Key points – OMS AMC Re-accreditation 2018

Context
The structure and function of the current six-year MB ChB programme reflects both its history and its local contexts. When the Otago Medical School (OMS) was founded in 1875, Dunedin was one of the larger cities in New Zealand. The establishment of the Christchurch and Wellington campuses in the 1970s was primarily a response to increasing MB ChB student numbers. These campuses have both grown substantially since, and now provide a range of health professional education programmes and a substantial proportion of the research outputs of the University. Currently, the Dunedin campus is home to the majority of the University’s underpinning science resources while the Christchurch and Wellington campuses are sited in larger and expanding populations and their related health services. The majority of medical students complete the Health Sciences First Year course (a foundation year course for five of the nine University of Otago health professional courses) and then enter the Early Learning in Medicine (ELM) programme (years 2 and 3, with a focus on underpinning biomedical sciences) in Dunedin, before completing the Advanced Learning in Medicine (ALM) programme (years 4-6, with a focus on immersive clinical training) in Dunedin, or Christchurch, or Wellington.

The overarching culture, resulting from the University of Otago devolution of responsibilities to each of its campuses, is one of encouraging centres and departments to design and deliver the activities that best suited their strengths and context. This relative autonomy has permitted staff engagement and innovation within campuses but has been less successful in fostering collaboration or creating economies of scale.

These factors are particularly evident during the Advanced Learning in Medicine element of the MB ChB (where students are distributed across the three campuses) in which there is variation to some extent in duration and timing of some modules. Common assessments at the end of ALM5 have provided reassurance that similar standards are being met by students at all campuses – a ‘common destination, different pathways’ model. We recognise the necessity for some degree of diversity, but are actively promoting avenues for greater collaboration, synergies, and sharing of resources, mindful of the need to balance this with maximising local learning opportunities. This is reflected in our development of structures and functions to support a greater degree of central control and influence.

This theme of increasing central influence/control to promote effective stewardship of resources and ‘service’ delivery (including learning and research) also underlies the University of Otago’s Support Services Review of all its administrative staff and their roles. At the time of the AMC visit this process may be at the stage of maximum uncertainty and anxiety. Particular concerns for the MB ChB are appropriate recognition of the complexities of delivery of professional programmes (compared to those in the Humanities, for example); the degree to which central IT services are able to meet the needs of the MB ChB programme; and the prioritisation of new facilities for the University of Otago Christchurch (UOC) following the Christchurch earthquakes in the overall University building plans.

An overview for each of the Standards follows, with these key points also reproduced at the beginning of the self-review for each Standard.
Standard 1 – The Context of The Medical Program

Where we’re heading

As identified in the 2008 AMC review, governance and financial management of the MB ChB programme across three major cities and four schools required greater clarity around areas of responsibility and a mechanism to balance the needs of the MB ChB programme with the needs of other University of Otago Health professional programmes. We have undertaken considerable work to address this but recognise this needs particular ongoing attention at a time of significant change in the University. Our goals are clarity of responsibilities for all those involved; an appropriate level of alignment of governance structures; and ensuring an appropriate focus of resources for the MB ChB programme. We consider that the influence of the MB ChB Curriculum Committee (MCC) has increased, and continues to increase, on these issues, and includes oversight of many operational aspects of the programme and across-campus/school communication, not just a focus on curriculum design.

Achievements so far:

- Appointment of an MB ChB Programme Director in 2013 and several other lead roles in medical education (Director of ELM programme; the Associate Dean for ALM; Interprofessional Education (IPE) Director; and academic leads for curriculum map, simulation, and medical education research).
- MB ChB Programme Director and the Director of ELM are members of the Otago Medical School (OMS) Executive.
- All Terms of Reference for MCC and its related committees revised to ensure greater clarity and consistency, and clear articulation with the OMS Academic Board and university processes.
- Authority and delegated responsibility of all committees have been identified on a single chart to facilitate communication and operation.
- Implementation of a process for MCC to identify key educational priorities for funding and support in the annual OMS overall budget cycle (through annual ‘statements of expectations’).
- Establishment of senior Māori leadership positions on each campus and on each key committee and resulting changes in influence on the curriculum.
- Establishment of senior Pacific leadership positions on each campus and on each key committee and early changes in influence on the curriculum.
- Maintenance/development of constructive partnerships with District Health Boards (DHBs), General practitioners in the community, community agencies and iwi.
- Development of recognised expertise in medical education.
Next steps:

- Review the impact of the ‘statement of expectations’ initiative after three budget cycles (late 2019) and modify as needed.
- Complete scoping of medical education research activities and identify potential areas for greater collaboration by end of 2018; establish medical education research strategy by mid-2019.
- Addressing external events:
  - The current PVC/Dean of OMS relinquishes these posts in early 2019 but his leadership in promoting commitments to social accountability and a ‘mirror of society’ admissions selection policy will continue due to the wide ownership of these initiatives and their alignment with the general direction for the University of Otago promoted by its Vice-Chancellor.
  - Work to influence the implementation of the Support Services Review, particularly ensuring the necessary level of support by administrative staff needed to run a complex and geographically dispersed professional programme.

Standard 2: The Outcomes of the Medical Program

Where we’re heading

Over the last five years we have clarified our learning outcomes at multiple levels. These have been influenced by the emerging University of Otago and Division of Health Sciences strategic development and related plans, particularly Social Accountability Development; Māori Development; Pacific Development; and Research Development. While long been committed to engagement with Māori, the Otago Medical School (OMS) is now seeking dialogue with the wider community.

Achievements so far:

- Development of a hierarchy of learning outcomes
  - The MB ChB Kaupapa / purpose updated following consultation with community groups and key stakeholders; the MB ChB graduate profile revised to provide greater specificity for medical graduates.
  - Purpose statements developed for ELM and ALM.
  - MB ChB Curriculum framework developed around concepts of core professional activities, core presentations and core conditions.
- Specific learning outcomes developed related to Hauora Māori.
- Specific learning outcomes developed related to Pacific Health.
- Social Accountability Strategic Plan adopted by the Division of Health Sciences and OMS. Many MB ChB activities currently already contribute to the identified goals.
- Continuing demonstration of comparable learning outcomes across campuses while maximising authentic clinical experiences for students in collaboration with partner District Health Boards.
Next steps:

- Ongoing implementation of Divisional and OMS strategic plans for Social Accountability, Hauora Māori, Pacific Health, and Research within the MB ChB programme, with annual reports to the MB ChB Curriculum Committee (MCC).

Standard 3: The Medical Curriculum

Where we’re heading

Our model of curriculum design and delivery aims to provide clarity around learning outcomes, with flexibility to achieve them. Such flexibility includes a student-directed component (not all that needs to be learnt, needs to be taught) and sufficient staff autonomy to promote innovation and ownership (not everything needs to be taught in the same way). Clear learning outcomes to support this model need to strike a balance between being general enough to avoid the need for frequent updating, while being specific enough to guide learning.

The high-level goals of the programme are reflected in the Kaupapa for the MB ChB programme, and the ELM and ALM purpose statements. The essence of the programme is captured in our core elements (core professional activities, core presentations and core conditions) which are intended to demonstrate the direct relevance of all learning to the clinically-focused outcomes of the programme. Each of these core elements is linked to specific learning outcomes. These are developed and reviewed by the Curriculum Domain Committees and authorised by the MB ChB Curriculum Committee (MCC). These learning outcomes are at the level of what a student might learn within a module and are not further specified (e.g. down to the content of individual learning sessions) as we consider this would be unworkable and prevent necessary autonomy for module conveners, individual teachers and students.

The curriculum aims to provide excellent support for student learning in order to prepare them to work as a junior doctor and to train in any branch of medicine. We are committed to ensuring that the curriculum remains relevant to the changing nature of medicine and medical practice (such as the importance of teamwork, quality and safety, and stewardship of resources). All three stages of the programme (Health Sciences First Year, Early Learning in Medicine and Advanced Learning in Medicine) are regularly updated and revised; HSFY has recently been reviewed for 2019 delivery aiming to reduce content and student stress.
Achievements to date:

- Definition of the curriculum core elements (core professional activities, core presentations and core conditions) and where they are learnt within each stage of the curriculum.
- The supporting specific learning outcomes, and related levels of learning, are categorised into six curriculum domains. These match to the four domains of the AMC graduate outcomes. This aids vertical integration of curriculum content.
- Greater alignment of vertical modules across the ALM campuses.
- Acknowledgement of the strength of the Hauora Māori curriculum by several LIME awards.
- Successful implementation of Pacific immersion weekend at the Dunedin School of Medicine (DSM) campus.
- Refinement of the ELM programme to provide a strong underpinning science foundation complemented by related and integrated clinical experiences and case scenarios.
- Increasing collaboration across campuses and years to improve horizontal and vertical integration.
- Introduction to Quality and Safety in ELM and successfully piloted activities in ALM, particularly at University of Otago Christchurch (UOC) campus.

Next steps:

- Enhance utilisation of the Curriculum Map by students (and further increase use by staff).
- Documentation of the detailed learning outcomes, as defined by Domain Sub-committees, by 2019 and uniform visibility of these at the module level by 2020.
- Promote sharing of learning resources across years and campuses by linking key learning resources to core elements within the Curriculum Map, commencing in 2018.
- Advocate for IT resource to enhance Curriculum Map functionality and reporting functions.
- Strengthen the Quality and Safety component across the curriculum by 2020.
- Continue to work towards greater alignment of block modules across ALM campuses, with proposals for consideration by 2019.
- Explore ways to enhance Year 6, the final (trainee intern) year, to improve work readiness, with proposals for consideration by 2019.
- Develop the Pacific Health curriculum across all campuses, with an initial teaching framework delivered in 2018 and the Pacific immersion weekend extended to Christchurch in 2018 and Wellington in 2019.

Standard 4: Teaching and Learning

Where we're heading

We aim to expose students to a variety of health care contexts, to provide authentic learning experiences within safe settings and to use teaching and learning methods that optimise active learning and application. To ensure patient and student safety and to enhance learning around less common or more complex clinical skills, we see an increasing role for simulation at all stages of the programme. We also see an increasing role for learning with, and from, other health professionals and to enhance teamwork skills. We promote sharing of learning resources across all stages of the programme through use of eLearning.
Achievement so far:

- Learning methods include a large proportion of small-group work and clinical experience.
- Appointment of new staff to support new learning technologies; eLearning Facilitators on all campuses; establishment of a Divisional Interprofessional Education (IPE) Group, with IPE Facilitators appointed on sessional basis on each campus; appointment of a Simulation Academic Lead.
- Satisfactory uses of simulation in ELM across all stages of the programme.
- Increasing sharing of learning resources across years and campuses.
- Most eLearning projects are developed as OMS-wide activities.
- IPE established across OMS.
- Development of methods to promote and monitor good role models.
- Behavioural Assessment Team established to address anonymous complaints of undesirable behaviour by teachers and clinical staff.

Next steps:

- Expand and coordinate the use of simulation and ensure equitable availability of simulation facilities for all students by 2021.
- Continue eLearning developments and sharing of learning resources.
- Ongoing expansion, consolidation and continued coordination of IPE activities.
- Review impact of processes to detect and act on poor role models and to promote a positive learning environment (2020).

Standard 5: The curriculum - assessment of student learning

Where we’re heading

We are committed to a process of systematic assessment where we collect and critically analyse multiple pieces of information from assessment events, using methods appropriately selected for purpose(s), aggregate that information using deliberate methodology, and provide a synthesis to guide learning, make progression decisions, and evaluate the learning environment. We consider students’ progress across key areas of the curriculum (e.g. professionalism, clinical skills, communication skills) rather than regarding achievement within a module or single examination as stand-alone requirements. In this model, competency in one core area is considered non-compensable by activities in another core area. We already have a well-developed version of this in ALM. We intend to improve this further and to implement it in ELM. This approach has increased robustness of decision-making and improved detection of, and action on, professional conduct. We are proud of our scholarship and innovation in assessment and our related policies and procedures.
Achievements so far:

- Common-component end-of-year examinations consistent with international best practice.
- Assessment policy and practice is well documented in the annually updated ‘MB ChB Assessment Policy and Procedures’ document, including progression decision-making.
- Feedback to students following assessments is robust and standardised for end-of-year examinations although still less consistent for in-course assessments.
- Assessment quality is routinely monitored, particularly for end-of-year examinations. Summaries provided to staff include comparisons across sites.
- Progress decisions in ALM use aggregated information, not stand-alone module assessments. This leads to more robust high-stakes decisions particularly regarding professional practice.

Next steps:

- Implement an assessment results database (currently not a central university IT priority).
- Continue to advocate for IT resources specific to MB ChB development from the central university level.
- Implement the non-compensable components proposal to further strengthen decision making (2019).
- Continued alignment of assessments to developments in the Curriculum Map.
- Implement the UK-based Prescriber Skills Assessment – formative pilot in 2018.
- Explore alternative or additional means of assessment, e.g. limited-resource (‘open book’) assessments – formative pilot in 2018.
- Provide mechanisms and staff development to ensure adequate feedback to students from in-course assessments.

Standard 6: The curriculum - monitoring

Where we’re heading
Historically, evaluation of the course relied heavily on student opinion. We recognise the value, but limited scope, of this approach and now draw on evaluation data from a variety of sources which is then synthesised into summaries that subsequently inform actions. We are committed to remaining active in benchmarking our activities with other medical schools.
Achievements so far:

- Strengthened processes to detect and act on staff behaviours that affect students adversely.
- Increased sources and types of data utilised for programme evaluation, synthesised by an overarching committee, the MB ChB Educational Research and Evaluation Sub-committee (MEREC).
- Increased sources and types of data utilised for module evaluations, synthesised by the convener into a report reviewed by the campus Curriculum Sub-Committee and MEREC.
- OMS is active in benchmarking activities with other medical schools in Australia and New Zealand and in ensuring we are consistent with international best practice.
- OMS is actively leading and supporting the New Zealand aspects of the Medical Schools Outcomes Database (MSOD). We are currently collecting data on graduates who are entering their fifth postgraduate year.
- Revised MOU with the Medical Council of New Zealand (MCNZ) around sharing of information on our students.
- In collaboration with Auckland Medical School, we have discussed how to obtain data on our graduates with the District Health Board (DHB), national committee of Chief Medical Officers (CMOs), the MCNZ and the Resident Doctors Association (RDA).

Next steps:

- Ongoing advocacy with MCNZ, the RDA and the national committee of CMOs and the postgraduate medical Colleges to obtain evaluation data on our graduates.
- Analysis and interpretation of data from MSOD as data collection proceeds.
- Evaluate our effectiveness at monitoring the learning environment.

Standard 7: Implementing the curriculum - students

Where we’re heading
We are committed to our ‘mirror on society’ approach where our graduates reflect New Zealand society. We are succeeding in this in relation to Māori students, Pacific students and rural origin students. Our next goal is to explore how socio-economic status is reflected in our cohorts. Our current class size is manageable. Based on previous discussions with Auckland Medical School and at a national level, recent increases in government-funded places prioritised Otago while future increases will prioritise Auckland. As such, we are not anticipating significant increases in class sizes, nor increasing the intake of international students (a small proportion of the class).

While a range of support services is available to students, we are keen to improve the visibility and equity of provision of such services to all students and to strengthen curriculum content that promotes self-care and care of colleagues.

The recent review (2015) of the Health Sciences First Year (HSFY) and implementation of recommendations leading to some modifications in the HSFY course and discussions with the other health professional education programmes it serves, are beginning to open up possibilities for more coordinated methods of selection into the programmes based on student achievements during HSFY.
Achievements so far:

- Class sizes are now in steady-state following increases over the last 10 years.
- Agreement with Auckland University on non-overlapping access to clinical training settings.
- The proportions of Māori, Pacific and rural students entering the programme have steadily increased and are now equivalent to population proportions.
- Completion of a revised website showing support available to students.
- Steps to support a positive clinical learning environment (CAPLE project) and mechanisms for consideration of anonymous complaints about staff.
- Redeveloped structure and function of the Fitness to Practice Committee now working well alongside our assessment system.
- Establishment of Regional Associate Dean positions providing pastoral support to students on regional placements.

Next steps:

- Completion of Divisional review of equitable provision of student support services and implementation of this as it relates to OMS and the MB ChB, especially in regional placements.
- Consideration of implications and opportunities for selection process following the outcome of the HSFY review.
- Introduce two new affirmative selection pathways, socioeconomic status and refugee status, into the selection processes at the end of 2019 for the 2020 intake.

Standard 8: Implementing the curriculum - learning environment

Where we’re heading

The University of Otago’s strategic direction emphasises a commitment to ‘Outstanding Student Experiences’ and ‘Outstanding Campus Environments’ for all students, including those outside Dunedin. This is particularly important for the large number of MB ChB students outside the Dunedin campus. There is an acknowledged need to expand physical facilities in Wellington and Christchurch and support infrastructure development in regional sites.

We are keen to have clarity around the extent and prioritisation of centrally provided IT support and resources and what would need to be provided at OMS level, although decisions are unlikely until key outcomes related to IT in the Support Services Review are completed. Limited IT resourcing has, and continues to, seriously constrain development of key curriculum map and assessment database initiatives.

We are committed to providing a range of professional support for all teachers, ranging from individualised sessions, one-off group sessions, core sessions available to all staff, short courses and qualification-bearing courses.
Achievements so far:

- Clinical placements for all students have been maintained with increasing use of regional sites.
- Education Advisers in ELM and at each ALM campus provide individualised sessions, one-off group sessions, and core sessions, to support the teaching role of staff, including District Health Board (DHB)-only staff. In addition, a new on-line resource was released in 2018.
- Good simulation facilities in University of Otago Christchurch (UOC) and the Invercargill campus. Adequate simulation facilities in Dunedin School of Medicine (DSM). Centralised simulation facilities in University of Otago Wellington (UOW) have yet to be properly developed.
- Current facilities in ELM are adequate provided class sizes do not exceed 300 students/year.

Next steps:

- Plans to meet infrastructure needs in Christchurch in particular, but also Wellington and regional sites, are not yet operationalised. This is causing pressure for staff and students. As UOC is about to lose space previously rented from the DHB, planning is underway to ensure appropriate facilities to support student learning. Final decisions are expected by mid-2018.
- Planning is underway for an ELM Centre that will accommodate all ELM staff within one clearly identified space.
- Ongoing expansion of regional placements, including Whanganui Hospital for 2019.
- Ongoing work to improve student and staff facilities in regional settings, and at northern campuses.
- Development of equitable simulation facilities on all main campuses, with UOW being the priority.
- Review how to ensure appropriate IT resources for the MB ChB programme once Support Services Review decisions are made about central and other IT services.
- Continuing faculty development for all teaching staff, including DHB-only staff; evaluation of the new on-line staff development resource, from 2019.
- Discussions with the University’s Higher Education Development Centre (HEDC) on improving visibility and relevance of qualification-bearing courses in education; commenced 2018.