

FACULTY OF MEDICINE

PROGRESS REPORT No. 2 ON RECOMMENDATIONS FROM PHASE TWO

Recommendation 1	The Review Team recommends that the Faculty bring its digests of Academic Board policies in plain English to the Academic Board both to ensure they are a complete capture of the policy and to share them with other faculties. (Section 3.1.4)
Action taken by the Faculty	<p>The Faculty of Medicine does not have a separate digest of policies that are not already endorsed or approved by the Academic Board. Whenever the Faculty has taken the initiative to introduce improvements to processes or developed guidelines or policies, the Faculty of Medicine, via the Combined Board of Postgraduate Studies in Dentistry, Medicine and Pharmacy (CBoPGS), actively seeks the endorsement and approval of the Graduate Studies Committee before doing so. Recent initiatives which have been presented to the Graduate Studies have been:</p> <ul style="list-style-type: none"> ◆ The introduction of a research training induction form ◆ A Discussion Paper on Probationary Candidature with process and form ◆ A set of Guidelines and FAQs for Thesis Containing Publications ◆ the Faculty's APR form has become the University-wide standard <p>In addition, the CBoPGS recently wrote to the Chair of the Graduate Studies Committee providing a detailed breakdown of the how the faculty administers its candidatures. See appendix 1.</p>
Further action planned but not yet implemented (if appropriate)	None
Faculty's evaluation of the success of action taken	The Faculty values the feedback from the various committees. The CBoPGS has been able to evaluate its successes from the way in which matters referred to the Academic Board's committees are well received and generally taken on board for wider implementation.

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Recommendation 2	The Review Team acknowledges the excellent strategies in place surrounding resource support for its postgraduate coursework programs but recommends that the Faculty continue to monitor this especially with regard to the sustainability of the new Sydney Professional Master of Medicine Program (SPMMP). (Section 3.3.2)
Action taken by the Faculty	<p>The Coursework Sub-Committee of the CBoPGS continues to be a valuable mechanism for monitoring the support of coursework candidates and programs. It has introduced a standardised model for how Faculty coursework programs should be structured. It develops and approves on behalf of the three Faculties, relevant guideline and policy documents. For example a policy on advanced standing/credit was approved as well as a template for degrees of the three Faculties to assist course proponents and coordinators to align their proposals with the Faculty model, but more importantly with the Academic Board policy “Coursework Rule 2000”.</p> <p>As a result of continuing senior level monitoring and management of the SPMMP it was recently decided to implement changes in relation to the resolutions and governance of the original program. The program will no longer be known as the “Sydney Professional Master of Medicine Program (SPMMP)” and the resolutions will move in line with the existing Master of Medicine program offered in the Faculty. The combined group of OTLM/CIPHE will continue to provide support to interested course coordinators in the development of new units of study or streams. Newly appointed Associate Professor Jill Thistlethwaite in OTLM/CIPHE is leading this initiative and will oversee the quality assurance of all new developments in postgraduate programs. This area will also continue to provide project management support for the organising of administration and marketing in the establishment of new programs.</p> <p>The Head of Student Services oversees the two student units in the Faculty with the ongoing aim to improve efficiencies in the support of all students, and facilitate the sharing of resources and streamlining of roles.</p>
Further action planned but not yet implemented (if appropriate)	The Faculty recently agreed to convene a meeting with all current course coordinators within the Master of Medicine program to discuss the possibilities for collaboration of formally acknowledging the sharing of units of study as electives across the program. Further to this, extending this collaboration outside the Faculty of Medicine to the combined Faculties of Health is the longer term goal for postgraduate programs.
Faculty's evaluation of the success of action taken	Success of these initiatives will be measured by improvements in turnaround times for processes but also in student evaluations of their postgraduate coursework programmes, and by improvements in completion rates and the timeliness of those completions.

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Recommendation 3	The Review Team recommends that the Faculty monitor the ease of access to computer support both from within and outside the Faculty for postgraduate coursework students. (Section 3.3.4)
Action taken by the Faculty	The Faculty currently has a vast range of IT services and support available to all students. There are a number of staff employed as Computer Support Officers (CSOs) within the Clinical Schools of the Faculty.
Further action planned but not yet implemented (if appropriate)	<p>On Campus, we have CSOs in the Anderson Stuart, Edward Ford, Blackburn and Medical Foundation Buildings. There is also a floating CSO position to provide additional support as required.</p> <p>RPA Hospital- 1 x CSO - Guy McColloch Concord Hospital – 1.6 x CSO – Bryce McDonough funded by Faculty (0.6 funded by Anzac for Anzac) Eye Hospital - 0.8 x CSO (4 days per week) - Alistair Gillies Royal North Shore Hospital - 1 x CSO - Ryan Kirgan Westmead Hospital- 4 x CSO's at Westmead Millennium Institute (only one funded by Faculty) Children's Hospital Westmead - 0.1 x CSO (1/2 day per week) - Ad hoc by Faculty CSO resources Nepean Hospital - 9 days per fortnight - Leta van der Wal Dubbo Hospital - 2 x CSO's - Sean Hagan, Lawrence Clark Canberra Clinical School - 1 x CSO Broken Hill UDRH - support provided by Area Health Service Lismore UDRH - 0.5 x CSO</p> <p>Computer Labs are located at: Edward Ford Bld - 1 x lab, approx 24 PC's - 24x7 access Anderson Stuart - 1 x lab, approx 20 PC's - 24 x 7 access Blackburn - 2 x labs, approx 14 iMacs and 8 PC's Mackie - approx 22 PC's in PBL rooms - 24 x 7 access RPA - 2 x labs, total approx 10 PC's Concord - 2 x lab, approx 16 PC's Westmead - 2 x labs, total approx 10 PC's Nepean - 2 x labs, total approx 14 PC's Broken Hill - 1 x lab, approx 8 PC's</p>

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	<p>Other Student facilities:</p> <ul style="list-style-type: none"> - Students can raise IT problems with their local CSO's either via phone or email. There is a central Helpdesk which students can use to gain assistance with IT related issues. This is open between 8:30 am and 5:00 pm on workdays for telephone enquiries. Out of hours, phone enquiries can be left on voicemail, or there is an email address which operates 24x7 (but is processed during working hours). Request tracking software is in use for the Central Helpdesk and some other Faculty locations and is being rolled out to most other Clinical Schools. - There are wireless access points for students laptops on campus, but particularly for the Faculty of Medicine at Bosch, Edward Ford and Anderson Stuart. Wireless for Mackie and Blackburn will be installed this year. Wireless access points have also been installed in a number of other locations (eg. RNSH Library & planned for WMH Library - but problems with Hosp.) More are planned & a priority group is working on that. - Students are provided with an IT orientation lecture (including a handbook), at which they receive information on appropriate use of IT resources, limits, are introduced to metropolitan CSO's and have a practical session where they ensure that they can access their email and access GMP student campus PC's. - Regular IT meetings at most clinical schools at which postgrad students are represented and identify problems, which are generally solved immediately. <p>The Faculty has made substantial improvements to videoconferencing equipment over the last 2 years and further enhancements are planned. This allows high quality broadcasting of lectures which in turn minimizes the need for students to travel to presentations and maximizes accessibility. This is particularly important when high profile guest speakers are presenting at an institution that is geographically remote for many of our postgraduate students (e.g., between main campus and Westmead).</p> <p>During the course of 2006 fibre optic connections to the Royal North Shore and Westmead precincts were put in place substantially enhancing network connectivity. This will improve the student experience at these sites in terms of IT services.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>There is a "Feedback" button on the Faculty's website that allows students to provide feedback on aspects of the course, including IT, which is then emailed automatically to the staff relevant to the query. This is used as a means of monitoring the IT services. Additionally, the Faculty is in the process of setting up a semi-moderated electronic bulletin board and discussion forum where postgraduate students can express their views on IT services and other issues.</p>

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Recommendation 4	<p>The Review Team recommends that the Faculty investigate opportunities (such as bringing students across all years of the program together) for achieving a greater understanding of Problem-Based Learning and the culture of the USydMP. (Section 4.2.4)</p>
Action taken by the Faculty	<p>Students from higher years are invited to attend Orientation activities in first week of program. In practice, this is mostly limited to Stage 2 students who are still on main campus. Clinical Schools have also provided new common rooms to encourage students from all years to interact with one another.</p> <p>In 2006 the Faculty has invested its resources in shared PBL between dental and medical students. This project aims to explore the issues involved in more fully integrating the learning between dental students and medical students in blocks 1 – 6. It looks to determine pedagogical, administrative and IT solutions to problems currently identified as barriers by senior medical and dental course planners.</p>
Further action planned but not yet implemented (if appropriate)	<p>As part of the current curriculum review it is anticipated that the current model of PBL used by the medical program will be revised in line with international educational research and examples of both national and international best practice. This provides an excellent opportunity to review a range of improvements to the PBL process including the buddy system. Dr Graham Hendry has been recently appointed PBL Co-ordinator and is providing academic leadership in this area.</p>
Faculty's evaluation of the success of action taken	<p>The shared dental PBL learning project will report in December; however, there is good evidence of improvement in the learning outcomes of both medical and dental students. This finding has been contrary to the preconceptions of many in Faculty. There remains a number of organisational/strategic issues which would need to be solved before wide scale implementation could occur. A proposal will shortly be put forward to Faculty to extend this pilot.</p>

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<p>Recommendation 5</p>	<p>The Review Team recommends that the Faculty seek to engage with its existing indigenous students in the School of Public Health over planning and marketing the Faculty's programs to indigenous Australians. It is further recommended that the Faculty liaise with the Faculty of Nursing to explore common issues and the potential for common approaches, including the development of pathways, regarding the recruitment of indigenous students. (Section 5.1.5)</p>
<p>Action taken by the Faculty</p>	<p>In July 2006 Dr Lilon Bandler was appointed as Senior Lecturer in Indigenous Health Education. Her brief includes:</p> <ul style="list-style-type: none"> o Addressing issues of recruitment and retention of additional Indigenous students to USydMP, including providing good support for current students o Review of the current curriculum with a view to full adoption of the CDAMS Indigenous Health Curriculum Framework o Promotion of cultural awareness and competency training for staff and students o To explore further opportunities for student engagement in Indigenous healthcare <p>The RUSC Aboriginal Education and Training Advisory Committee has been reconvened. Meeting regularly and now chaired by Dr Lilon Bandler delegates from the School of Public Health, Yooroang Garang, Koori Centre, MIRAGE, the Indigenous medical student body have been invited. This group includes in its terms of reference the goal of increasing recruitment of Indigenous medical students, including</p> <ul style="list-style-type: none"> o providing support for Indigenous students sitting the GAMSAT o co-operate with Yooroang Garang (School of Indigenous Health Studies, Faculty of Health Sciences) and the School of Public Health to have a stand at Yabun in January 2007 o consider a framework and funding for the creation of a full-time Indigenous Medical Student support officer
<p>Further action planned but not yet implemented (if appropriate)</p>	<p>The Faculty will work in all these areas to achieve an aim of its Strategic Plan 2005-2010 to achieve by 2010 "<i>an increased number of Indigenous students in the Faculty with high retention rates</i>".</p> <p>A broadly representative steering committee will be formed towards the end of 2006 to oversee the implementation of the CDAMS Indigenous Health Curriculum Framework.</p> <p>Faculty will identify medical schools with known expertise in the area of recruitment, admission and support of Indigenous medical students and continue looking at Newcastle University, James Cook University and Auckland University as benchmarks.</p> <p>Cultural competency training will be expanded across the student and staff body.</p> <p>Partnerships, particularly with community Aboriginal Medical Services, will be sought to increase the opportunities for engagement of all medical students in Indigenous healthcare.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>The success of this program will be carefully evaluated with a steering committee and project officer.</p>

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Recommendation 6	The Review Team recommends that the Faculty investigate means of improving off-campus access to I.T. services and infrastructure. (Section 6.3.5)
Action taken by the Faculty	<ol style="list-style-type: none"> 1. The Faculty recognizes the vital role of the teaching hospitals, affiliated research institutes and rural teaching sites in teaching, research and general academic activity. To improve IT access a major program of capital works was undertaken, particularly aimed at vastly increasing network bandwidth to the teaching hospitals and co-located institutes such as the CMRI, Millennium, Kolling and ANZAC. Network bandwidths of 1 Gigabyte have been achieved at Royal North Shore and Westmead hospitals; with 100M to Concord Hospital and RPAH 1 Gig/100M. The links are also redundant ie. they should never go down and further improvements are planned. 2. At all teaching hospital sites the Faculty provides Computer Support Officers (CSOs) who have a prime responsibility for helping students and staff (including clinical academic staff) to access the IT resources of the University as well as those on the Internet. Students having difficulty with access are encouraged to make contact with their local CSO. 3. Working with the library we will be encouraging all students and staff at the teaching hospitals to obtain library cards. The library card number will soon be a uniform method for access to ejournals from remote campuses and from home. The library has made appropriate changes so cards can be obtained without coming into the main campus. 4. The Faculty is working to simplify the processes pertaining to the use of videoconferencing technology to enable meetings to and between remote sites. This includes improved VC bridge management and improved information on the Faculty's web site.
Further action planned but not yet implemented (if appropriate)	A constant problem faced by the Faculty is the difficulty in providing high quality IT services to postgraduate and other students as well as staff located on hospital/area health service networks. These networks are protected by firewalls that allow very restricted traffic types, often at restricted speeds. The Associate Dean for IT, Faculty of Medicine, will meet with the recently appointed CIO of the NSW Department of Health to work towards a more standardised operating environment between the University and NSW Health.
Faculty's evaluation of the success of action taken	<ol style="list-style-type: none"> 1. The Faculty proactively monitors network performance using the real time tools provided by ICT as well as help desk calls to main campus and teaching hospital CSOs. 2. The Associate Dean of IT has visited several remote sites during 2006. The main improvements have been to Concord with improved networking via fibre optic connection and now separate CSOs for the Clinical School and ANZAC Institute. This should alleviate long standing problems at this site. Other substantial improvements include fibre optic connections to Royal North Shore and Westmead and improved videoconferencing facilities at several site.

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<p>Recommendation 7</p>	<p>The Review Team commends the application of resources and recommends that the Faculty continue to pursue its efforts to improve the Research Climate of its RHD students. (Section 6.3.9)</p>
<p>Action taken by the Faculty</p>	<p>The Faculty continues to pursue excellence in its support of research students. The Faculty has taken part in the “Postgraduate Research Best Practice Working Party” consisting of members from all the Faculties of the College of Health Sciences.</p> <p>The following actions were commended as desirable practices and are actions already taken by the Faculty of Medicine.</p> <ol style="list-style-type: none"> 1. <i>Mechanisms that build realistic and positive expectations in potential HDR students (of supervisors/university/profession).</i> <ul style="list-style-type: none"> • <i>Website and marketing to potential students / Pre-admission interview/meetings / On-line CV for HDR supervisors</i> <p>The Postgraduate Studies website is being modified and updated in line with the corporate look. There are plans to extend the functionality of the Faculty’s expertise database to include an automatic CV generator which will be visible to prospective students on the web.</p> <ol style="list-style-type: none"> 2. <i>Ongoing mechanisms that revisit and, where appropriate, revise expectations and ensure delivery against them throughout the lifecycle of a candidature.</i> <ul style="list-style-type: none"> • <i>HDR Induction checklist / PGR Handbooks / Annual reports (including agreed milestones for supervisor/HDR student).</i> <p>The Induction Checklist has been created and is currently in use. The Faculty has developed a Handbook which will be available in 2007.</p> <ol style="list-style-type: none"> 3. <i>The development and dissemination of a list of good supervisory practices and minimum standards for physical, cultural and social infrastructure for HDR students.</i> <p>The Induction Checklist and candidate admission interview is going some way in disseminating a list of minimum standards for HDR candidates. In addition, the Faculty actively encourages new staff to undergo the ITL training for supervisors.</p> <ol style="list-style-type: none"> 4. <i>Processes that encourage involvement and integration of HDR students into the University academic/research community.</i> <p>The biennial Health Research Conference for students gives HDR students a good opportunity to network with staff and other students of the Faculties of Health. At this year’s forum, there will be a series of focus groups to determine how to further improve the HDR experience.</p> <ol style="list-style-type: none"> 5. <i>Units monitoring “non-core” offerings from outside their unit and disseminating information to HDR students/supervisors as appropriate.</i>

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<p>Further action planned but not yet implemented (if appropriate)</p>	<p>The following actions were commended as desirable practices and are actions yet to be implemented by the Faculty.</p> <p>6. <i>Improved communications. Methods should be developed to disseminate information to HDR students and supervisors; for students to share information with each other; and for students to provide opinions and advice to their School, Faculty, or College.</i></p> <ul style="list-style-type: none"> • <i>e-Newsletter / Website / Weblogs, chat rooms, etc.</i> <p>The Faculty's AdminIT committee has agreed to set up a student to student online forum which will aim to improve communications and which we envisage will go some way in improving the sense of isolation often reported by HDR students.</p> <p>This action is partially complete, with a comprehensive website and regular emails to HDR students informing them of news and events. The Faculty has also recently restructured the main website and one of the regularly updated and prominent sections is the News section.</p> <p>7. <i>A set of 'Core' research skills that each HDR student is expected to attain and a range of learning options available to students to gain these skills.</i></p> <p>This action is currently being developed at a College level, with input from Faculty of Medicine academic staff members.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>The Board of Postgraduate Studies will be monitoring SREQ and other data to determine the effectiveness of the measures taken and to take remedial action where appropriate. Presently, Medicine is tracking well with high satisfaction ratings across all four indices and overall, and has been improving steadily across the 4 years 2002-2005, with the 2005 score higher than the 2002 score for supervision by 6%, for infrastructure by 4%, for climate by 5%, generic skills by 1%, and overall satisfaction by 6%. We have the best overall satisfaction rating (86%) of all Faculties in the University. However, we can certainly improve in the "climate" and "infrastructure" areas, and have targeted these two areas for sessions with samples of students at the upcoming Health Research Conference, using junior Faculty members as "facilitators". From these sessions we will develop a clearer overview of what needs to be done to improve our ratings in these two areas.</p>

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Recommendation 8	The Review Team recommends that the Faculty look to develop the linkages in its hospital sites through the Bio-Link network as a model for encouragement of the commercialisation of Faculty research. It is further recommended, that in cases where there are joint or otherwise shared appointments, the Faculty attempt to put in place a heads of agreement on IP rights, where possible . (Section 6.4.5)
Action taken by the Faculty	The Faculty of Medicine facilitated the University's formal signing as an official member of the Bio-Link network and has established working relationships for sharing expertise in the area of intellectual property commercialisation.
Further action planned but not yet implemented (if appropriate)	Faculty has encouraged all hospital sites to sign up to the Bio-Link network as a preferred model.
Faculty's evaluation of the success of action taken	The co-operative network of the Bio-Link is seen as the best model for state wide intellectual property commercialisation in the medical and biotechnology field. There is widespread belief that this has been a positive step forward.

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Recommendation 9	The Review Team recommends that the Faculty establish (and test the value of) mechanisms for raising the awareness of students on IP issues and policies. (Section 6.4.7)
Action taken by the Faculty	The Faculty recommends that all research students be interviewed prior to admission to candidature. It is at this interview that the Faculty aims to first raise the issue of IP. The Faculty also includes a section on IP in its Induction Checklist for new students, with a recommendation that these matters are discussed with the supervisory team.
Further action planned but not yet implemented (if appropriate)	With changes to the structure of the BLO and the employment of Dr Kailing Wang, the Faculty is seeking to initiate a program of IP workshops and updates at the various Faculty of Medicine campuses. The aim is to inform and provide support for students across the wider campus (including geographically remote clinical schools) and affiliated research institutes
Faculty's evaluation of the success of action taken	N/A

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<p>Recommendation 10</p>	<p>The Review Team recommends that the Faculty investigate opportunities for international accreditation of USydMP and relevant postgraduate coursework programs as another means of attaining its goals with regard to international student numbers and increasing the international visibility of the program. (Section 7.1.5)</p>
<p>Action taken by the Faculty</p>	<p>It has been established that the USydMP is recognised in many countries in Asia without further examination being required. Canada and the US still both require all medical graduates to sit a common examination.</p> <p>A team of faculty educators has visited Kuwait Medical School on three occasions to help the Kuwaitis transfer from a traditional medical course to a modern integrated PBL course. The documentation received from the Kuwait medical School show they have engaged with the process in a very creative and successful way.</p> <p>The Faculty is actively lobbying accreditation organizations and facilitating clinical exchanges that will enable these students to easily transition into a medical career in their country of origin.</p> <p>Ms Sally Bamford has been nominated to assist in the development of internationalism in OTLM/CIPHE. She will be coordinating short programs for visiting international academics and international medical schools in liaison with key staff members within the Faculty.</p>
<p>Further action planned but not yet implemented (if appropriate)</p>	<p>The Faculty is actively seeking to increase international student numbers from Asia. Interest has been received from Indonesia and Malaysia. Singapore also views the USydMP as a viable pathway for the medical training of students.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>The medical program has been licensed to Universities in the Middle east, South Africa, UK and within Australia. Other postgraduate programs have been licenced in Ireland, Scotland, the USA. The invitation of Faculty members to deliver international educational and curriculum development workshops is an indication of the regard with which the Faculty is held.</p>

Comment [smb1]: I cannot comment on this paragraph

Comment [h2]: I removed this as it is not really relevant to the recommendation.

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<p>Recommendation 11</p>	<p>The Review Team recommends that the Faculty liaise with the Faculty of Economics and Business over that Faculty's Peer Mentoring Program (PMP) and associated Admissions programs for International students. (Section 7.2.5)</p>
<p>Action taken by the Faculty</p>	<p>The Faculty has secured TIF grant funding to run a pilot of a Peer to Peer Mentoring Program at the Children's Hospital at Westmead. Faculty staff met with three staff involved in the successful Faculty of Economics and Business mentoring programs, Associate Professor Mark Freeman, Ms Jill Kelton and Ms Nadia McDonagh, and obtained many useful tips on how to run such a program. Expressions of interest are being sought from current research students at the Children's Hospital at Westmead to act as mentors for 1st year research students in 2006, with a number of students expressing interest. A draft mentor training program has been obtained from an external training company with experience in such programs, and this will be compared with the possibility of in-house training. It is expected that such training will take place in February 2006, so that training is fresh in the minds of mentors when the 2006 cohort of research students arrives.</p> <p>In September 2006, a meeting was held with the postgraduate coordinator of Paediatrics, Children's Hospital Westmead, Dr Cheryl Jones, who has agreed to run a pilot at the hospital for the research student cohort beginning semester one, 2007.</p>
<p>Further action planned but not yet implemented (if appropriate)</p>	<p>Evaluation and decision on how to proceed with training mentors; selecting and training mentors and then matching them to mentees; setting up the necessary framework to administer the program including a special website with "blackboard" or "chat rooms"; matching of mentor-mentee pairs; running some social events as part of the scheme; evaluation of the pilot at the end of the determined period of mentoring; decision on whether to continue the scheme and perhaps roll-out the pilot to other Schools within the Faculty.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>Discussions with the Faculty of Economics and Business indicate that proceeding with at least the pilot project will be worthwhile.</p> <p>Once a pilot has been run at the Children's Hospital, a report will be produced, evaluating the successes of the program as well as the feasibility of extending it across the other schools of the Faculty.</p>

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<p>Recommendation 12</p>	<p>The Review Team recommends that the Faculty identify appropriate national and international benchmarking partners in areas such as teaching and learning, research and indigenous recruiting. (Section 7.4.4)</p>
<p>Action taken by the Faculty</p>	<p>In 2006 the CIPHER hosted a visiting research from the University of Maastricht. A benchmarking exercise was undertaken comparing the Problem based learning approaches in the two schools. The findings from this report have been fed into the curriculum review process, as a basis for evidence-based change in the University of Sydney Medical Program's current effort. Faculty continues to participate in a Committee of Deans Australian Medical Schools sponsored initiative looking at Indigenous recruitment and retention through the LIME (Leaders in Indigenous Medical Education) network. We will be comparing output with the other medical faculties in Australia through this network. Indigenous recruitment and retention was an item at the Faculty's 2005 retreat. The Faculty, along with other Australian medical schools has adopted the CDAMS Indigenous Curriculum Framework as a guide to its teaching in this area and will be working with partners with experience in the other faculties within the College of Health Science as well. The Faculty has employed a Lecturer in Indigenous Medical Education to further this aim.</p> <p>There is a Federally funded project the Northern Rivers Collaboration, with the University Department of Rural Health, the Universities of Wollongong and Universities of Western Sydney. This aims to provide common integrated long clinical attachments in the Lismore area of the Northern Rural New South Wales. A three day workshop involved a benchmarking of three sets of learning outcomes, instructional methods, and assessments for the three schools. This was facilitated by an external consultant from Flinders.</p> <p>The GAMSAT committee run by the Australian Council for Educational Exercise has been an ongoing benchmarking process amongst a consortium of 8 Graduate Entry Medical programmes across Australia.</p>
<p>Further action planned but not yet implemented (if appropriate)</p>	<p>Faculty continues to identify medical schools with known expertise in areas selecting suitable partners depending on the areas. For Indigenous recruitment and retention Newcastle and James Cook Universities are the benchmarks. For research and teaching and learning, Melbourne University and Flinders are our preferred partners.</p>
<p>Faculty's evaluation of the success of action taken</p>	<p>The findings of the PBL report have been fed into the curriculum review process, as a basis for evidence-based change in the University of Sydney Medical Program's current effort.</p> <p>The findings of the Northern Rivers benchmarking exercise are informing the bid for 4,000,000 of Federal Funding to run a combined universities rural clinical school.</p> <p>The GAMSAT committee is engaged in one actual and planned collaborative research initiatives arising out of the benchmarking.</p>

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Recommendation 13	The Review Team commends the ongoing review of the profession's view of the quality of USydMP graduates. The Review Team recommends that this review continue, even with lower frequency. (Section 8.2.6)
Action taken by the Faculty	Faculty has taken a lead in progressing the Committee of Deans' initiative in establishing the Medical Students Outcomes Database project and received an \$880,000 grant to map demographics, student intentions, educational offerings and student career choices. This is in formal liaison with major professional colleges, Australian Indigenous Doctors Association and Australian Medical Students Association.
Further action planned but not yet implemented (if appropriate)	<p>The Acting Dean has commissioned a major project to ensure a thorough independent overarching review of the curriculum. All of the major and systematic reviews of the old course will be integrated into this curriculum review process.</p> <p>In order to meet the challenges of implementing a modern medical curriculum worthy of a 1:5:40 University,¹ the following plan has been recommended and endorsed by Faculty.</p> <p style="text-align: center;">A. Project Phases</p> <p>There are three distinct phases the USyd MP Review Process.</p> <p style="padding-left: 40px;">Phase 1 – Listening exercise leading to a report by the Review Chairs recommending key features of a revised curriculum</p> <p style="padding-left: 40px;">Phase 2 – Detailed development of revised curriculum</p> <p style="padding-left: 40px;">Phase 3 – Implementation of revised curriculum and handover.</p> <p>CIPHER is conducting a graduate survey of 2000 randomly selected registered NSW medical doctors who graduated after 1996. The NSW Medical Registration Board provided access to their database to randomly select the 2000 graduates. The survey investigates the effect of different medical curricula on junior doctors' career pathways, including application to specialist training colleges and preparation for hospital practice. The results of the survey will feed back to each university's medical curricula to aid future program planning. The project team included a recent graduate, a clinician and four academic staff and the survey has been approved by the University of Sydney Human Research Ethics Committee. The survey will be distributed in December 2006.</p>
Faculty's evaluation of the success of action taken	<p>The USydMP curriculum review is underway and the phase 1 report will be available to Faculty in March 2007.</p> <p>The graduate survey was piloted at a recent meeting of 25 Junior Medical Officers (JMOs) and found to be a useful exercise with positive feedback given about the content of the survey as well as the rationale behind implementing the survey.</p>

¹ Strategic Directions 2005-2010 The University of Sydney

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Recommendation 14	The Review Team recommends that the Faculty pursue the establishment of a committee to develop, monitor and sustain Faculty relationships with industry and professional bodies. It is further recommended that the Faculty consults with the BLO during the establishment of the Committee to ensure the most effective utilisation of combined resources and that this Committee establish a strategic framework around Faculty linkage with industry and the professions; this framework to include evaluation of the effectiveness of engagement initiatives. (Section 8.3.3)
Action taken by the Faculty	The Faculty has reviewed its committee structure and is actively looking at models for industry partnership/interactions that will benefit the Faculty in moving towards the future.
Further action planned but not yet implemented (if appropriate)	The Faculty will relaunch the External Relations Committee with direct reporting through to MedMAC. The committee will be reconstituted with renewed terms of reference and new chair and formal engagement of alumni groups and professions and colleges. Progress to date has been limited by priority given to planning for the 150 th celebrations but when these are completed in 2006 harnessing the enthusiasm and contacts generated by the 150 th events will facilitate external involvement in our Committee.
Faculty's evaluation of the success of action taken	Success of 150 th events and subsequent alumni and professional interaction with the Faculty

FACULTY OF MEDICINE

PROGRESS REPORT No. 2 ON RECOMMENDATIONS FROM PHASE TWO

Recommendation 15	The Review Team recommends that the Faculty establish means of ensuring the engagement of junior academic staff in Faculty management roles and committees. (Section 9.3.3)
Action taken by the Faculty	Staff at levels A, B and C have been invited to express interest in serving on Faculty committees and, wherever possible, they have been appointed to committees of their choice as part of the Faculty's ongoing process of renewal of committee membership. A number of Sub-Dean positions are held by junior staff. Supporting the early career academic was discussed extensively at the recent Faculty Retreat with substantial input from junior members of Faculty.
Further action planned but not yet implemented (if appropriate)	It is anticipated that the curriculum review process will engage academics in new committee structures as the exciting process of curriculum renewal and innovation will allow junior staff to contribute in a positive way, to projects that they will be able to see through as they mature. The Acting Dean has been creative in identifying new monies for junior academic staff to take on medical educator roles in the clinical schools.
Faculty's evaluation of the success of action taken	Positive feedback from the Retreat indicates that some progress in this area has been made.