number of occasions. It is a difficult issue with the majority of problems arising not out of the process, but out of the expectations of nominees, in particular since other universities have started to award titles on the basis of criteria that do not necessarily match those of this university. The Heads of Schools and the Heads of Discipline are aware of the criteria for award at the various levels and are required to discuss these with the nominees before submitting nominations to ensure that unrealistic expectations are avoided.</p>
<b>Further action planned but not yet implemented (if appropriate)</b>	<p>Two clinical Disciplines have established committees to review nominations in their Discipline to ensure uniformity of nominations in the Discipline across all of the Clinical Schools. All Disciplines have been encouraged to adopt a similar procedure.</p>
<b>Faculty's evaluation of the success of action taken</b>	<p>The streamlined procedures have greatly reduced the time it takes for nominations to be processed.</p>
<b>Recommendation 10</b>	<p>The Academic Board recommends that the Faculty consider the range of factors that might impact on the quality of teaching in the Faculty particularly in relation to clinical staff.</p>
<b>Action taken by the Faculty</b>	<p>Issues such as infrastructure, resources, time available and appropriate recognition all impact on the quality of teaching. High clinical load and limited staffing resources in different Health Services mean that voluntary (unpaid) teaching contributions are variable and vulnerable to local demands of the employer. These are ongoing issues that are being addressed by the Heads of Schools in various ways, e.g.:</p> <ul style="list-style-type: none"> <li>• Active engagement with Junior Medical Officers (early postgraduate doctors) to encourage development of interest in teaching and teaching skills - next generation of tutors;</li> <li>• Successful model at the Northern Clinical School of development of teaching partnerships between Clinical School and Area Health Service, e.g. in JMO education program on teaching;</li> <li>• Easily accessible, clear outlines of the hospital-based curriculum for clinical teaching staff;</li> <li>• More information and support made available locally for individual tutors to support their teaching development;</li> <li>• Formal recognition and appreciation of clinical teaching, including local award ceremonies and presentations.</li> </ul>
<b>Further action planned but not yet implemented (if appropriate)</b>	<p>Rewarding clinical teachers is being addressed specifically within the Education Goal of our Strategic Planning discussions, and it is expected that this will result in further actions in this regard.</p>
<b>Faculty's evaluation of the success of action taken</b>	<p>No formal evaluation has taken place, but anecdotal evidence suggests that some Schools have been successful in providing a more conducive environment for clinical teachers.</p>
<b>Recommendation 11</b>	<p>The Academic Board recommends that the Faculty consider how it can achieve greater consistency in the levels of support provided to</p>

	research students.
<b>Action taken by the Faculty</b>	<p>Sydney Medical School is large, diverse and disparate and therefore we can aim for a certain minimum consistency but there will always be a variation above this in the different disciplines and schools due to factors including funding and the numbers of students.</p> <p>Improving consistency was a key reason for implementing the Combined Board of Postgraduate Studies Induction Checklist. Given the size of Sydney Medical School, orientation sessions are usually held by schools and in the majority of cases only once a year. Therefore the Induction checklist has been designed to provide a standard template to ensure that all students are aware of a minimum set of information such as current policies, issues and resources at the beginning of their candidature. It should be noted that the Academic Board's PhD Review Working Party has recommended that this process be adopted by the University.</p> <p>Sydney Medical School is currently developing a professional development series which we anticipate will include seminars for supervisors and PGCs. We envisage that these could be held at each of the clinical schools and may include topics such as techniques for good supervision, the rights and responsibilities of students and supervisors, an introduction to the <i>Manual of Best Practice for the Administration of Research Candidatures</i>, and may also foreshadow likely outcomes/requirements from University Committees and Working Parties. They could also include discussions regarding the value of a formal interview between the student and supervisors before a new candidature is accepted and the importance of the Induction Checklist.</p> <p>The Combined Board of Postgraduate Studies is currently discussing the option of creating a minimum set of Faculty specific information presentations relating to the provision of orientation sessions, facilities and administrative support. In addition the Board is also discussing ways to ensure consistency across sites by (i) better training and supporting postgraduate coordinators and (ii) more standardisation of the annual review process.</p>
<b>Further action planned but not yet implemented (if appropriate)</b>	<p>Introduction of an 'exit' survey for candidates to inform decisions about support for research students.</p> <p>The Board of Postgraduate Studies is currently considering a discussion paper on improving research higher degree supervision and support in Sydney Medical School. The paper has the following objectives:</p> <ul style="list-style-type: none"> <li>• To provide RHD candidates with high quality, effective supervision which best prepares graduates for careers in research, clinical practice and or academia.</li> <li>• To ensure access to training opportunities, resources and support is equitable across Sydney Medical School.</li> <li>• To provide training and support for supervisors and postgraduate coordinators.</li> <li>• To investigate ways to more evenly distribute the administrative load associated with RHD candidates.</li> <li>• To be well placed to provide the necessary supporting</li> </ul>

	<p>evidence of our excellence in RHD supervision and support as may be required by the University or TEQSA.</p> <p>Discussion points include supervision, mentoring program, candidature administrative support, annual progress report reviews, postgraduate coordinator support and gaining a better understanding of the predictors of successful RHD completion in Sydney Medical School.</p>
<b>Faculty's evaluation of the success of action taken</b>	No evaluation has yet taken place.
<b>Recommendation 12</b>	<p>The Academic Board recommends that the Faculty</p> <ul style="list-style-type: none"> <li>• Consider how greater consistency can be achieved in the experiences of research students across the Faculty;</li> <li>• Provide more opportunity for research students to develop professional skills relevant to future careers as academics.</li> </ul>
<b>Action taken by the Faculty</b>	<p>The Board of Postgraduate Studies is acutely aware of the issues of disparity with regards to the research student experience and as such has developed a number of procedures specifically designed to improve the overall equity for students and ensure that a minimum level of pastoral care is given.</p> <p>As noted in the previous section, the Board has developed an Induction Checklist which the student completes with the aid of the supervisor and Postgraduate Coordinator. The checklist highlights important School and University policies and procedures and ensures the supervisor and student discuss all necessary steps at the beginning of the student's candidature.</p> <p>The Board has developed a specific probation review procedure and report to stress the importance of a student's progress in those early months of candidature and to ensure that any issues with the candidature are dealt with as soon as possible. The report is sent to the candidate's supervisor after nine months of candidature and the candidate is interviewed by a review panel. The report is completed by the supervisor, PGC and student before the results of probation are determined by the Associate Dean. The student is notified of any conditions or additional reviews required before candidature is confirmed or terminated at the end of 12 months. This three month window gives the opportunity to remediate any problem areas prior to the 12 months deadline.</p> <p>Sydney Medical School sees its website as a valuable tool to increase consistency in the students' experiences. We provide detailed information to our current postgraduate students regarding policies, procedures, relevant forms and details about a range of different support options. All students are told about the website at enrolment. Sydney Medical School has recently undertaken a review of the website and from this we have gained valuable insight regarding the presentation of our information to current students. Work on improvements will be undertaken over the coming year.</p> <p>Additionally, Sydney Medical School will in future provide information regarding University and School schemes like the Postgraduate Research Student Support (PRSS) directly to all students to ensure that they are all given the same information</p>

	<p>regarding the available resources. Sydney Medical School has set up a detailed information website for advertising our scholarships and prizes and sends regular updates to our student email lists. Along with the general website, presentation of this site will be improved in the coming year.</p> <p>A large number of professional development seminars are run for our students both on main campus and at external sites (see attachment). These are generally advertised to our students through student email lists. Teaching experience is offered to many postgraduate students as demonstrators and tutors to our medical students.</p> <p>Students are also able to attend a large range of discipline and school research seminars, either held on a regular basis throughout the year or on a set day within the year (see below). Most students have access to these in order to present their work and obtain feedback. All students are encouraged to attend national and international conferences.</p>
	<p><b>Seminar Series held within the Sydney Medical School</b></p> <p>ANZAC Institute weekly research meetings (annual presentations compulsory),  ANZAC monthly seminar program,  Discipline of Biomedical Science biweekly research seminars (attendance and annual presentations compulsory),  Bosch Institute biannual seminar sessions,  Central Clinical School's monthly Young Investigators Seminar Series,  The Children's Hospital Westmead Postgraduate Research Student Conference (attendance and annual presentations compulsory),  Children's Medical Research Institute annual student seminars (annual presentations compulsory),  Kolling Institute monthly seminar program,  Kolling Institute annual postgraduate research seminar days,  Northern Clinical School annual research meeting,  Discipline of Pharmacology weekly seminar series,  The School of Public Health biannual Research Presentation Day (annual presentations compulsory),  Westmead Clinical School annual Westmead Hospital Week,  Westmead Clinical School fortnightly research presentations.</p>
	<p>Our Master of Philosophy was developed to include a compulsory unit of study Health Research Methods and Ethics, which has received very positive feedback from the students (over 95% of students stated the content was good or excellent). The Master of Philosophy was introduced as a stepping stone to the PhD, to ensure that students without prior research experience are equipped with the appropriate tools to ensure success in their degree. It is also a valuable research degree for people who wish to have some experience in research to help their careers but will not be undertaking research as a main component of their work.</p>

It should be noted that many of these practices have recently been highlighted as examples of best practice in the *Manual of Best Practice for the Administration of Research Candidatures*.

The recent recommendations made by the Academic Board's PhD Working Party also highlight the effectiveness and proactive nature of Sydney Medical School in supporting its research students. The following list details the recommendations made by the PhD Working Party that are already implemented within the Sydney Medical School.

*Recommendation 1.*

*That the University investigate the development of short courses to enable development of the desirable graduate attributes.*

Detailed short course programs are provided by the Central Clinical School, the School of Public Health, the Children's Hospital Westmead and smaller programs of short courses are available for a range of other Disciplines and Schools (see attachment)

*Recommendation 2.*

*That a path for entry to the PhD program be established for high performing graduates of higher level courses that do not offer research honours components.*

Sydney Medical School in liaison with the Faculty of Dentistry and the Faculty of Pharmacy have developed a standard Master of Philosophy as a path for entry into the PhD for students who have not previously had the opportunity to undertake an honours program. Students performing well in the Master of Philosophy may elect to transfer into the PhD.

*Recommendation 7.*

*That supervisors and candidates complete a Postgraduate Research Student Induction Checklist within the first three months of candidature, and the completion of this checklist be confirmed by the Postgraduate Coordinator.*

Sydney Medical School sends all new candidates an induction checklist which ensures that all candidates and supervisors discuss and make arrangements for a range of policies and procedures.

*Recommendation 10.*

*That the structure for supervision at the University of Sydney be reconceptualised to establish the principle that candidates are supervised by a supervisory panel, consisting of a primary supervisor and one or more associate supervisors. Together, the team should:*

- (a) be eligible to supervise candidates;*
- (c) have demonstrated experience in effective supervision; (g) be so structured that individuals do not normally take the role of primary supervisor for more than 5 candidates.*

The Combined Board of Postgraduate Studies has set up a formal supervisory register and registration form to ensure that all nominated supervisors and associated supervisors are registered according to the eligibility requirements defined by the *Code of*

	<p><i>Practice for supervision of postgraduate research students.</i> The supervisory load of each nominated supervisor is assessed prior to approval of nominations.</p> <p><i>Recommendation 13.</i>  <i>That the research climate be strategically enhanced by: (b) provision of teaching opportunities, or other work experience relevant to the candidature, to encourage engagement by the student in the life of the academic unit, and to establish collegial relationships with academic colleagues.</i></p> <p>Sydney Medical School provides many opportunities for research candidates to obtain teaching experience within both the Sydney Medical Program and Bachelor of Medical Science.</p> <p><i>Recommendation 15.</i>  <i>That all candidates continue to be enrolled on a probationary basis but at the end of the probation period they undergo a process of confirmation of candidature whereby their progress to date, project and proposed plan for completion, are critically reviewed.</i></p> <p>The Combined Board has developed a mandatory probation review process where candidates are critically reviewed by a panel, are expected to have presented their work and, must have shown satisfactory progress.</p> <p><i>Recommendation 19.</i>  <i>That the University have in place written policy and procedures whereby a candidate's complaint(s) against a faculty or supervisor can be heard and resolved in a fair, private and timely manner.</i></p> <p>A complaints procedure has been developed by Sydney Medical School to ensure that all student complaints are handled in an equitable and efficient manner.</p> <p><i>Recommendation 22.</i>  <i>In order to provide evidentiary support to its aspirations to global standards, and to provide exemplars which would form the basis for ongoing discussion of PhD standards across the University it is recommended that a working party investigate a mechanism whereby examiners can nominate a small percentage of the best theses for an award, such as a Vice Chancellor's Outstanding PhD Thesis award.</i></p> <p>Sydney Medical School currently awards the Bancroft prize to graduates who are awarded with out any changes required to their thesis.</p>
<p><b>Further action planned but not yet implemented (if appropriate)</b></p>	<p>Responsibility for the implementation of the recommendations of the Academic Board's PhD Working Party has been given to the DVC-E portfolio and Sydney Medical School looks forward to developments in this area which will allow implementation of many of those recommendations not already in place.</p>

<b>Faculty's evaluation of the success of action taken</b>	Monitoring of the induction checklist is the responsibility of the postgraduate coordinators. Monitoring of the supervisor register and reviewing probation reports is the responsibility of the Head of School. Administrative procedures have been put in place to ensure these occur for all candidates/supervisors in all areas of Sydney Medical School.
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## **RESPONSE TO ACADEMIC BOARD REVIEW OF FACULTY OF MEDICINE**

### **Recommendation 1**

- The Academic Board recommends that the Faculty provide a comprehensive report on the current status of, and future plans for, all Faculty postgraduate coursework programs.

### **Response: Postgraduate Coursework in the Faculty of Medicine**

The Faculty of Medicine takes its postgraduate coursework programs very seriously. There are more than 1000 students enrolled in postgraduate coursework degrees in 19 different subject areas, or programs. These programs are listed in the Table according to the number of full-time equivalent (FTE) students enrolled in 2008. Summaries of each program are given in the Appendix.

The total number of FTE students in 2008 was 519, with 300 of these FTEs enrolled in courses run by the School of Public Health: degrees in biostatistics, clinical epidemiology, international public health and public health. More than half the programs had more than 20 FTE students (10 out of 19 courses), with five programs having five or fewer students.

While there are 19 different areas of postgraduate coursework in the Faculty of Medicine there is a total of 46 different degrees. Many areas of study have separate degrees for medical (for example, MM) and non-medical graduates (for example, MScMed) and many have Graduate Certificates and Graduate Diplomas in addition to a core Masters degree. Apart from health policy, indigenous health promotion and indigenous health (substance abuse), the great majority of students are enrolled in Masters degrees.

Most courses are offered both full-time and part-time, except for courses in biostatistics, international ophthalmology, medical humanities and sleep medicine, which are only offered part-time. Most courses attract both local and international students, with about 16% being international students in 2008. The courses with the largest number of international students in 2008 were international public health (42 international students), reproductive health and human genetics (18), public health (15), and STD/HIV (11).

Six courses are run almost entirely in distance mode: biostatistics, international ophthalmology, ophthalmic sciences, paediatric medicine, pain management, and sleep medicine. Together these courses represent 16% of the postgraduate coursework FTEs in the Faculty.

TABLE. Subject areas for postgraduate coursework degrees in the Faculty of Medicine, University of Sydney, 2008, in order by number of FTE enrolled students.

Subject area (program)	Main degree	Number of students (FTEs)
Public Health	MPH	119
International Public Health	MIPH	85
Clinical Epidemiology	MM (ClinEpi)	60
Biostatistics	MBiostat	36
Surgery	MS	33
Reproductive Health Sciences and Human Genetics	MM (RHHG)	29
Indigenous Health Promotion	GradDipIndigHProm	26
Pain Management	MM (PainMgt)	25
Infection and Immunity	MM (InfnImm)	23
Medical Education	MMedEd	22
Ophthalmic Sciences	MM (OphthSc)	12
Health Policy	MHPol	11
Indigenous Health (Substance Abuse)	GradDipIndigH (SubUse)	9
STDs/HIV	MM (STD/HIV)	9
Medical Humanities	MMedHum	5
Psychotherapy	MM (Psychotherapy)	5
Sleep Medicine	MM (Sleep Medicine)	5
Paediatrics	MM (Paed)	4
International Ophthalmology	MIOPhth	1

### **Management**

Postgraduate coursework is managed by staff in the Faculty of Medicine Student Services Office. There are four staff members in the Office whose work mainly involves administration of postgraduate coursework. In addition, the School of Public Health, which enrolls more than 50% of students, has its own Student Office with four staff members.

In 2008 the Faculty appointed Professor Robert Cumming as Associate Dean (Postgraduate Coursework). Professor Cumming works closely with staff in the Faculty's Student Office. Course co-ordinators meet together every month to discuss matters related to postgraduate coursework.

### **Future plans**

The Faculty believes it offers an appropriate range of high quality postgraduate coursework degrees. Most degrees have healthy enrolments and some that do not are relatively new degrees where enrolment is expected to increase in the future (Ophthalmic

Sciences and Health Policy). The Faculty will review the five degrees with five or fewer enrolments to assess their continued viability.

The Faculty has a plan for reviewing all its postgraduate courses over the next three years. The two largest postgraduate programs, the Master of International Public Health and the Master of Public Health, were comprehensively reviewed by external review teams in 2005 and 2009, respectively. The HIV/STD program was reviewed in 2008. Reviews of three more programs will be conducted in 2009.

While the process for approving new courses has always included careful review of the academic quality of proposed degrees, the same attention has not been given to financial and strategic aspects of degrees. The Faculty is considering a new step in the approval process for new degrees, whereby proposed courses will first be assessed by the Dean (to ensure that the course fits with the Faculty's Strategic Plan), the Faculty Accountant (to assess the financial viability of the course) and the Associate Dean Postgraduate Coursework (to assess academic matters). Only after passing this preliminary stage will full coursework proposals be developed for review by the Faculty's Postgraduate Coursework Committee

## **BIostatISTICS**

### **Aims**

The course was designed to provide advanced biostatistical training for a diverse range of students by distance learning. The Masters degree is aimed at graduates who wish to become professional biostatisticians. It attracts students with a first degree in statistics or mathematics as well as those with a health sciences background.

### **History**

The Biostatistics course was established in 2001 in response to a nationwide shortage of professional biostatisticians. The lack of biostatistical expertise among the public health workforce was first identified in 1998 and subsequent lobbying resulted in the Federal Government Department of Health and Ageing (DoHA) awarding a grant of \$1.2m over five years from 2001 to establish a high-quality biostatistical training program. Another five years of funding from DoHA to 2010 was later awarded, which covers the administration provided by a coordinating office of 1.5 full-time staff.

This is an extremely innovative course, in which a group of universities have joined forces to develop and deliver a Masters program in biostatistics. Because no university had sufficient critical mass of biostatisticians to mount such a program, the Biostatistics Collaboration of Australia (BCA) was formed. The BCA is a consortium of eight universities, formalised by a memorandum of agreement among the universities and a contract with DoHA. Subjects are accredited by each university and each university then delivers the subjects agreed on within the consortium, avoiding overlap. Importantly, this means students receive a single university transcript with details of all their subjects as they are able to enroll in just one member university.

The existence of the BCA program encouraged NSW Health to establish a Biostatistical Officer Training program, with its first intake of two trainees in 2001. This program selects two to five trainees each year with an Honours degree in Statistics or equivalent. To date, 17 NSW Health trainees have completed the Master of Biostatistics and another 15 are currently in the training program.

### **Current student numbers**

70 students are currently enrolled, all part-time. To date, 53 students have completed the course, 30 with a Masters degree, 4 with a Graduate Diploma and 19 with a Graduate Certificate.

### **Mode of teaching**

The course was, of necessity, developed for distance delivery from the outset.

### **Future plans**

A major issue for the BCA program is sustainability. Most participating universities face issues about viability due to relatively small numbers, and also about ensuring staff renewal. Funding of the BCA coordinating office beyond 2010 is also a serious concern, particularly as DoHA has increasingly onerous reporting and accountability requirements.

## **CLINICAL EPIDEMIOLOGY**

### **Aims**

Clinical epidemiology is the science of applying the best available research evidence to patient care. The graduate certificate and the graduate diploma are for ‘users’ of clinical research (those who want to know how best to incorporate valid research findings into their clinical decisions). The masters and masters with honours courses are for ‘doers’ of clinical research and provide additional training in research methodology.

### **History**

Clinical Epidemiology degrees were first offered at the University of Sydney in 1994. The degrees now offered are the Graduate Certificate in Clinical Epidemiology, the Graduate Diploma of Medicine, for medical graduates, and a Graduate Diploma of Science in Medicine, for non-medical graduates and a Master of Medicine (for medical graduates) or a Master of Science in Medicine (for non-medical graduates). The courses have been designed to ensure that the theory learned by participants is applied to patient-based examples and readily integrated into their day-to-day work.

Enrolments in clinical epidemiology degrees have increased every year since 1994. Students have come from a variety of backgrounds (e.g. medical, nursing, veterinary, dentistry, pharmacy, paramedical, laboratory sciences) and with various learning needs. Over recent years, short courses in clinical epidemiology have also been established, which may be more feasible for some working clinicians.

### **Current student numbers**

87 students were enrolled in 2008, including six international students. The vast majority were enrolled in a Masters degree.

### **Mode of teaching**

The mode of delivery varies across units; units may be studied face-to-face, fully online, or blended.

### **Future plans**

The Clinical Epidemiology program continues to evolve to meet the needs of students, with focus on flexibility, relevance, and high standards. All of the units of study are continually revised and updated, both in materials, content and assessment. Students do the courses because their vocational clinical training and other prior tertiary training does not equip them for what they want to do. Some students want to be able to say to potential employers that they have clinical research skills as well as core clinical competencies. Most students do the courses because they want to interpret and do clinical research better. Alumni surveys consistently show that students are provided with these skills.

## **HEALTH POLICY**

### **Aims**

The program in health policy offers a critical perspective on how the health care system operates. It emphasizes the importance of power and value choices, focusing on the interaction of governments with the private and community sectors in shaping policy both at a national and international level. The course introduces students to the core disciplines of health policy analysis: economics, finance, public policy and epidemiology. It set out to develop analytical and writing skills, with extensive use of problem-based learning and practical training in policy analysis, critique and writing techniques.

### **History**

The Graduate Certificate in Health Policy began in 2006. In 2008 it was expanded to a Graduate Diploma. 2009 is the first year of the full Masters program. The units of study are coordinated by staff of the Menzies Centre for Health Policy and the School of Public Health. Individual modules are led by specialist staff from the School of Public Health, the George Institute, the Sydney Health Projects Group and the Medical Program. Teaching has also drawn on regular contributions from staff from the Graduate School of Government, the Department of Accounting and Finance in the Faculty of Economics. There is one scholarship, the Baxter Healthcare Scholarship for Excellence, which covers one half of the fees for the masters program.

Students are almost all in full-time employment in health settings. About one third are working in clinical settings, one third in federal and state departments of health or area health services, and the remainder come from the private sector (including general practice), academia or full-time study.

### **Current student numbers**

There are currently 21 enrolments; 9 commenced in 2009 and 19 are part time. Most units attract students from other programs, including outside the Sydney School of Medicine: Masters of Health Informatics (Faculty of Health Sciences), Master of Public Policy (School of Government) and Masters of Public Administration (Graduate School of Government). HPOL5007 Global Health Policy was designed in close association with staff from the Masters of International Public Health program (2009 enrolment 50).

### **Mode of teaching**

Teaching consists of face-to-face workshops (usually two 2-day sessions) supplemented by face-to-face and on-line tutorials.

### **Future Plans**

There are plans to increase student numbers to a target of around 30 to 40 enrolments.

## **INDIGENOUS HEALTH PROMOTION**

### **Aims**

This is a graduate program that aims to improve the knowledge, skills and practice of Aboriginal and Torres Strait Islander Health Workers in promoting the health of their communities. The course is intended to offer Aboriginal and Torres Strait Islander Health Workers the opportunity to add knowledge, skills and practice in promoting health to their clinical and community knowledge and skills. The course has been designed to ensure that students' learning is connected with their day-to-day work in their communities, and with national and international best practice in Indigenous health promotion.

### **History**

The course was developed in 1996/7 in response to demand from a large number of Aboriginal and Torres Strait Islander Health Workers across Australia. The Australian Centre for Health Promotion, School of Public Health, collaborated with The Koori Centre at the University of Sydney and the Australian Indigenous Health Promotion Network to develop the course. The first students enrolled in the course in 1998 and it has been offered continuously since then. In 2006 and 2008 the course was offered to two cohorts of students each year: one on campus at the University of Sydney and one on Thursday Island in 2006 (for students from the Torres Strait) and one on campus at the University of Sydney and one in Mt Isa in 2008 (for students from the Gulf region). The first cohort of students was enrolled in 1998 and over the following decade 140 students have enrolled in the course from every state and territory (except Tasmania). It is the largest post-graduate Indigenous program in the country. The graduation rate is 78%.

### **Current student numbers**

In 2008 there were 26 students enrolled in the program (taught in two locations).

### **Mode of teaching**

The course is taught in block release mode, with students attending one 10-day and five 5-day intensive workshops per year, followed by up to 50 hours of self-directed learning and an assignment after each block. For the final assignment students prepare a public presentation and a written report demonstrating the integration of their learning across the whole course.

### **Future Plans**

A strong base has been built at the University of Sydney and demand for the program is growing as the health and education sectors have recognized the importance of health promotion in Indigenous communities. The University's investment in the programs will need to grow to ensure the continuation of current programs and to enable new initiatives to be developed effectively. In particular it will be necessary to invest in academic and administrative staff (particularly Indigenous academic staff) and in ensuring career pathways.

## **INDIGENOUS HEALTH (SUBSTANCE ABUSE)**

### **Aims**

This course is designed to meet the needs of Aboriginal and Torres Strait Islander health professionals who would like to increase their skills in the prevention and treatment of alcohol, tobacco and other drug use disorders. It is designed to be flexible in mode of delivery, to fit in with the many demands on the Indigenous health professional. It recognises prior learning or experience in the cultural, clinical or policy fields, and builds on this.

### **History**

The course was developed with the help of a national steering committee and was based on the model of the Graduate Diploma in Indigenous Health Promotion, which has been offered for over 10 years. The Graduate Diploma Indigenous Health (Substance Use) was accredited in November 2007 and offered for the first time in 2008.

### **Current student numbers**

There is a maximum of 12 students per first year group, with one group per year. Students are not encouraged to enrol directly in the Graduate Certificate, which is kept as a backup option for those who are unable to complete the full Graduate Diploma.

In 2009, there are nine students in the first year group (seven enrolled in the Graduate Diploma and two in the first year of the Masters). An additional two students are enrolled in the second year of the Master in Indigenous Health (Substance Use) and so are doing their required subjects chosen from among MPH electives.

### **Mode of delivery**

The Graduate Diploma in Indigenous Health (Substance Use) is a one year block release course. There are six blocks of face-to-face teaching, each of around one week's duration. After each block students complete a series of learning tasks amounting to 50 hours work.

The first year of the Masters Indigenous Health (Substance Use) is identical to the above. The second year, involves subjects from the MPH, which can be either face-to-face, online, or a mixture of the above.

### **Future plans**

The course would benefit greatly from an Aboriginal or Torres Strait Islander course coordinator and/or tutor. Systems for increasing inter-block support for students are currently being examined. Over time, there may be scope to have two concurrent groups of students each year (ie 24 in total), with matching increases in teaching staff.

## **INFECTION AND IMMUNITY**

### **Aims**

By combining the study of infection with the immune response of the host, the Infection and Immunity (INIM) course integrates study of these two interrelated areas. The course aims to impart the latest knowledge regarding pathogenesis of disease by microorganisms and the current state-of-the-art methodologies used to combat and understand them. It also aims to provide a thorough grounding in immunology and to familiarise students with the latest advances and techniques in immunological research.

### **History**

The course began in Semester 1 2006 with 18 students undertaking the INIM program at four levels: Graduate Certificate, Graduate Diploma, Master of Medicine and Master of Science in Medicine. There are six units offered by the program in Semester 1 and six in semester 2. Two units in semester 1 (Fundamental Immunology and Virology and Cell Technology) are compulsory core units and a further two units (Advanced Medical Bacteriology and Infection Control and Epidemiology) are compulsory core units in Semester 2. A dissertation unit (one semester) is offered to students who achieve an average of 70% or above across all six units. Intakes occur in both Semester 1 and Semester 2. Student numbers have increased steadily with each successive enrolment, with 23 students enrolled in Semester 1 2007, 27 students in Semester 1 2008 and 40 students in Semester 1 2009.

### **Current student numbers**

Current enrolment is 40 students. The latest intake showed a larger than expected increase in enrolments (about 50%) and has necessitated some restructuring of practical classes and tutorials. International students account for approximately 70% of enrolments. Four students have completed the Dissertation component since 2006, with a further two currently undertaking it. One student has enrolled in a PhD in the Discipline of Infectious Diseases and Immunology after completing his dissertation.

### **Mode of teaching**

Units are taught in a variety of modes. Most units have three components: lectures, tutorials and practical classes. The unit Communicable Disease Control (PUBH5117) is entirely online, while Bioinformatics (INIM5006) consists of lectures and computer-based tutorials.

### **Future plans**

Enrolments are expected to continue expanding as the popularity of the course increases. However, the current number of students is probably the maximum that staff can manage, giving individual attention to students. Any further large increase in enrolments, as occurred in 2008, would put severe strain on the teaching staff and resources of the Discipline.

## **INTERNATIONAL PUBLIC HEALTH**

### **Aims**

The international public health program offers a Master of International Public Health (MIPH) and Graduate Diploma in International Public Health. The program aims to ensure that graduates can work productively in public health in low and middle income countries. Students study the distribution and determinants of health problems and then learn about disease prevention and control. The program also covers health systems, international health policy and the roles of UN agencies, bilateral development funding agencies and NGOs.

### **History**

The MIPH was established in 2000 by Professor Richard Taylor as a public health degree for students who plan to work in developing countries. Sixteen students commenced in 2000 and 52 in 2001. By the 2003 new enrolments had reached 85 a year and they have remained around this number since then. About 45% of students are international students and they have come from more than 50 countries. Staffing for the degree has improved markedly since an external review of the program in 2006. There are now seven academics whose major teaching roles are in the MIPH, including a full Professor as Director of the program.

### **Current student numbers**

In 2008 there were 125 students enrolled, 83 local students and 42 international students. Most local students were part-time, while the international students were all full-time.

### **Mode of teaching**

All MIPH Units of Study are taught face-to-face. However, students can opt to take online elective units from other programs, such as the MPH. Core units are taught through weekly lectures and tutorials. Some elective MIPH units are taught in block mode as 2-day or 4-day workshops.

### **Future plans**

The MIPH fits into the Faculty's strategic plan to increase international involvement. Current enrolment of about 80 new students a year is considered the maximum compatible with high quality, individualised teaching. Entry criteria are being reviewed to ensure high quality candidates. There are also plans to increase opportunities for students to do international field placements.

## **INTERNATIONAL OPHTHALMOLOGY**

### **Aims**

This course is designed for medical graduates in countries where there is no formal training program in ophthalmology available. The Graduate Diploma aims to train medical graduates in the basic science, clinical, public health and surgical skills necessary for the practice of ophthalmology with an emphasis on the specific diseases and pathologies of their local home environments. They can continue, with further study, to a Masters degree which will provide them with extensive practical experience including performing ophthalmic surgery and management of post-operative complications.

### **History**

Initially, the focus has been the island nations of the South Pacific and East Timor. . Candidates are endorsed by their local government with the immediate aim of ensuring eligibility of employment by their relevant government health departments. The course was first offered in semester 1, 2008. Dr. Marcelino Correia, from East Timor was the first student, successfully completing the Graduate Diploma in December 2008.

### **Current student numbers**

It was envisaged that there would initially be only small numbers (one or two students from the Asia-Pacific region) enrolled in this degree each year.

### **Mode of teaching**

Teaching is mainly in distance mode, supplemented by face-to-face teaching by visiting teams of ophthalmologists from Australia and New Zealand plus resident ophthalmologists and local health department representatives as mentors.

### **Future plans**

There is potential for growth in enrolment numbers with interest from government sponsored doctors from countries further afield, including Libya and Saudi Arabia.

## **MEDICAL EDUCATION**

### **Aims**

The Master of Medical Education aims to equip those who have teaching responsibilities in medicine or health sciences with knowledge, skills and attitudes relevant to undergraduate, postgraduate and continuing medical education programs. The courses promote a broad understanding of contemporary, internationally recognised best-evidence educational practices and are designed to prepare future educational leaders in medicine and the health professions.

Graduates of the Master of Medical Education program will be able to: model and promote internationally recognised, contemporary and innovative educational practices; lead change through systematic evaluation of existing educational practices; design and implement innovative educational practices/curricula using effective pedagogical principles which reflect best-evidence and learner-centredness; contribute to the knowledge base of the medical education profession through critique, scholarly debate and high quality educational research; and develop and maintain a portfolio to support a professional approach to the development and delivery of educational practice and of their own identity as medical educators.

### **History**

The course started in 2004 with the primary aim of up-skilling teachers in the USydMP in educational practices. Since its conception the course has grown steadily and attracted international and local students from diverse backgrounds in medicine (with a few from nursing, the allied health professions and medical education administration).

### **Current student numbers**

The number of students in the medical education postgraduate coursework programs is 45. 17 students graduated in 2007 and 11 students graduated in 2008. 22 students have been approved to start in 2009.

### **Mode of teaching**

Units of study are delivered in blended mode (a mixture of face-to-face and online learning using WebCT/CE6) and fully online.

### **Future plans**

The program is currently being reviewed by the Course Director Chris Roberts and the Course Coordinator Rola Ajjawi. The aims of the review are to deliver a program that is of international calibre, meets the needs of future students, and builds research and practice capacity in Medical Education. A consultative process with the Directors of Education at the Royal Colleges in Australia and also the Associate Deans of the Faculty Clinical Schools has been undertaken along with an evaluations by past and current students. Recommendations are currently being tabulated and the new curriculum matrix is being designed.

## **MEDICAL HUMANITIES**

### **Aims**

This course provides students with the ability to explore the human aspects of medicine, both in the traditional humanities (literature, philosophy, history etc) and through the creative arts. Medical humanities programs have been expanding rapidly in North America and the UK over the past decade. They offer students the chance to develop skills in communication with patients, to develop empathy, to gain new depths, insights, resources, skills and interests in medicine and health care, and to renew their own satisfaction in their work. The medical humanities program also provides resources to the USydMP and to the life of the Faculty.

### **History**

The program began in 2004 in the Faculty of Arts, under the aegis of the Department of Sociology and with one part-time academic. The program then offered one single compulsory unit of study, with students making up the rest from units offered in other faculties. Its success led to the program's transfer to the Faculty of Medicine through 2007 and the appointment of a full-time academic and a half-time administrator. Since 2007 the unit has expanded to teach eight units of study, has three PhD students and several research masters students. Unfortunately, when the administrator resigned in December 2008 the position was not renewed.

### **Current student numbers**

23 students are currently enrolled. Some of these students are enrolled in the Faculty of Arts because they commenced the degree prior to its transfer to medicine in 2007.

### **Mode of teaching**

Most courses are seminar style, with weekly set readings and discussion. There are some 'intensives'. Essays and equivalent projects are the main mode of assessment. Distance education students are accommodated and students encouraged to pursue individual interests and projects.

### **Future plans**

The medical humanities program is experimenting with different styles of units of study and different delivery modes. Intensive retreat style units such as 'Dignity' have attracted considerable professional interest. The program is also increasingly developing new curricula and new opportunities for the USydMP. Research streams in risk, public health ethics, medical identity and empathy, and arts health are being established. The program has attracted a benefactor and will be developing special programming (eg, an art exhibition with associated programming). International linkage programs especially with the Centre of Medical Humanities at Durham University are in the pipeline.

## **OPHTHALMIC SCIENCES**

### **Aims**

The Ophthalmic Sciences courses aim to provide medical graduates with a further understanding of ophthalmic anatomy, physiology and optics. This assists them in their application for entry into the ophthalmology specialist training program run by the Royal Australian and New Zealand College of Ophthalmology (RANZCO) and, if accepted, to complete their exams before commencing their training.

The degrees for non-medical graduates offer exactly the same curriculum as the degrees for medical graduates. They aim to provide a further understanding of ophthalmic basic sciences for nurses and visual scientists and provide them with the core knowledge to assist them in progressing in their fields of clinical training or research.

### **History**

In 2002, RANZCO ceased to offer examinations for candidates in their training program. The College now expects candidates to have an understanding of ophthalmic basic sciences prior to selection into training programs. To date, four of our medical graduate students have been awarded the graduate diploma and 30 have been awarded the masters degree. This success can be attributed to the fact that a large proportion of our graduates are accepted to RANZCO's training program each year.

### **Current student numbers**

There were 21 new students in Semester 1 2009 and another 13 continuing students.

### **Mode of teaching**

Mainly by distance mode, with a face-to-face block intensive practical course (5 days x 3 weeks).

### **Future plans**

The courses will continue to prepare candidates for further training in ophthalmology.

## **PAEDIATRICS**

### **Aims**

The Master of Medicine (Paediatric Medicine) is designed to update students' core practical and theoretical knowledge in the relevant subject areas and to enhance clinical practice with case-based scenarios focused on current evidenced based best practice. Most students are doctors-in-training or international medical graduates but this course is not designed as an alternative to paediatric physician training.

### **History**

The current Master of Medicine (Paediatric Medicine) was initially part of the Sydney Professional Master of Medicine Program (SPMMP), developed in 2004 to provide postgraduate coursework programs which could be delivered to an international student body. The current paediatric course facilitators have been involved since the inception of the SPMMP. The course commenced in Semester 2 2006, offering two units of study with a compulsory two week residential program with intensive face-to-face teaching. The current Coursework Program no longer retains this compulsory residential component, making the course more accessible across a wider range of participants. Units offered now include Paediatric Asthma and Allergy, Paediatric Infectious Diseases, Paediatric Nutrition and Obesity, Paediatric Gastroenterology and Neonatal Medicine. Students can complete elective units from a wide range of units offered within the Faculty of Medicine.

### **Current student numbers**

We are offering Paediatric Infectious Diseases and Paediatric Gastroenterology in Semester 1 2009, for which there are currently 4 and 11 students enrolled, respectively.

### **Mode of teaching**

All teaching is delivered online. Each unit is presented as short modules ( 1-5 weeks each ) with required readings, self-directed learning exercises (usually unfolding clinical cases with quiz questions and model answers provided), Discussion Board participation and summative assessment tasks (usually two written essay style assignments and an online quiz). The Discussion Board is the central component of the course and forms 50% of the final grade. By preparing for specific topic questions, the aim is for students to improve their ability to search the literature, synthesise important clinically relevant information and communicate with others. They receive feedback from expert clinicians as well as learning from each other in the online group environment.

### **Future plans**

It is intended that additional units of study in areas such as Immunisation, Paediatric Neurology and Adolescent Medicine be developed in the near future. It is anticipated that with the ongoing demand for postgraduate qualifications and flexibility in teaching delivery, enrolments will increase in this online postgraduate course. Following each semester the content of each unit of study is reviewed and revised in order to ensure improvements are made in a timely manner.

## **PAIN MANAGEMENT**

### **Aims**

The pain management courses are designed to provide an integrated program of theory and practice in pain management within the context of a multidisciplinary team. The courses develop graduates with a deep understanding of the principles and practices which underpin the biopsychosocial approach to the management of pain. Graduates make a strong contribution towards improved outcomes for patients with pain problems. The courses encourage students to adopt an evidence-based approach to practice in clinical and non-clinical contexts.

### **History**

The Pain Management Masters program, which was established in 1995, was the first of its kind to be offered in Australasia and one of the first postgraduate programs in pain management to be offered anywhere in the world. Demand for this program from health professionals has remained consistent over time, with approximately 35 to 45 enrolments per year from local and international students. In excess of 320 students have graduated from the program.

In 2005 the program was licensed to the University of Edinburgh and the University of California, San Francisco. A further license agreement with the University of Santo Tomas, Philippines was established in 2008. These agreements allow the partner universities to offer the University of Sydney program to a defined geographical region, for a negotiated percentage of the course fees. Thirty to 40 students enrol at each of these institutions each year.

### **Current student numbers**

There are currently 78 students enrolled.

### **Mode of teaching**

All units of study (core and electives) are taught in distance mode, using WebCT as the delivery platform.

### **Future plans**

License agreements with overseas universities are to be re-negotiated for a further three to four years. A course review, with input from the partner programs, will be conducted towards the end of 2009.

## **PSYCHOTHERAPY**

### **Aims**

The course aims to develop the skills necessary to practice effectively as a psychotherapist using the Conversational Model as a theoretical basis, with a commitment to the adoption of a scientific approach involving awareness of the research base and evidence in the field.

### **History**

Originally the program was developed in the 1980s by Professor Russell Meares for trainees in psychiatry in the Western Sydney Area. Once a core of people had been trained, Prof. Meares established the program as the Master of Medicine (Psychotherapy) for trainee psychiatrists and fully qualified psychiatrists seeking psychotherapy training. In 1997 the course was expanded to include medical practitioners who wished to train in psychotherapy and, in 2008, the program was opened to practitioners with an undergraduate degree in the health sciences through the inception of the Master of Science in Medicine (Psychotherapy) degree.

### **Current student numbers**

There are currently 12 students enrolled in the program.

### **Mode of teaching**

The course is conducted over five hours each Thursday morning throughout the academic year. The program includes the teaching of theory through a seminar program, a lecture program and direct supervision of psychotherapeutic work. Candidates are allocated patients through the Westmead Psychotherapy Research Program. Patients are seen twice a week. The mode of supervision is both individual and group supervision, using audio-recordings of therapy sessions.

### **Future plans**

The plan is to continue the program in its current form with an emphasis on the development of a cohort of therapists capable of working with patients who have been difficult to treat using other modalities. Consideration is being given to a change of structure towards a “double degree”, according to the framework of several other Masters degrees at the University of Sydney. This would allow some students to complete an additional year of study towards achieving a Master of Philosophy degree involving a research dissertation.

## **PUBLIC HEALTH**

### **Aims**

The Master of Public Health (MPH) coursework degree in the School of Public Health gives students the opportunity to develop skills and acquire knowledge essential for the effective practice of public health. The major aim of the MPH program is to promote a pro-active role for public health professionals in preventing illness and promoting health. The objectives of the MPH are to produce graduates who have a strong grounding in all key aspects of public health, are work-ready, and are able to bridge the gap between training and working as public health professionals.

### **History**

The MPH has evolved over nearly a century of increasing recognition of, and education in, public health. In 1978, the first Australian MPH coursework degree was offered by the School. Students completed all the core units before proceeding to one of the three areas of focus: Public Health, Tropical Health or Occupational Health. Following several revisions, by the early 1990s the focus on the three streams had given way to a more generalist MPH degree which allowed students to select from approximately 50 elective units of study. The treatise component continued with the role of bringing together the breadth of the course into one final research project. A revised structure in 1999 offered a standard MPH through coursework alone, or an MPH (Honours) degree if the student maintained a satisfactory grade of 70% across all coursework units and then completed a dissertation. Around this time, the School also acknowledged the need to investigate alternative methods of delivery rather than traditional, weekly, face-to-face methods only. Now students can complete their MPH degree without having to attend any teaching sessions on campus.

### **Current student numbers**

There are currently about 110 new enrolments each year, about two thirds of whom are part-time students and about 90% are local students.

### **Mode of teaching**

The MPH units are taught through a variety of methods, including face-to-face and online lectures and tutorials, online discussion groups, intensive workshops and blended approaches.

### **Future plans**

The MPH underwent external review in 2008 with the aim of revising the course, with a particular focus on modifying the core content, including a capstone component, and offering a workplace-based component to high-achieving students. The revised course will provide increased emphasis on preventive health and health promotion; increased student exposure to indigenous health issues; inclusion of qualitative research methods in the core curriculum; restructured teaching in relation to public health practice and policy; and an integrative public health experience for students.

## **REPRODUCTIVE HEALTH SCIENCES AND HUMAN GENETICS**

### **Aims**

The fields of reproductive medicine and human genetics have expanded rapidly in recent years. These courses offer an opportunity to gain a deeper insight into these rapidly growing disciplines for professionals working in these areas, or for graduates wishing to embark on a career in reproductive science and medicine or human genetics. The program aims to improve students' knowledge of recent developments in these areas, to help them gain new skills for clinical practice, and to further their education in research methodology and in critical appraisal of relevant literature.

### **History**

The course commenced in 1995 with a student intake once every two years. This changed in 2000, with intake available in first and second semester each year.

### **Current student numbers**

There are currently 48 students enrolled.

### **Mode of teaching**

The course is delivered by face-to-face teaching. Students are required to attend lectures and tutorials and undertake field visits to laboratory and clinical areas. Lectures are held on two evenings per week and some Saturdays. Assessment is by written examination, oral presentation, written assignments and placement reports.

### **Future plans**

In 2009 the combined degree of MM (Reproductive Health and Human Genetics)/MPhil was introduced. International students will be required to enroll in the double degree to comply with visa requirements. This will be optional for local students.

## **SEXUALLY TRANSMITTED DISEASES AND HIV**

### **Aims**

This course provides a sound introduction to the laboratory, clinical and public health aspects of Sexually Transmitted Infections and HIV. It is of particular value to medical professionals, laboratory scientists and public health practitioners who have a basic understanding of human biology.

### **History**

The STD/HIV program has run since 1987. A total of 92 students have been enrolled into the program (58% local and 42% international). Many of the early Australian graduates are now senior Sexual Health Physicians or GPs with a major interest in sexually transmitted infections and HIV. However, since the mid-1990s the proportion of Australian students has fallen, with the course attracting increasing numbers of international students. The majority of international students are from resource-poor countries, where STIs and HIV are a major public health problem.

### **Current student numbers**

Thirteen students were enrolled in 2008: 11 international students and two domestic.

### **Mode of teaching**

The units of study that comprise the course are a mixture of face-to-face, blended and wholly online. Face-to-face teaching includes lectures, tutorials, seminars, group presentations and journal clubs, clinical attachment and a laboratory practicum. Online teaching includes written course material, formative multiple choice quizzes, discussion fora and asynchronous discussions. All lectures are now available as podcasts.

### **Future plans**

In 2010 the course will be reconfigured to create a wholly coursework, 48 credit point Masters. Good students will be offered the opportunity to progress to an MPhil program, which would then articulate to PhD opportunities.

## **SLEEP MEDICINE**

### **Aims**

Sleep medicine has evolved to something of a sub-specialty area with relevance across a number of fields, including respiratory medicine, cardiology, neurology and dentistry, with wider implications for health sciences and public health. The program aims to provide up-to-date information on theory and practice of sleep medicine through distance education. The courses provide training in clinical, theoretical and research techniques in the field of sleep medicine and help to establish criteria for best practice in the field. These courses are suitable for those already working in the area of sleep medicine, or for those wishing to undertake a career change. The courses provide a firm basis for vocational training in this discipline.

### **History**

The Masters and Graduate Diploma courses began in 2001. The course format has evolved as the eLearning facilities within the University have developed.

### **Current student numbers**

Twelve students were enrolled in 2008.

### **Mode of teaching**

The program is taught predominantly via the internet. Enrolled students are provided with a user name and password that allows them to access to our eLearning website. Coursework units of study are delivered as online tutorials and self-directed learning tasks. In some units of study, candidates are required to make formal presentations and analyse case studies. All assessment tasks and exams are submitted through the eLearning website.

### **Future plans**

The Faculty of Medicine now recognizes Sleep Medicine as a separate discipline within Medicine, and this course will become one of the founding features of the area. It is anticipated that other members of the Faculty will start to take an increasing role within the course. Student numbers will increase significantly in the next few years as a result of this.

## **SURGERY**

### **Aims**

The Master of Surgery coursework degree was designed to complement the hospital-based clinical training program of the Royal Australasian College of Surgeons. It is designed to develop candidate's academic and research skills, enabling completion in one year full-time and two years part-time.

### **History**

The stimulus for developing this postgraduate coursework degree was the small number of students (seven in the previous decade) undertaking a Master of Surgery by research. The reason for this low number was the long period of postgraduate training before qualifying as a specialist surgeon and a reluctance of trainees to add further to this time. Within three weeks of receiving Senate approval for the degree in January 2004, 12 candidates were enrolled. Interest in the degree has increased progressively over the following five years.

### **Current student numbers**

There are 111 students enrolled in 2009, 64 are new students and 47 are continuing students.

### **Mode of teaching**

Most units of study are run as face-to-face evening tutorials, two days per week. Two units are run online. There are also half day dissection-based surgical anatomy daytime tutorials.

### **Future plans**

The number of units of study available online will be increased. New staff need to be recruited to handle the increased demand for the course. The teaching is currently carried out by the staff involved at the commencement of the course in 2004.