

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 1</b>	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)
<b>Action taken by the Faculty</b>	<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"> <li>◆ The introduction of a research training induction form</li> <li>◆ A Discussion Paper on Probationary Candidature with process and form</li> <li>◆ A set of Guidelines and FAQs for Thesis Containing Publications</li> <li>◆ the Faculty's APR form has become the University-wide standard</li> </ul> <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>
<b>Further action planned but not yet implemented (if appropriate)</b>	None
<b>Faculty's evaluation of the success of action taken</b>	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.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 2</b>	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)
<b>Action taken by the Faculty</b>	<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 recently 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 recently 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>A senior level steering committee has been recently established for the SPMMP and the Chair of the Board of Postgraduate Studies, Professor John Christodoulou is a member of the Committee. Ms Jackie Ross has been also invited to join the Coursework Sub-Committee as this will ensure an exchange of information and ideas.</p> <p>The Faculty has recently appointed a Head of Student Services to take on the role as overseer of the two student units in the Faculty. This will aim to improve efficiencies in the support of all students, and will facilitate the sharing of resources and streamlining of roles.</p>
<b>Further action planned but not yet implemented (if appropriate)</b>	The Faculty has recently appointed a Director and Associate Dean (Education), Associate Professor Chris Roberts who aims to look further at the Faculty's committee structure with a view to streamlining processes and monitoring quality control.
<b>Faculty's evaluation of the success of action taken</b>	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.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<b>Recommendation 3</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	<p>RPA Hospital- 1 x CSO - Guy McColloch  Concord Hospital - 1 x CSO - Tancred Fergus  Eye Hospital - 0.8 x CSO (4 days per week) - Alistair Gillies  Royal North Shore Hospital - 1 x CSO - Michael Davison  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) - Leta van der Wal  Nepean Hospital - 3.5 days per week - 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>On Campus, we have CSOs in the Anderson Stuart, Edward Ford, Blackburn and Medical Foundation Buildings</p> <p>Computer Labs are located at:</p> <p>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 14 PC's in PBL rooms - 24 x 7 access  RPA - 2 x labs, total approx 10 PC's  Concord - 1 x lab, approx 10 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> <p>Other Student facilities:</p> <ul style="list-style-type: none"> <li>- 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).</li> <li>- 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.</li> <li>- 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.</li> <li>- Med1 and Med2 lectures are being videotaped (with Med3 and Med4 planned) and being placed on the web. Formats available include low bandwidth and high bandwidth video, and an integration of the soundtrack and Powerpoint slides. An experimental version for podcasting is also available.</li> </ul>

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<b>Faculty's evaluation of the success of action taken</b>	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.
--	---

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 4</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	The University of Sydney Medical Program Committee recommended that Clinical Schools should implement a 'buddy' system, attempting to pair more advanced students with beginners during Stage 1 Orientation week.
<b>Faculty's evaluation of the success of action taken</b>	The common rooms have fostered more interaction between students of all years since all students are at the Clinical School at least one day per week. There is anecdotal evidence that contact with later year students in Orientation week is considered helpful.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<b>Recommendation 5</b>	<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>
<b>Action taken by the Faculty</b>	<p>The Faculty acknowledges continuing difficulties in mounting an effective program for marketing its programs to Indigenous students.</p> <p>It is actively engaged with other Faculties in the College of Health Sciences in cooperative marketing efforts. These include:</p> <ul style="list-style-type: none"> <li>• Regular advertisements and associated features in the higher-education special issues of the Koori Mail and the Indigenous Times;</li> <li>• Hiring and staffing booths at Indigenous gatherings. The booths at the annual Yabun Festival in Redfern Park, tended by volunteer Indigenous and non-Indigenous staff members, have been particularly successful in making contact with large numbers of Indigenous young people;</li> <li>• Supporting development of the Indigenous Health Promotion Network and hosting its web site;</li> <li>• Production of a video that tells the stories of four Indigenous graduates from the College, which has been distributed to Indigenous communities and to high schools that have large numbers of Indigenous students;</li> <li>• Pilot-testing a Student Ambassador program in which Indigenous students and recent graduates have been trained and supported in raising awareness of College programs in their communities;</li> <li>• Employing, for a period, a Faculty of Medicine Rural and Indigenous Student Support Officer and a College Indigenous Project Officer, on an ongoing basis, with a significant commitment to raising awareness of the College's programs in Indigenous communities; and</li> <li>• Prompting the development of and linking to a University-wide worldwide web portal for Indigenous students.</li> </ul> <p>Specific engagement with the Indigenous students in the School of Public Health in these activities, however, has been largely limited to production of the video and the Student Ambassador program. Most of these students live and work outside and usually remotely from Sydney. They attend classes in two-week periods of block release and are heavily committed to their studies during these periods. It is recognised, however, that greater efforts could be made to seek their advice and assistance with marketing the Faculties programs to other Indigenous students.</p> <p>In addition, while engaging with the Faculty of Nursing through the College-based activities, the Faculty has not developed direct, bilateral activities with Nursing. It would be timely to explore such activities now with the Faculty of Nursing's move to a graduate entry nursing program.</p>

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<p><b>Further action planned but not yet implemented (if appropriate)</b></p>	<p>In considering these issues and its own major focus on graduate entry programs, the Faculty of Medicine considers that it should direct its marketing efforts mainly towards Indigenous graduates. In this respect, it could address most easily two graduate populations:</p> <ul style="list-style-type: none"> <li>• Indigenous graduates of the University of Sydney, both as primary targets for its programs and as ambassadors for its programs in their communities and</li> <li>• Indigenous employees of the NSW health system.</li> </ul> <p>Success with these two groups would encourage a wider approach to Indigenous graduates in Australia.</p> <p>In parallel and if it is to succeed in converting increasing enrolments to increasing graduation of Indigenous students, the Faculty recognises its need also to:</p> <ul style="list-style-type: none"> <li>• Increase the level of support it gives to Indigenous students taking the GAMSAT and preparing for interview for the University of Sydney Medical Program;</li> <li>• Establish formal Indigenous student support and mentoring programs in each of its Schools, with close links to the Koori Centre;</li> <li>• Seek access to funds to increase availability of scholarships and bursaries for Indigenous students;</li> <li>• Revise its curricula to ensure that they deal appropriately and adequately with Indigenous health, culture and history;</li> <li>• Increase the number of Indigenous academic and general staff that it employs; and</li> <li>• Further increase the cultural safety of the environment it provides for Indigenous students by offering cultural awareness programs to its non-Indigenous staff and students.</li> </ul> <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><b>Faculty’s evaluation of the success of action taken</b></p>	<p>The success of this program will be carefully evaluated with a steering committee and project officer.</p>

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<b>Recommendation 6</b>	The Review Team recommends that the Faculty investigate means of improving off-campus access to I.T. services and infrastructure. (Section 6.3.5)
<b>Action taken by the Faculty</b>	<ol style="list-style-type: none"> <li>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 is presently underway, particularly aimed at vastly increasing network bandwidth to the teaching hospitals and co-located institutes such as the CMRI, Millennium, Kolling and ANZAC. A NSW Government BioFirst grant will enable fibre optic connections to the Royal North Shore and Westmead campuses, with work due to be completed in mid 2006 (tendering is already underway).</li> <li>2. At all teaching hospital sites that 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.</li> <li>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.</li> <li>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.</li> </ol>
<b>Further action planned but not yet implemented (if appropriate)</b>	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 recently appointed Associate Dean for IT, Faculty of Medicine, plans to meet with the CIO of the NSW Department of Health in the near future to work towards a more standardised operating environment between the University and NSW Health. Given that NSW Health is presently overhauling and centralizing networking activities this is a good time to pursue this goal.
<b>Faculty's evaluation of the success of action taken</b>	<ol style="list-style-type: none"> <li>1. The Faculty prospectively monitors network performance using the real time tools provided by ICT as well as help desk calls to main campus and teaching hospital CSOs.</li> <li>2. The Associate Dean of IT will be visiting all remote sites in the first half of 2006 to gauge the success or otherwise of measures taken to date and personally assessing IT needs at these sites.</li> </ol>

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

<b>Recommendation 7</b>	<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>
<b>Action taken by the Faculty</b>	<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"> <li>1. <i>Mechanisms that build realistic and positive expectations in potential HDR students (of supervisors/university/profession).</i> <ul style="list-style-type: none"> <li>• <i>Website and marketing to potential students / Pre-admission interview/meetings / On-line CV for HDR supervisors</i></li> </ul> </li> <li>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"> <li>• <i>HDR Induction checklist / PGR Handbooks / Annual reports (including agreed milestones for supervisor/HDR student).</i></li> </ul> </li> <li>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></li> <li>4. <i>Processes that encourage involvement and integration of HDR students into the University academic/research community.</i></li> <li>5. <i>Units monitoring “non-core” offerings from outside their unit and disseminating information to HDR students/supervisors as appropriate.</i></li> </ol>
<b>Further action planned but not yet implemented (if appropriate)</b>	<p>The following actions were commended as desirable practices and are actions yet to be implemented by the Faculty.</p> <ol style="list-style-type: none"> <li>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> <ul style="list-style-type: none"> <li>• <i>e-Newsletter / Website / Weblogs, chat rooms, etc.</i></li> </ul> </li> </ol> <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> <ol style="list-style-type: none"> <li>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></li> </ol> <p>This action is currently being developed at a College level, with input from Faculty of Medicine academic staff members.</p>
<b>Faculty’s evaluation of the success of action taken</b>	<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.</p>

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 8</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	Faculty is proposing, through its hospital partners and NSW Health, that all hospital sites sign up to the Bio-Link network as a preferred model.
<b>Faculty's evaluation of the success of action taken</b>	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

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 9</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	The Faculty has approached Dr Michael Prodigalidad of the BLO who has agreed to run a series of workshops at the various campuses of the Faculty for both USydMP and postgraduate students. The Faculty has also investigated the possibility of including IP related issues as part of a compulsory research methods unit of study currently being developed by the Faculty in consultation with the College of Health Sciences and Dr Prodigalidad has agreed to take part in the teaching of that component of the unit. The details are yet to be finalised but discussions have continued.
<b>Faculty's evaluation of the success of action taken</b>	N/A

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 10</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	Market research is being undertaken in Vietnam to assess the market for our Sydney Professional Master in Medicine Program (SPMMP) and the proposal for the establishment of a Medical School.
<b>Faculty's evaluation of the success of action taken</b>	The acceptance of both our USydMP and SPMMP programs in Asia is high and specific country markets are now being targeted.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 11</b>	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)
<b>Action taken by the Faculty</b>	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 1 <sup>st</sup> 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.
<b>Further action planned but not yet implemented (if appropriate)</b>	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.
<b>Faculty's evaluation of the success of action taken</b>	Discussions with the Faculty of Economics and Business indicate that proceeding with at least the pilot project will be worthwhile.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 12</b>	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)
<b>Action taken by the Faculty</b>	Faculty has participated 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 Australian 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.
<b>Further action planned but not yet implemented (if appropriate)</b>	Faculty will 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.
<b>Faculty's evaluation of the success of action taken</b>	Significant ideas have come out of the Faculty retreat in Broken Hill and through the LIME network and are now being incorporated into the strategic plan of the Office of Teaching and Learning.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 13</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	The Faculty has engaged with the profession through the Committee of Presidents of Medical Colleges and through our alumni network to undertake a ten year core review of the USydMP.
<b>Faculty's evaluation of the success of action taken</b>	The USydMP curriculum review is presently being finalised in the Office of Teaching and Learning under the leadership of Associate Professor Chris Roberts. The process is proceeding to plan a process of review but it will take 2 – 3 years to complete.

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 14</b>	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)
<b>Action taken by the Faculty</b>	The Faculty has reviewed its committee structure.
<b>Further action planned but not yet implemented (if appropriate)</b>	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 <sup>th</sup> celebrations but when these are completed in 2006 harnessing the enthusiasm and contacts generated by the 150 <sup>th</sup> events will facilitate external involvement in our Committee.
<b>Faculty's evaluation of the success of action taken</b>	Success of 150 <sup>th</sup> events and subsequent alumni and professional interaction with the Faculty

## FACULTY OF MEDICINE

### REPORT ON RECOMMENDATIONS FROM PHASE TWO

---

<b>Recommendation 15</b>	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)
<b>Action taken by the Faculty</b>	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.
<b>Further action planned but not yet implemented (if appropriate)</b>	All Faculty committees, Sub-Dean and some Associate Dean positions are due for turnover in 2006, and the process of inviting expressions of interest from junior staff will be repeated. The outcomes of the discussions at the Faculty Retreat will be on the agenda for the first meeting of Faculty in 2006.
<b>Faculty's evaluation of the success of action taken</b>	Positive feedback from the Retreat indicates that some progress in this area has been made.