Advanced Learning in Medicine Review 2016
First Status Report December 2017
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<th>Recommendation</th>
<th>Response</th>
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<td><strong>1</strong> To the Dean, OMS: The OMS requires a coherent long-term vision and strategic framework and plan, for both the School itself and for its medical graduates to best meet the healthcare needs of New Zealanders of the future and in keeping with the School’s obligations under the Treaty of Waitangi. The School’s vision, strategic framework and plan should underpin and direct change and evolution of the curriculum.</td>
<td>The Division of Health Sciences’ strategic plan provides overarching direction for the OMS across all major domains of activity (research, teaching, Māori health, Pacific health etc). The Division’s strategic plan is directed towards meeting the needs of New Zealand’s diverse communities. The Division’s ‘Mirror on Society’ student selection policy provides the framework for student selection into the MBChB programme. This policy is strongly focused on producing a health workforce that meets the future health needs of New Zealand’s communities. The MB ChB Curriculum Master Plan was acknowledged and commended by the Review team. We consider that this, and the recently finalized MB ChB purpose statement, address the anticipated direction of future health care.</td>
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<td><strong>2</strong> To the Dean, OMS: The governance structure of the OMS requires scrutiny. In particular, the OMS Executive and the MCC require review as to their roles, responsibilities and composition to ensure the organisation’s vision, strategic framework and plan can be effectively addressed. Any review should include critical appraisal of the finance model required to best meet future needs.</td>
<td>MCC had already commenced, and has now completed, a project to clarify delegations and responsibilities for all committees responsible for curriculum governance. This has been discussed by the various committees, extensively by MCC, by OMS executive, and at the annual meeting of HODs. All are in agreement with its direction. The OMS Executive Management Group has discussed the ALM review and considered that, in the absence of more specific comment, further review of the OMS governance structure is not indicated at this time. The Terms of Reference for the MB ChB Curriculum Committee and related committees have been revised and were confirmed in November 2017. In relation to a financial model, the process of MCC advising OMS executive of Strategic Priorities in relation to the MB ChB programme was implemented for the first time in 2016. Initial impressions are that this has been helpful and facilitated tangible financial benefits for curriculum implementation. Furthermore, this Statement of Expectations was noted under the commendations by the review team. We are therefore encouraged to persevere with this model, and are not intending to alter it within the next few years. We therefore suggest that, now the terms of reference revisions have been completed, this recommendation has been met.</td>
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<td><strong>3</strong> To the Dean, OMS: The OMS should actively take steps to further the level and quality of its interactions and relationships with District Health Boards (DHBs), Primary Health Organisations (PHOs), the Medical Council of New Zealand (MCNZ) and other key stakeholders.</td>
<td>The OMS has a long history of regular, structured meetings with senior leaders (CEO, CMO etc) of its partner DHBs. For the past two decades the relationships with our three principal DHB partners have been codified in MoUs and annual Joint Relationship Committee meetings. Our relationships with PHOs is managed locally through our three departments of general practice.</td>
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<td>3</td>
<td>The MB ChB Programme Director has met with the MCNZ and the joint meeting of the Chief Medical Officers of all DHBs, and has established a process for ongoing engagement. See also recommendation 26</td>
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<td><strong>To the Dean, OMS: Recognition of clinical teachers by OMS requires more attention to thoroughly address aspects of consistency, transparency and retention, with availability of opportunities for development of both University and non-University teaching staff in the clinical learning environment.</strong></td>
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<td>This is acknowledged as an area requiring development. It is particularly complicated as many of our clinical teachers are not employed by the University and much of their teaching is performed pro bono. The present process for appointment of clinical teachers is extensively devolved and a process to develop a central database of all clinical teachers, and to ensure effective communication with them to ensure quality teaching is recognized. (see also next recommendation regarding medical Education advisors). Development of teaching skills by both academic and non-University teaching staff is recognized as a key priority, reflected in the appointment of a Faculty Staff Development Coordinator. Staff development is also a key task of Education Advisers and Clinical Education Advisers at each campus (and in some cases, at satellite campuses). Clinical teaching staff are welcome at any of the teaching professional development activities run on each campus. eLearning resources are being developed to further enhance these activities.</td>
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<td><strong>To the Dean, OMS: The current roles and effectiveness of the Medical Education Advisors require analysis and evaluation.</strong></td>
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<td>We value the role and effectiveness of the Education Advisers. The Education Adviser posts have undergone a shift since the ALM review, from Professional Practice Fellow grade to a Lecturer grade. Three new staff have been appointed since the review using predominantly the same job description (with minor regional variations). In addition, a document detailing the key performance indicators has been generated. Induction booklets for new staff have been generated where the common role of the Education Adviser is clearly delineated. EAs will attempt to meet with all new members of university staff in order to give an appreciation of the support they can give. Continued efforts will be made to identify these new staff and a request has been made for notification to Education Advisers of all new appointments in the ALM programmes to be part of the generic Human Resources process on employment.</td>
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<td><strong>To the Dean, OMS: While the OMS programme staff are clearly committed to research and scholarship, specific research in Medical Education appears limited, with significant lost opportunity. Further development of research in Medical Education is recommended.</strong></td>
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<td>The self-assessment report did not provide a full listing of medical education research publications by ALM staff and this is being collated so the panel’s view would have been a considerable underestimate. A new medical education research academic lead post (0.3FTE) has been established and an appointment has been made. This person's role is to coordinate and promote research in medical education. An appointment has been made to</td>
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<td>To the MCC: Following on from the OMS vision statement, the Panel recommends completion of the ALM purpose statement with reference to the Australian Medical Council (AMC) domains ensuring that the educational outcomes are measurable.</td>
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<td>To the MCC: Common MB ChB graduate learning outcomes exist (the graduate profile) but there are different module outcomes across campuses, with significant variation in content, delivery, resourcing and sometimes a lack of shared resources. The Panel recommends module learning outcomes should be common across ALM, irrespective of site of delivery, and represent the basis for assessment.</td>
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<td>To the MCC: Completion of the Curriculum Map is an essential tool in agreeing curriculum content across the OMS and should be high priority. This will also ensure the core elements of the curriculum are equally represented across campuses. The MCC should consider an OMS curriculum conference to determine broad principles of curriculum agreement and repeat this on a regular basis e.g. 5 year cycle. This process should be sufficiently flexible to allow reconfiguration of existing modules and incorporation of new topics and outcomes plus removal of content with lower priority.</td>
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meetings every two to three years and facilitation of selected inter-campus disciplinary meetings each year.

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| 10 | **To the MCC:** Vertical modules should be consistently implemented across OMS with sharing of information and resources across the three campuses, regional sites and Rural Medical Immersion Programme (RMIP), for example, Clinical Pharmacology and Radiology.  
Meetings between vertical module conveners across campuses have been held (pathology, ethics, pharmacology, Hauora Māori, clinical skills, professional development) and others are planned (radiology), with a view to further enhancing shared resources. A substantial project in eLearning has been undertaken by Pathology in this regard. There is broad agreement on topics to be addressed but further discussion is ongoing to increase alignment. RMIP does not have modules so this recommendation is not appropriate for this part of the programme. RMIP already draws on expertise across all campuses for vertical module content and teaching. see also response to recommendation 11 below. |

| 11 | **To the MCC:** Staffing across campuses is understandably varied. However, with greater collaboration, an opportunity exists for staff from one campus to lead components of curriculum development and implementation for all OMS sites.  
MCC recognizes the opportunities for this and this led to establishment of the intercampus collaboration fund to facilitate interdisciplinary meetings to increase collaboration. There has been a number of successful meetings, leading to greater collaboration between Public Health, Paediatrics, General Practice and others (see recommendation 10) with a leadership role emerging from different campuses in these areas. We continue to encourage this successful process. The module convener meetings (see above) deliberately encourage interaction and exploration of sharing resources, and there is well-used funding for inter-campus disciplinary meetings (two in the last three years) which explicitly require discussion of, and commitment to, common objectives and use of some resources. The recent module conveners meeting in June 2017 actively promoted sharing of resources between modules through the evolving curriculum map. |
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<th>To the MCC: Develop learning networks to support block and vertical module alignment across the three campuses, with resources allocated for processes and infrastructure to support coordinated activity, for example, Public Health, Paediatrics, General Practice.</th>
<th>The approach being taken to support alignment, in addition to the initiatives already underway as noted in recommendation 10 and 11, is to frame the curriculum (across ELM and ALM) in terms of a limited number of key domains, which are intended to provide an integrating perspective across the whole programme. These domains relate, broadly, to the domains identified by the AMC. Domain group members are drawn from across the medical school, and this facilitates not only coordinated activity horizontally across modules, but also vertically across years of the course, including ELM.</th>
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<td>To the MCC: There is an imbalance between Year 4 and 5 of the programme, both in terms of curriculum content and assessment load. The Panel recommends that efforts be made to redress this imbalance.</td>
<td>It has been considered that students require significant adjustment to learning in a clinical workplace context and that this needs to be borne in mind when considering initial workload in 4th year. After this initial phase, there is little evidence to suggest that the workload content varies substantially between year 4 and 5. Discussions with student representatives confirmed that workload and/or differences between 4 and 5 were not problematic. In contrast, the assessment load in year 5 is substantially greater due to the end of year examinations (End of year four assessment is minor in comparison, although in-course assessments are similar). The programme is moving towards programmatic assessment which intends to make explicit a more integrated process of assessment throughout the MB ChB. This will require revisiting of the purpose of the end of year 5 assessment. This will be undertaken by the MB ChB Assessment Sub-Committee on behalf of MCC. Student perception of the burden of assessment is somewhat influenced by the likelihood of decisions affecting progression in any year. The move towards programmatic assessment is already resulting in delays in student progression from fourth to fifth year, after earlier identification of students who are struggling to meet course requirements. Diligent application to study during fourth year considerably lessens the pressure during fifth year. The degree of burden on students during 5th year has been</td>
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reviewed by MB ChB Assessment Sub-Committee since the Review and was considered acceptable. We consider that this recommendation has been considered and that no further changes, beyond the substantial one related to programmatic assessment, already in progress, are required.
To the MCC: The continuum of learning from ELM to the postgraduate environment needs to be considered to identify potential gaps in the ALM curriculum of importance to medicine, for example, Pacific Health, Science.

The MCNZ postgraduate curriculum framework, which outlines the learning required of graduates in their immediate postgraduate years, is currently under review, and we are pleased to be participating in this. As part of this, it is intended to map the MB ChB Curriculum Map to the MCNZ Curriculum Framework.

Re Science:
We note the Review stated that ELM prepares students well for ALM, and that foundation medical sciences are seen as the core of this programme. It is acknowledged that the ALM programme would benefit from better vertical integration of foundation sciences and this is a focus of the work of the Science and Scholarship Domain Subcommittee. The Curriculum Map has identified that the programme as a whole is strong on Science and we acknowledge the importance of increasing vertical integration. The ALM Pathology module is one area that already provides significant vertical integration of sciences. Although this is strong in Wellington and Christchurch, our review of assessment data had identified this could be strengthened further at DSM. This is underway (see recommendation 10). These processes of mapping and review of assessment data will be used to identify other areas for development.

Re Pacific: Since the review, Associate Deans Pacific have been appointed on all campuses and are actively working to develop a common Pacific Health curriculum. The ALM Subcommittee and MCC has supported this in principle and anticipate progressive implementation across all campuses by 2019. The University of Otago Pacific Strategic Framework (2013-2020) outlined the Goal of increasing the Pacific Curriculum across all University teaching. Aligned with this, the Division of Health Sciences endorsed a Division-wide Pacific Curriculum in 2016. The Division Executive has also endorsed a Divisional Centre for Pacific Health, Va’a o Tautai which will assist the coordination of this.

The MB ChB Curriculum Committee recently supported having a Pacific representative on MCC and acknowledged the mandated role of the Division’s Va’a o Tautai and the importance of identifying how the MB ChB Pacific learning objectives can meet these goals. This will support a coordinated approach to increasing Pacific perspectives in the OMS curriculum with consistency of learning experiences across all campuses. We are now planning the implementation of the Pacific Immersion Programme in UOC in 2018, and in UOW in 2019. In addition to this, a Pacific e-learning module is being developed to support the learning of students across all years.
15 To the MCC: Promote greater community-based learning experiences, given the changing nature of health care delivery.

The ALM programme values community based learning experiences and has recently increased student exposure to regional learning settings. These are provided in both Primary Care/GP placements, psychological medicine, paediatrics, geriatrics, palliative medicine/end of life care, and rural placements, the Tairawhiti programme as well as the Rural Medical Immersion Programme. This is an area of ongoing review.

16 To the MCC: The Christchurch campus’ capacity for MIHI to cross-teach and support integration should continue to be supported.

The Hauora Māori Sub-Committee thanks the reviewers for positive comments about specific initiatives being undertaken at the Christchurch campus by the MIHI team, and also note Suzanne Pitama’s roles in both MIHI and as chair of the Hauora Māori Sub-Committee. However, it needs to be noted that the HMSC works as a collective across all three campuses to ensure the same learning outcomes are learnt across all three campuses, and there has been ongoing cross-fertilisation across the three campuses for a number of years which has led to shared resources across the three campuses. Current timetabling and resourcing has meant tailored approaches to the Hauora Māori Vertical Module across the three campuses, equity with resources across the three campuses are being negotiated at a campus level by the respective Associate Deans. This is seen as more favourable than cross-teaching, as the Christchurch campus does not have the resources to support this, nor see it as sustainable in the future. Instead our focus is on building time, capacity and resources at each of the campus through the leadership of the Associate Dean Māori positions. The Hauora Māori Sub-Committee acknowledges the work of MIHI, and will continue to support MIHI’s development of curriculum resources.

17 To the MCC: Pacific perspectives in the OMS curriculum be increased with consistency of learning experiences across campuses; for example, consider the inclusion of the Dunedin Pacific Immersion Programme at the Christchurch and Wellington campuses.

See response to recommendation 14 above. Plans Re well developed in this area

18 To the MCC: Curriculum sub-committees in each campus should regularly monitor whole class time and tutorial activities within modules to ensure that there is an agreed and appropriate balance of classroom and experiential learning to ensure it is reasonably consistent across campuses.

This was evaluated at the University of Otago, Wellington earlier this year. This raised issues regarding the appropriateness of measuring the application of learning methods to inform whether learning objectives were being achieved, particularly in an environment where some modules provide electronic or other learning resources for students and others do not. No extreme models of delivery were identified and the data was considered of some use to assist module conveners reflect on their course design. While establishing whether a given module is delivered in a classroom setting is easy, identifying whether the presentation is interactive and clinically focused, or a seminar on a disease condition, is
<p>| 19 | To the MCC: Longer placements in more generalised units would enable TIs to become more effective team members and would more readily facilitate the integration of theoretical and clinical learning. | This recommendation raises two issues. The first is that longer placements may assist TIs to become more effective team members. A survey of students at UOC found that the current length of attachment in general medicine, of six weeks, was considered adequate (the question related to whether this duration of placement was too short). Currently our placement lengths are comparable to those in Auckland and many Australian medical schools. A reduction in placement time in some disciplines to increase available time in others may compromise achievement of overall learning objectives and would create significant timetabling issues. However, MCC and ALM CSC continue to consider modification to the programme to achieve space for selective opportunities for students, and some of these would allow greater engagement with clinical teams. Such greater engagement is a feature of the RMIP programme and the placement in satellite campuses during TI year. The second issue, of integration of theoretical and clinical learning, may become patchy if the range of clinical placements is restricted. One of the purposes of linking curriculum core elements to modules (through the curriculum map) is to foster greater linkage between theory and practice. Our current programme endeavours to maximise exposure to a range of generalised units, mindful of resource constraints. Our commitment to increasingly utilising provincial learning settings also contributes to this. ALM CSC is engaged in reviewing the required core learning placements, and their duration, to best meet core learning objectives. |
| 20 | To the Dean, OMS and the MCC: There should be a greater use of e-Learning resources to promote self-directed student learning and facilitate common approaches across the three campuses (as Paediatrics and Women’s Health have done). This will require learning design support and ICT resources. | There is a clear eLearning Action Plan which is being actively progressed, with several of these initiatives being formally evaluated and the results published. The importance of eLearning is well recognized by ALM Sub-Committee and this is reflected in the establishment and maintenance of a collaborative network of eLearning facilitators across all four campuses. |
| 21 | To the PVC, Division of Health Sciences: There should be continued Divisional commitment to IPE and action taken to integrate IPE throughout ALM. | The PVC Health Sciences has a well-established and funded IPE strategy. This strategy has resulted in the establishment of the Divisional Centre for Interprofessional Education, the role of Divisional IPE Director and an oversight committee. IPE facilitators have been appointed on each campus to this end. The significant challenges in achieving integration across programmes are acknowledged. |</p>
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<th>To the Dean, OMS: ICT support to further develop assessment tools and design a comprehensive database for monitoring student performance (see also Recommendation 32).</th>
<th>The required parameters for this have been agreed by all parties. A project manager has been appointed. Implementation of this will depend on the priority given to it by the wider university in view of the implications for development of eVision. Progressing this is dependent on a number of barriers being overcome at a University level. The process for completing all assessment results on Moodle and a link to all module and year outcomes on eVision has not progressed further currently.</th>
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<td>23</td>
<td>To the MCC: A collaborative approach to assessment between modules and across the campuses should be developed to ensure assessment is meeting common objectives.</td>
<td>This was a priority identified in the self-review. The assessment sub-committee is currently mapping these assessments, and their methods, to identify gaps and discrepancies that need to be remedied, in the context of congruence with the MB ChB learning objectives within the Curriculum Map. Representatives of the assessment sub-committee have met with Curriculum Map management to discuss the clustering that will be required for linking the curriculum map to the programme of assessment. There has been broad agreement on the concept and principles. MB ChB Assessment Sub-Committee and Curriculum Map will develop details to recommend to MCC.</td>
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<td>24</td>
<td>To the MCC: Regular review of modes of assessment by all modules, scrutinizing them against the principles of assessment.</td>
<td>Most modules undergo an internal annual review, but there is a formal process for review of each module every 3 years where a report is produced for the relevant Curriculum Sub-Committee, and afterwards to the MB ChB Education Research and Evaluation Sub-Committee. This covers all aspects of the module, including constructive alignment across objectives, learning opportunities and assessment. These evaluations are considered annually and MB ChB Assessment Sub-Committee and MB ChB Education Research and Evaluation Sub-Committee collaborate on any required actions identified by the process. On a practical level, the assessments within modules lead to decisions recorded on the Professional Attitudes and Skills Assessment Form (PASAF) which are then presented to the local Student Progress Committee (SPC). In doing this, the PASAF outcomes and recommendations for conditions for passing are reviewed by the Student Progress Committee, and hence the outcomes of the assessments, and strength of evidence for those outcomes, are peer reviewed. A role of the Student Progress Committee is to review the conditions based on the assessments, and it can make changes as required.</td>
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<td>To the MB ChB Educational Research and Evaluation Sub-Committee (MEREC): The results of module evaluations in ALM be combined with data from Curriculum Map coverage and site and campus examination results within a defined research framework. Findings should be derived that will inform Programme development and contribute to the literature on distributed medical education across a range of urban, community, regional and rural clinical teaching sites.</td>
<td>This recommendation to ensure that planned programme evaluation in the context of the Curriculum Map is welcome. The MB ChB Education Research and Evaluation Sub-Committee already combines information from multiple sources to give recommendations for programme development. This includes, but is not limited to module evaluations and examination results. The newly appointed medical education research academic lead will develop a research framework for medical education based on these multiple sources.</td>
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<td>25</td>
<td>To the Dean, OMS: The OMS should implement formal mechanisms for regularly seeking feedback on graduate performance from key stakeholders in the MCNZ, DHBs, PHOs, post-graduate colleges, Māori health and community organisations, relevant Pacific Island groups and OMS alumni.</td>
<td>We recognise this as a desirable goal. We have been in discussion with MCNZ and DHB CMOs to explore ways in which we could receive feedback on any graduate who caused concern after graduation. While the Memorandum of Understanding between OMS and MCNZ is currently being updated to allow us to share more information with MCNZ about our graduates, there are legal and privacy barriers preventing reciprocation. That is, MCNZ can only share information with us about individual graduates if they have permission from that graduate – something they see as unlikely particularly for any graduate who causes concern. We have considered surveying intern supervisors individually, but we note that Auckland medical school embarked on a similar project a few years ago yet abandoned it as the response rates were too low to be meaningful, despite considerable efforts on Auckland’s part. We are therefore not planning to repeat that. The MB ChB Programme Director has also met with the Chief Medical Officers (CMOs) of all DHBs at their regular meetings to explore this issue. Once again, legal and privacy concerns prevent sharing of information of graduates with us. We are still exploring this area, but we are not optimistic that a solution will provide the legal permissions we need. We have had discussions with the Resident Doctor’s Associations as they often become aware of recent graduates who run into difficulties with their employer. They seem willing to share such information with us but we are not yet sure of the legality of that. Instead, this leaves us with obtaining collated data on all graduates. In this regard, we already receive and act on results of regular graduate surveys. We receive useful information from the collaborative Australasian Medical Students Outcome Database project. We plan to explore whether other collated data could be obtained from MCNZ and the postgraduate Colleges. Our discussions with the CMOs and MCNZ are to continue. These issues are therefore largely outside of our control and subject to the willingness of external bodies and/or subject to legal restrictions. We are unsure at this stage what is within our power to influence any further.</td>
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To the MCC: The domains of professionalism and professional development that are delivered in ELM receive greater emphasis and are built on within the ALM curriculum, enhancing formal assessment (as outlined in the report, “Assessment for professional practice – collecting, interpreting and acting on information about students”) and meaningful integration with the acquisition of clinical knowledge and skills.

It is possible that our current practice was not made clear to the team. We have developed robust methods of assessment of professionalism that have been documented in peer reviewed publications 1-7, below. Problems with professionalism now carry the highest risk of failing students in ALM (1). This has resulted in Otago being asked to share its practice with medical schools in Australia. Monash medical school, for example, has asked to use our assessment policy and procedures guide for their own practice. Given we are seen as an example of good practice by many medical schools, we are not sure where the concerns lie.

It is possible the team wished to see more emphasis of professional development learning opportunities within ALM. We did not see any comment in their report on the existing professional development modules in ALM but can confirm that these have been in place for many years and assist in delivery of learning in this important area. In addition, the professional practice domain committee remains active in reviewing and refining the learning outcomes in this area.

The code of conduct for medical students, which outlines our expectations of students in relation to professional practice has been widely praised – to the extent that it is now adopted by Auckland university. The MB ChB programme director also shared the code of conduct with a working group on Professionalism / Fitness to Practise convened by AMC in Brisbane in October 2015. The Otago code was seen as a model for a national code of conduct within Australia. While this has not eventuated, we have subsequently been approached by UNSW, Sydney and Samoa medical schools for our permission to allow them to adopt it.

We agree that we could always do better, but suggest our track record has been a subject of commendation by many of our peers. Our plan is to continue to be innovative and scholarly in this area and we suggest that the recommendation has already been met.

References
3. Fontaine SMF, Wilkinson TJ. Monitoring medical students' professional attributes: Development of an instrument and process. Advances in Health Sciences
To the Director, MB ChB and MCC: The health and wellbeing profile of all students is strengthened, but particularly of those in crisis, students with mental health issues, and students performing poorly. This should occur through the established student support mechanisms and the curriculum, providing counselling, remediation and, where necessary, credited exit pathways from the MB ChB programme.

Mechanisms to support the health and wellbeing of ALM students are already robust (including consideration of health and wellbeing issues for students whose academic progression is less than entirely satisfactory when considered at the quarterly meetings of Student Progress Committees on each campus), but several initiatives are now underway to expand and improve these. Between 2014 and 2016 an ad hoc committee of interested students and staff met together to discuss student wellbeing, particularly in relation to ELM. The outcome of these meetings was a paper generated by the convener of those meetings Dr Hamish Wilson with specific recommendations around improving the support of student wellbeing. That paper was considered at MCC and at the OMS Executive. As far as ALM is concerned, the three Associate Deans of Student Affairs were tasked with reviewing the recommendations in Dr Wilson’s report and providing the OMS Executive advice on prioritising and implementing the recommendations in the paper. The Student Affairs staff from the three ALM campuses met and considered the report and the overall strategic direction of Student Affairs. A paper supporting the majority of the recommendations in Dr Wilson’s report, and the future development of Student Affairs offices to encompass wellbeing services was presented to the OMS Exec. The subsequent discussion identified the possible development of ‘Wellbeing Hubs’ in the three campuses as a priority for further discussion. A further paper has now been prepared outlining the potential functions of ‘Wellbeing Hubs’. A more detailed paper has been requested on the development of a combined ELM/ALM ‘Wellbeing Hub’ in Dunedin encompassing...
current Student Affairs activity, but providing fewer barriers to access and including health promotion and prevention activities. The Division of Sciences manager of Academic Programmes led a group reviewing support available to students outside the Dunedin Campus. The report and recommendations from this review “A Framework to Support Student Success” have been considered and has resulted in the creation of a new Divisional Associate Dean, whose role will be to ensure the implementation of the recommendations. The Associate Deans of Student Affairs have discussed at length the issues of remediation. Already significant opportunities for remediation exist – students gaining conditional passes on attachments, for instance are required often to do additional time on the attachment and repeat assessments. Failing students who aren’t liable for exclusion under the regulations can repeat the whole year if they fail. New remediation processes for selected students are being trialled on each campus. A new Health Sciences undergraduate degree (Bachelor of Health Science) has been approved by CUAP for initiation in 2018. The regulations for this degree allow students withdrawing from the medical programme who have successfully completed 3 years of the programme, to exit with the award of a BHealSc, without major endorsement.

| 29 | To the Dean, OMS and Director, MB ChB: Student admission processes, including evidence-based non-cognitive criteria for admission, be reassessed. | The PVC Health Sciences sponsored a major review of admission criteria across all Health Professional programmes within the last two years, and the conclusion of this was that no substantive change was indicated at this time. The Medical School is committed to its ‘mirror of society’ policy for its selection processes (see recommendation 1). The Australasian consortium, which Otago is a member of, that funds and oversees the use of UMAT has decided to shift to using an adapted version of UKMAT (to be introduced as an online resource in 2019). UKMAT places greater emphasis on the use of situational judgement tests. |
| 30 | To the PVC, Division of Health Sciences and Dean, OMS: In view of the changing learning environment (on-line learning and information access, e-journals etc.), there is a need for adequate teaching spaces and appropriate learning areas for self-directed learning associated with ALM on all campuses, including regional sites and clinical environments. | This is a recognized issue, with difficulties with wireless access a central element of this. The University network upgrade has significantly improved wireless access at the main campuses, but this remains an issue at regional centres. While limited quiet study space is an issue on main campuses with increasing numbers of health sciences students, learning facilities at regional sites are even more compromised. There has been significant progress with this at Masterton and plans are underway for significant developments at Whanganui. |
In 2016, the Pro-Vice-Chancellor Health Sciences established a working group to make recommendations on the future of Health Science Libraries in the Division. The report from this group made several relevant recommendations, which the PVC is working with the University Librarian to implement. These issues will inevitably have to be considered within the overall review of University facilities by Property Services and the Capital Development Unit, and will have to be considered within their overall prioritization of ensuring a quality environment for students.

| 31 | To the PVC, Division of Health Sciences: The ICT servicing the ALM programme must be improved to ensure it is compatible, consistent, reliable and of high quality across all learning environments (see also Recommendation 22). | The Divisional IT Manager has identified many of these barriers. How they can now be progressed may be dependent on the final determination of the Support Staff review and University level IT policy. We appreciate the support of the Review Team on this issue, which has been a source of frustration for some time. We continue to lobby on this issue. |
| 32 | To the Director, MB ChB: Include more opportunities, encouragement, and support for ALM students to become engaged in research. | Regrettably, we did not provide details of student research opportunities. Currently, all students are required to complete a research project within their public health or other attachment, and approximately a quarter of the class undertake some more substantive research. Students also have opportunities for research through Summer Studentship Research Scholarships, BMedSc(Hons) and intercalated PhDs. |
| 33 | To the MCC: Map the existing research and scholarship learning opportunities, then consider how to incorporate research and scholarship into the ALM programme with defined outcomes and assessment. | The response to the previous recommendation also partly addresses this issue. The Science, Scholarship and Research Domain group has reviewed the current learning opportunities in this area and is developing a recommendation to MCC on how research and scholarship learning objectives can be further addressed within the programme. |

Supplementary documents:
- Master Plan for the Medical Course of the Future
- MB ChB Curriculum Committee and Sub-Committee Terms of Reference 2017
- MB ChB Kaupapa 2017
14 March 2018

Professor Peter Crampton
Pro Vice-Chancellor
Division of Health Sciences

Dear Peter,

Thank you for providing me with the preliminary Status Report following the 2016 Review of the Advanced Learning in Medicine Programme, OMS. My comments are as follows:

**Recommendations:**

1. **To the Dean, OMS:**

   *The OMS requires a coherent long-term vision and strategic framework and plan, for both the School itself and for its medical graduates to best meet the healthcare needs of New Zealanders of the future and in keeping with the School’s obligations under the Treaty of Waitangi. The School’s vision, strategic framework and plan should underpin and direct change and evolution of the curriculum.*

   I accept the response provided in relation to this recommendation and agree that the current Curriculum Master Plan, MB ChB purpose statement and student selection criteria satisfy the premise of this matter. Unless there are notable changes I will not require an update on this recommendation.

2. **To the Dean, OMS:**

   *The governance structure of the OMS requires scrutiny. In particular, the OMS Executive and the MCC require review as to their roles, responsibilities and composition to ensure the organisation’s vision, strategic framework and plan can be effectively addressed. Any review should include critical appraisal of the finance model required to best meet future needs.*

   The comments received in response to this recommendation are acknowledged and I accept that sufficient work has been undertaken to satisfy the concerns of the Panel with respect to the governance structure, roles, responsibilities and the finance model. I note that it is unlikely any significant changes will be implemented over the coming years; however, at the time of the second Status Report, I would appreciate a brief update on whether the current system remains fit-for-purpose and is meeting expectations.
3. **To the Dean, OMS:**

   *The OMS should actively take steps to further the level and quality of its interactions and relationships with District Health Boards (DHBs), Primary Health Organisations (PHOs), the Medical Council of New Zealand (MCNZ) and other key stakeholders.*

   This is a complex recommendation and I recognise that it is a matter that requires continuous monitoring to ensure appropriate levels of engagement with the various parties involved. From the details provided it seems that the OMS and the MB ChB Programme Director are aware of the importance of maintaining open dialogue with key members of the medical fraternity and are actively interacting with them as required. To this end, I will not require further details of actions taken in response to this recommendation unless there are significant changes to the relationship between the Division of Health Sciences and the relevant parties.

4. **To the Dean, OMS:**

   *Recognition of clinical teachers by OMS requires more attention to thoroughly address aspects of consistency, transparency and retention, with availability of opportunities for development of both University and non-University teaching staff in the clinical learning environment.*

   This has long been an area of concern and I acknowledge the challenges and barriers that hinder the ability of the OMS to achieve full parity between University and non-University staff in the clinical environment. From the response provided it is clear that a number of steps have been taken to address these matters and the opportunities for non-University staff to engage with the professional development programmes available seem an appropriate element of the overall approach. I recognise that this will continue to be an ongoing and evolving process of engagement and so look forward to hearing of any additional initiatives or actions taken at the time of the second Status Report.

5. **To the Dean, OMS:**

   *The current roles and effectiveness of the Medical Education Advisors require analysis and evaluation.*

   It appears that this recommendation has been addressed following the Review and I am pleased to note not only the transition from PPF to Lecturer grade but also the appointment of additional staff to these roles. An update on the success of the changes outlined in response to this recommendation would be appreciated in the next Status Report.

6. **To the Dean, OMS:**

   *While the OMS programme staff are clearly committed to research and scholarship, specific research in Medical Education appears limited, with significant lost opportunity. Further development of research in Medical Education is recommended.*

   The response to this recommendation is noted. I am pleased to note that a new medical education research academic post has been established and an appointment made to the DSM Education Advisor role. I look forward to hearing more about the benefits these positions have brought with respect to the coordination and promotion of research in medical education in the next Status Report.
7. To the MCC:

Following on from the OMS vision statement, the Panel recommends completion of the ALM purpose statement with reference to the Australian Medical Council (AMC) domains ensuring that the educational outcomes are measurable.

Noted and accepted. Please provide an update on the status of the MB ChB purpose statement at the time of the second Status Report.

8. To the MCC:

Common MB ChB graduate learning outcomes exist (the graduate profile) but there are different module outcomes across campuses, with significant variation in content, delivery, resourcing and sometimes a lack of shared resources. The Panel recommends module learning outcomes should be common across ALM, irrespective of site of delivery, and represent the basis for assessment.

Variation between the campuses is expected and I recognise that, as such, there is a range of methods, resources and opportunities employed to achieve agreed learning outcomes. While I concur with the premise of the Panel’s recommendation, I accept that these variations are a natural consequence of the structure of the OMS and I am confident that the MCC’s commitment to common core learning outcomes is manifest in the learning outcomes at each campus. I encourage continued monitoring of these matters through assessment and the alignment of modules via the curriculum map and I would appreciate a brief update on the status of this recommendation in the following Status Report.

9. To the MCC:

Completion of the Curriculum Map is an essential tool in agreeing curriculum content across the OMS and should be high priority. This will also ensure the core elements of the curriculum are equally represented across campuses. The MCC should consider an OMS curriculum conference to determine broad principles of curriculum agreement and repeat this on a regular basis e.g. 5 year cycle. This process should be sufficiently flexible to allow reconfiguration of existing modules and incorporation of new topics and outcomes plus removal of content with lower priority.

It seems that both aspects of this recommendation are being addressed. I note that there are regular module and inter-campus disciplinary meetings and I trust that these will continue to prove beneficial. I will not require an update in relation to this recommendation unless significant changes are implemented.

10. To the MCC:

Vertical modules should be consistently implemented across OMS with sharing of information and resources across the three campuses, regional sites and Rural Medical Immersion Programme (RMIP), for example, Clinical Pharmacology and Radiology.

I am pleased by the response to this recommendation. I accept that the inclusion of RMIP is not appropriate in this instance but it seems that appropriate steps are being taken to ensure maximum use is being made of core information and any available resources. I look
forward to learning more about the outcome of these discussions at the time of the second Status Report.

11. To the MCC:

*Staffing across campuses is understandably varied. However, with greater collaboration, an opportunity exists for staff from one campus to lead components of curriculum development and implementation for all OMS sites.*

The establishment of the intercampus collaboration fund is an excellent initiative. I am pleased to hear that as a result of the funds establishment there have been several opportunities for interdisciplinary meetings resulting in successful collaborations across campuses and modules. I encourage the continuation of this initiative and look forward to hearing more about the positive outcomes, increase in shared resources and development of common objectives in the next Status Report.

12. To the MCC:

*Develop learning networks to support block and vertical module alignment across the three campuses, with resources allocated for processes and infrastructure to support coordinated activity, for example, Public Health, Paediatrics, General Practice.*

I support the approach outlined in response to this recommendation (in conjunction with the responses received for recommendations 10 and 11) and look forward to reading whether the integrated process outlined is meeting programme objectives in the next Status Report.

13. To the MCC:

*There is an imbalance between Year 4 and 5 of the programme, both in terms of curriculum content and assessment load. The Panel recommends that efforts be made to redress this imbalance.*

I acknowledge the response provided in respect of this recommendation and accept that, notwithstanding the proposed change to programmatic assessment, there has been robust discussion and consideration of the merits involved in further addressing workload variations between Year 4 and 5 and that the current status quo is acceptable. No additional update will be required unless this situation is revised before the next Status Report.

14. To the MCC:

*The continuum of learning from ELM to the postgraduate environment needs to be considered to identify potential gaps in the ALM curriculum of importance to medicine, for example, Pacific Health, Science.*

It is apparent that considerable thought has gone into the response to this recommendation and I note that a number of the initiatives outlined for previous recommendations also correspond to the work that is being undertaken with respect to this matter – notably the MB ChB Curriculum Map and the need for an increased focus on vertical integration. Nevertheless, the work to do is commendable and I am confident that the relationship between the ELM and ALM will continue to strengthen as a consequence of these actions.
would appreciate an update on progress and outcomes relating to this matter in the following Status Report.

15. To the MCC:

*Promote greater community-based learning experiences, given the changing nature of health care delivery.*

The response to this recommendation is noted and I am pleased to learn of the depth of community-based learning opportunities currently available across the disciplines. As noted in the recommendation, delivery of health care is a changing environment and therefore it is heartening to note that this is also an area of ongoing review. I look forward to receiving an update on these matters in the second Status Report.

16. To the MCC:

*The Christchurch campus’ capacity for MIHI to cross-teach and support integration should continue to be supported.*

Noted and accepted. I concur with the intention to focus on the roles of Associate Dean Māori roles to ensure each campus are adequately resourced to support the Hauora Māori Vertical Module. No additional update on this matter will be required.

17. To the MCC:

*Pacific perspectives in the OMS curriculum be increased with consistency of learning experiences across campuses; for example, consider the inclusion of the Dunedin Pacific Immersion Programme at the Christchurch and Wellington campuses.*

Noted and accepted. An update on this recommendation would be appreciated in the next Status Report.

18. To the MCC:

*Curriculum sub-committees in each campus should regularly monitor whole class time and tutorial activities within modules to ensure that there is an agreed and appropriate balance of classroom and experiential learning to ensure it is reasonably consistent across campuses.*

I acknowledge the challenges identified through the evaluation undertaken at UOW and accept that there are several factors that impact the quality of measureable outcomes. Therefore, I accept that a process whereby regular module review reports will be updated whilst taking these matters into account, will be implemented. The premise of this recommendation seems to be consistency and balance across campuses and I am confident that this can be successfully achieved using a variety of methods. No further update on this matter will be required.

19. To the MCC:

*Longer placements in more generalised units would enable TIs to become more effective team members and would more readily facilitate the integration of theoretical and clinical learning.*
It is apparent that considerable thought has been given to both the positive and negative consequences of implementing this recommendation and I accept that review and reflection on the appropriate length of placements is on-going. Please provide an update on this matter in the following Status Report.

20. To the Dean, OMS and the MCC:

There should be a greater use of e-Learning resources to promote self-directed student learning and facilitate common approaches across the three campuses (as Paediatrics and Women's Health have done). This will require learning design support and ICT resources. 

I accept that this recommendation is being addressed under the auspices of the eLearning Action Plan and the network of eLearning facilitators across all campuses. However, I would be interested in hearing more about the implementation of this plan and its success at the time of the second Status Report.

21. To the PVC, Division of Health Sciences:

There be continued Divisional commitment to IPE and action taken to integrate IPE throughout ALM.

The actions taken that relate to this recommendation, namely the establishment of a Centre for Interprofessional Education and associated oversight committee, clearly demonstrates the Divisions commitment to IPE and its integration throughout the ALM. I look forward to hearing more about this group and the success of its activities in the following Status Report.

22. To the Dean, OMS:

ICT support to further develop assessment tools and design a comprehensive database for monitoring student performance (see also Recommendation 32).

I recognise the challenges to implementing this recommendation fully but I am pleased by the progress to date. Please provide an update on the status of this matter at the time of the second Status Report.

23. To the MCC:

A collaborative approach to assessment between modules and across the campuses should be developed to ensure assessment is meeting common objectives.

The response to this recommendation, which I acknowledge was an area already identified during the Self Review phase, is encouraging and I look forward to hearing more on progress made in linking the curriculum map to the programme of assessment in the next Status Report.

24. To the MCC:

Regular review of modes of assessment by all modules, scrutinizing them against the principles of assessment.

It seems that this recommendation is being addressed as part of a range of required reviews and evaluations. Unless there are significant changes to the way in which this matter is being satisfied I will not require any further updates.
25. To the MB ChB Educational Research and Evaluation Sub-Committee (MERECS):

The results of module evaluations in ALM be combined with data from Curriculum Map coverage and site and campus examination results within a defined research framework. Findings should be derived that will inform Programme development and contribute to the literature on distributed medical education across a range of urban, community, regional and rural clinical teaching sites.

I am pleased to read the response provided for this recommendation and note that steps are being taken to enhance the systems currently in place to analyse information from multiple sources. I look forward to hearing of the success and impact of these actions at the time of the second Status Report.

26. To the Dean, OMS:

The OMS should implement formal mechanisms for regularly seeking feedback on graduate performance from key stakeholders in the MCNZ, DHBs, PHOs, post-graduate colleges, Māori health and community organisations, relevant Pacific Island groups and OMS alumni.

I acknowledge the response to this recommendation and accept that, whilst there is a willingness to pursue this matter, there are a number of challenges and potential barriers. Nevertheless, as a counter to the lack of feedback from employers and key stakeholders there is always the Graduate Opinion Survey that is undertaken on an annual basis, which could potentially provide useful data. Unless there are significant changes to the response for this recommendation, I will not require an update on this matter.

27. To the MCC:

The domains of professionalism and professional development that are delivered in ELM receive greater emphasis and are built on within the ALM curriculum, enhancing formal assessment (as outlined in the report, “Assessment for professional practice – collecting, interpreting and acting on information about students”) and meaningful integration with the acquisition of clinical knowledge and skills.

After reading the response to this recommendation I agree that this appears to be an area that the programme is managing well. I concur that there can always be improvements in practice and innovation but given the strong interest from external parties on how assessment of professionalism has been conducted it seems that this matter is being satisfied. No additional update with respect to this recommendation will be required.

28. To the Director, MB ChB and MCC:

The health and wellbeing profile of all students is strengthened, but particularly of those in crisis, students with mental health issues, and students performing poorly. This should occur through the established student support mechanisms and the curriculum, providing counselling, remediation and, where necessary, credited exit pathways from the MB ChB programme.

I am pleased to receive details of the actions taken prior to this review that outline the OMS’s stance on this matter and subsequent response. It is clear that there is a strong
commitment to the wellbeing of ALM students and the establishment of ‘Wellbeing Hubs’ that meet the needs of students whilst being accessible; it is particularly pleasing that this is a multi-campus initiative. Engaging the Division of Sciences in matters pertaining to student welfare, the establishment of Associate Dean positions focusing on Student Affairs and the development of the Bachelor of Health Science are all initiatives deserving of commendation. It is apparent that this is a matter that requires continuous monitoring but it seems that appropriate steps are being taken and I look forward to hearing more in the second Status Report.

29. To the Dean, OMS and Director, MB ChB:

   Student admission processes, including evidence-based non-cognitive criteria for admission, be reassessed.

Noted and accepted. No additional update on this recommendation will be required.

30. To the PVC, Division of Health Sciences and Dean, OMS:

   In view of the changing learning environment (on-line learning and information access, e-journals etc.), there is a need for adequate teaching spaces and appropriate learning areas for self-directed learning associated with ALM on all campuses, including regional sites and clinical environments.

I acknowledge the challenges facing the Division with respect to this recommendation and recognise that fully satisfying this matters requires input from a range of parties. This is an on-going matter and it will not be resolved in the short term but I am pleased that discussions are underway and action is being taken when possible. Please provide an update on the status of this recommendation in the following Status Report.

31. To the PVC, Division of Health Sciences:

   The ICT servicing the ALM programme must be improved to ensure it is compatible, consistent, reliable and of high quality across all learning environments (see also Recommendation 22).

Noted. An update on progress relating to this recommendation would be appreciated in the second Status Report.

32. To the Director, MB ChB:

   Include more opportunities, encouragement, and support for ALM students to become engaged in research.

Noted and accepted. It seems that this recommendation is being satisfied. No further update will be required unless there is a significant change associated with this matter.

33. To the MCC:

   Map the existing research and scholarship learning opportunities, then consider how to incorporate research and scholarship into the ALM programme with defined outcomes and assessment.
I note the response to this recommendation and look forward to hearing more about the matter at the time of the second Status Report.

General Comments

Thank you for providing such a comprehensive response to my request for an update on progress made to the Review Panel’s recommendations. I am aware that a number of recommendations were already being addressed at the time of the Review and it is pleasing to hear how these are progressing. It is apparent that a number of parties have expended considerable time and energy to produce the document provided and I commend each group for their commitment and willingness to develop and strengthen the ALM programme. I look forward to hearing of further developments at the time of the next update.

A request for the next Status Report will be sent in early-2019.

Yours sincerely,

[Signature]

Professor Vernon Squire
Deputy Vice-Chancellor (Academic)

CC: Professor Pete Ellis
    Professor Tim Wilkinson