

**FACULTY OF MEDICINE  
TEACHING AND LEARNING PLAN: 2004-2006**

**What will we have achieved that is consistent with University and College plans?**

- ✓ A wider and more innovative range of postgraduate and continuing education programs.
- ✓ More flexibility for students, with more choices in how, what and where they can study, especially in postgraduate education.
- ✓ Further strengthening of the USydMP, through mechanisms of continuous quality improvement, particularly in relation to student assessment
- ✓ Expansion of the Faculty's internationalisation program
- ✓ Improved and extended inter-disciplinary teaching and learning
- ✓ Increased contribution to scholarship in teaching and learning
- ✓ Diversity, access and equity
- ✓ Improved educational support services – both undergraduate and postgraduate
- ✓ Greater student satisfaction with learning experiences.

**How will we achieve it?**

As a priority, we will:

GOAL	GOAL ACTION	EVALUATION OF ACTION As at March 2005
<p><b>1. Expand the Faculty's profile as a provider of high quality postgraduate and continuing professional education</b></p>	<ul style="list-style-type: none"> <li>• <u>Establish the Sydney Professional Master of Medicine Program (SPMMP)</u></li> <li>• <u>Implement the SPMMP Business Plan:</u> <ul style="list-style-type: none"> <li>- Submit a request for contributory University funding</li> <li>- Appoint an Academic Coordinator for the SPMMP into the Office of Teaching and Learning in Medicine (OTLM)</li> <li>- Submit coursework proposal for new masters program (including details of two courses and electives to commence in 2005) – to Postgraduate Coursework Sub Committee and Faculty Academic Committee</li> <li>- Submit new coursework proposal for generic Professional Master of Medicine (Discipline) – to Postgraduate Coursework Sub Committee; and to Academic Board</li> <li>- Prepare for entry of first students into the Program</li> <li>- Continue roll-out of course proposals during 2005/2006 –interim review of progress to Faculty Academic Committee</li> <li>- Working party to report on the possibility of developing a new Professional doctorate, with a structure similar to that of the Doctor of Arts</li> </ul> </li> </ul>	<p>The Sydney Professional Master of Medicine Program (SPMMP) received Senate approval in October 2004.</p> <p>The Vice-Chancellor, through the Innovation and Technology Education Ventures program, has approved a \$250,000 interest-free loan for the SPMMP.</p> <p>Dr J Egan was appointed to this position in May 2004.</p> <p>Submitted in June 2004</p> <p>Submitted December 2004</p> <p>Facilities have been reserved for the face-to-face residential component, and online learning modules have been designed. Liaison with the University's Flexible and Online Learning Team (FOLT) and Library staff has occurred to ensure service synchronicity.</p> <p>Proposals for 2006 offerings will be submitted in August 2005, including Psychological Medicine, Sleep and Chronobiology, Dermatology, Liver Disease and Neurology</p> <p>Preliminary research of Australian and overseas professional doctorates was completed in January 2005. The Faculty is currently considering three potential delivery modes. A proposal will be submitted to the Academic Board in August 2005.</p>

	<ul style="list-style-type: none"> <li>• <u>Expand the commercial activity of the Faculty's newly established Centre for Innovation in Professional Health Education (CIPHE)</u> <ul style="list-style-type: none"> <li>- Launch of CIPHE</li> </ul> </li>   <li>• <u>Implement recommendations of the 2003 review of the Copleston Committee for Continuing Medical Education (CCCME) structure and functions – strategic plan in place</u></li> </ul>	<p>Approval for the establishment of CIPHE was granted in November 2004 with the official launch being held on 24 March 2004. CIPHE has continued to increase its commercial income during 2004, particularly as a result of completing a major federally funded project to develop a National Patient Safety Education Framework. Other commercial income during this period includes contracts with the Royal Australasian College of Surgeons, NSW Health, Pharmacy Guild of Australia and the Victorian Quality Council. Additional income also came from internal contracts to support major Faculty initiatives including the development of the Sydney Professional Master of Medicine Program (SPMMP). During the remainder of 2005 CIPHE will be seeking further contracts with a variety of health organisations as a leading consultancy group for curriculum development in patient safety and will also be exploring emerging course development opportunities in inter-professional training for health workers.</p> <p>The CCCME is now officially based within the OTLM, with clear lines of financial accountability established. Lines of management accountability have been established, but a number of role changes at senior management levels in the OTLM have occurred.</p> <p>The General Practitioner Advisory group has been established and, along with the Basic Physicians Training advisory group has been active, reflecting the current new initiatives and ongoing activities of the CCCME in these are as.</p> <p>There have been significant changes within the CCCME suite of programs over the past twelve months. There is an ongoing need to review the activities of the CCCME in the context of changes</p>
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		to the role of CIPHE, the current expansion of the SPMMP and the changing appointments and structures of the OTLM.
<p><b>2. Maintain the process of continuous quality improvement to further strengthen the USydMP, particularly in relation to student assessment</b></p>	<ul style="list-style-type: none"> <li>• <u>Continue the process of curriculum renewal:</u> <ul style="list-style-type: none"> <li>- one PBL case per study Block across Years 1 and 2 will be replaced each year;</li> <li>- Year 3 PBL cases to be reviewed and/or renewed; Year 4 two remaining rotations to be reviewed</li> </ul> </li>   <li>- review of the vertical integration of curriculum content in 2-3 disciplines of Basic and Clinical Sciences – to be finalized and underway in a further 2 disciplines</li>   <li>- discipline review completed</li> </ul>	<p>This has been implemented in 2004 and is an ongoing process.</p> <p>Year 3: The PBL cases are being reviewed as part of the Discipline Review process and the separate review of the integration of Years 3 and 4 (see below).</p> <p>Year 4: Child and Adolescent Health, Perinatal and Women’s Health and Community Rotations have reviewed their PBLs. New PBLs in Child and Adolescent Health are under development. A review of the PBLs in Psychological Medicine and Drug &amp; Alcohol Studies is currently being undertaken.</p> <p>A review of the Community Rotation was undertaken at the end of 2003 with major work since then focussed on implementing recommendations. A review of the Child and Adolescent Health Rotation was undertaken in 2004. Psychological Medicine and Drug &amp; Alcohol Studies reviewed its summative assessment at the end of 2004 and changes are being implemented.</p> <p>A major review of the integration of Years 3 and 4, with a view to a possible restructure of these years, is underway.</p> <p>The processes for this review have been developed. New search procedures using the Content Management System (CMS) are in place. The first discipline groups, Cardiology and Immunology, have commenced the process and are due to report by mid 2005. A new user</p>

	<ul style="list-style-type: none"> <li>• <u>Continue process of improvement in student assessment:</u></li> <li>- increase number of item writing staff development workshops</li>   <li>- improve system for support of 'at risk' students – report outcome of changes, to USydMP Committee</li>   <li>- conduct larger trial of eMEQ;</li>   <li>- if also successful, roll-out to all RFAs;</li>   <li>- increase the use of assessment items from the International Medical Schools Consortium assessment item bank</li> </ul>	<p>interface for searching and improved search facilities for the CMS, including MESH tags, are due to be in place within the next two months. This will make content searching easier. Two more disciplines are to be identified by mid 2005 to begin the process.</p> <p>There has been some increase in participants attending workshops in 2004 compared to previous years. Further efforts to increase participation and the number of item writing workshops in 2005 are underway.</p> <p>Data have been examined with regard to the probability of students 'at risk' failing the Year 2 Summative Written Assessment. OTLM staff are more strenuously following up and providing academic assistance to students 'at risk'.</p> <p>Trial of eMEQ was unable to proceed in July 2004 because of other Faculty IT support priorities. However, a small trial was conducted in November 2004. Recommendations arising from this trial have led to the planning of a larger trial for July 2005. This trial has the support of the Assessment Committee and the USydMP Committee.</p> <p>If the above trial is successful, roll-out to all RFAs is planned from November 2005.</p> <p>Assessment items from the Consortium were used in written formative assessments in 2004. In 2005 items will also be used in written summative assessments.</p>
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	<p>- evaluate clinical assessments – supervisors’ reports for Med 3; and changes to structure of OSCEs</p> <p>- promote increased student self regulation – improve and expand system of peer and self marking – <i>introduce into Med 3 RFA</i></p> <p>- complete the review of standard setting in BCS Theme;</p>	<p>Both quantitative and qualitative data with regard to supervisors’ reports in Year 3 were evaluated in 2004. In addition, a student evaluation of supervisors’ reports was conducted with the results reported to the Patient Doctor Theme Committee. A sub-committee has been established to implement changes.</p> <p>Changes to increase reliability of OSCEs have been implemented.</p> <p>Peer and self-marking was introduced into the Year 3 RFA in June 2004 and evaluated. This trial was a success. Peer and self-marking will be repeated for Year 3 in June 2005. In addition, this system will be introduced and evaluated Year 1 in 2005.</p> <p>Staff from the Assessment Unit have attended standard setting meetings for all written summative assessments during 2003 and 2004. Data has been collected as part of an ‘action research’ review of standard setting. A report with specific recommendations for further action will be presented to the Assessment Committee and USydMP Committee by November 2005.</p>
<p><b>3. Expand Faculty internationalisation, in line with University policy:</b></p>	<ul style="list-style-type: none"> <li>• <u>Develop cotutelle PhD agreements initially with two Universities - Humboldt University in Berlin; Karolinska Institute in Stockholm</u></li> <li>• <u>Survey Faculty to ascertain personal links for students to undertake electives during the MBBS course - panel of approved elective placements for students to broaden their experience</u></li> <li>• <u>Further strengthen our relationship with Universities in Vietnam - Hanoi Medical University, Hue Medical College and Danang General Hospital</u></li> </ul>	<p>An MOU with the Karolinska Institute has been signed and is operational. A cotutelle agreement with Humboldt University is currently being developed and will be finalised in 2005.</p> <p>This survey is currently being undertaken.</p> <p>The existing relationships have been further strengthened and have been extended to two hospitals in Ho Chi Min City, Tu Du Hospital and Cho Ray Hospital.</p>

<p><b>4. Provide more flexibility for students, with more choices in how, what and where they can study, especially in postgraduate education.</b></p>	<ul style="list-style-type: none"> <li>• <u>In relation to PG education - The Sydney Professional Master of Medicine Program (SPMMP) will:</u> <ul style="list-style-type: none"> <li>- offer stand-alone study modules across a diverse range of medical specialties (modules can also be taken as one-off, non-award continuing education courses), enabling students to tailor a program according to their background, intended career path and interests;</li> <li>- combine face-to-face, online and other distance teaching methods to offer busy professionals flexible learning options; and full or part-time study;</li> <li>- offer a strong online presence in terms of teaching, communication and administration to provide students with a state-of-the-art product and service.</li> </ul> </li> <li>• <u>In relation to undergraduate units of study taught by School of Biomedical Sciences disciplines within the BSc and BSc Advanced degree programs:</u> <ul style="list-style-type: none"> <li>- Unit of Study coordinators will propose modified intermediate level units of study to the Science Faculty Undergraduate Studies Committee, to replace existing 4 and 8 credit point units of study with 6 credit point units of study</li> <li>- new units to be introduced</li> </ul> <p>(All units of study within the second year of the degree program will be of 6 credit points, facilitating interchangeability amongst faculties and institutions. The timetable contact hours are standardised such that a 6 credit point unit of study involves 4-5 contact hours per week. These changes will facilitate the flexibility with which undergraduates in these generalist degree programs can assemble their courses of study across different faculties and different institutions.)</p> </li> <li>• <u>In relation to clinical practice:</u></li> </ul>	<p>All units of study can be taken as 'stand-alone' units without enrolling in the full Master course. No unit serves as a pre-requisite for any other. In addition, the SPMMP offers an articulated award structure, from Certificate to Diploma to Master degree.</p> <p>The SPMMP used an innovative delivery model developed by Mr Stewart Barnet. Using an intensive face-to-face residential session, blended with online learning, allows busy professionals to enrol in the SPMMP while maintaining clinical practice.</p> <p>In addition to University wide services offered by FOLT, Dr John Egan provides customised, one-on-one WebCT training to all SPMMP academic and general staff. This breadth of knowledge will provide even greater support to SPMMP candidates.</p> <p>Unit of study coordinators in each of the School's disciplines have received approval from the Faculty of Science for their new replacement 6 credit point units of study and have begun to teach these units in Semester 2 2005.</p>
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	<p>- Further develop the policy adopted in 2003 for flexible overseas study arrangements during the clinical years</p>	<p>The opportunity to undertake one of the Rotations or a PRINT term overseas was extended to all international students regardless of country of origin rather than just North American students. The policy and procedures for this have been clarified and are now posted on the web.</p> <p>All students may undertake an elective overseas. The reporting of the Elective term has been streamlined and is now posted on the web. This enables easy access for other students to gain ideas and get some information about possibilities and potential problems.</p> <p>The Stage 4 Committee is in the process of reviewing the policies for overseas Rotations to ensure fairness in procedures.</p> <p>The USydMP Committee has had some preliminary discussions and will ask the ICA Committee to consider the merits and difficulties of allowing international students to complete one of their ICA terms overseas.</p>
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<p><b>5. Improve and extend inter-disciplinary teaching and learning - both within and beyond the Faculty</b></p>	<ul style="list-style-type: none"> <li>• <u>Program Committee for the BMedSci will propose revised units of study to the Faculty of Science Undergraduate Studies Committee</u></li> </ul> <ul style="list-style-type: none"> <li>• <u>In relation to clinical practice:</u></li> </ul> <p>- Review the success of the pilot program of interdisciplinary learning undertaken at Northern Clinical School with a view to providing a model for other clinical schools to adopt</p>	<p>The second year of the BMedSci degree is jointly taught by the Faculty of Science (School of Molecular and Microbial Sciences and School of Biological Sciences) and the Faculty of Medicine (School of Medical Sciences and Central Clinical School (Infectious Diseases and Immunology).</p> <p>Until 2004 the program consisted of 4 units of study worth 6 credit points each and 2 units of study worth 8 credit points each. The students also had to take a total of 8CP of elective during the year. From 2005 the second year of the BMedSci consists of 8 units of study worth 6CP each and no elective.</p> <p>A College of Health Sciences Interprofessional Learning Working Group has been established to further develop clinical placement experiences for students from each of the Faculties in the College. College support for the appointment of a Project Officer to support this Working Group and to progress its initiatives has been received. The Working Group has produced reports on the first two years of implementation of Interprofessional Learning in the Northern Clinical School and has made contact with other groups around Australia and internationally involved in these educational developments.</p>
<p><b>6. Improve and extend the Faculty's contribution to scholarship in teaching and learning</b></p>	<ul style="list-style-type: none"> <li>• <u>Increase staff development opportunities in medical education – particularly through enrolment in the Graduate Program in Medical Education offered by the Office of Teaching and Learning in Medicine (OTLM)</u></li> </ul>	<p>The OTLM commenced its Graduate Program in Medical Education in March 2004, which is now entering its second year. Fee waivers are offered to staff (including title holders) of the Faculty for one or both core units of study. Seven Faculty staff completed the two units of study in 2004; 10 have enrolled to commence in March 2005. The 2004 cohort is progressing to further study, aimed at attaining the degree of Master of Medical Education.</p>

	<ul style="list-style-type: none"> <li>• <u>Implement the proposed system of OTLM Honorary titles, to encourage Faculty to undertake educational projects for curriculum development, and potential contribution to the University Scholarship Index:</u></li> <li>• <u>Improve the return to the Faculty from the University's Scholarship Index by implementing the recommendations of the Scholarship Index Working Party</u></li> </ul>	<p>The Faculty continues to encourage Faculty staff to undertake formal study of medical education.</p> <p>The OTLM implemented a system of Honorary Associates in Medical Education in 2004. Four titles have now been conferred. The system operates according to the <b>attached</b> guidelines. At least one further title will be conferred by the end of 2005.</p> <p>Recommendations of the Faculty's Scholarship Index Working Party were implemented in 2004 – specifically, nominating School representatives for distribution of guidelines and collations of data. Funding received by the Faculty from the University's Scholarship Index increased from \$58,118 to \$101,149. OTLM continues to be a significant contributor to this Index.</p>
<p><b>7. Diversity, access and equity</b></p>	<ul style="list-style-type: none"> <li>• <u>Across all of the Faculty's education programs, attract and retain meritorious students from diverse backgrounds in Australia and overseas</u></li> </ul>	<p>The Faculty continues to make a major contribution to the implementation of components of the College Strategic Plan (2004-08) relating to Indigenous students, students from rural Australia and overseas students. Educational programs in rural health, Indigenous health and international health are in place. The Faculty and its School of Public Health and rural sites actively seek to attract rural and Indigenous students through national conferences, high school promotions, rural 'road shows', networking with Indigenous communities, accessible information on the web site and rural and Indigenous health careers promotion. The USydMP and Master of International Public Health (MIPH) are actively promoted in overseas countries, and USydMP application interviews are undertaken in some overseas countries. The</p>

	<ul style="list-style-type: none"> <li>• <u>Structure teaching and curriculum to encourage interactions between local and international students</u></li> </ul>	<p>establishment of facilitated entry schemes for both Indigenous and rural applicants who meet entry requirements for the USydMP means these applicants have a competitive advantage in the selection process for entry. Indigenous students enrolling in postgraduate courses are eligible for College bursaries. International students enrolling in the USydMP are eligible for International Student Merit Scholarships for 50% of the Program.</p> <p>At present, the Faculty is developing a designated academic support program for Indigenous students which will be piloted with Indigenous students currently in Year 1.</p> <p>The establishment of the Rowan Nicks Sir Russell Drysdale Fellowship in Australian Indigenous Health and Welfare in 2004 has promoted the Faculty within Indigenous health networks and communities. Two Fellows have been appointed in 2004. The Fellowship funds both community based and research projects as well as supports individuals undertaking further education or training, providing scholarships for Graduate Diplomas or Master degrees.</p> <p>International students are fully integrated into all aspects of teaching in the USydMP, including the rural component of the Community Rotation in Year 4. They are evenly distributed across the Clinical Schools in the same proportion as local students. They are encouraged to attend the Rural Clinical School but are not required to do so. International students are very active participants in the activities of the Medical Society.</p> <p>International postgraduate coursework students also undertake their studies alongside their local counterparts. In the School of Public Health, and in particular in the Master of International Public Health, there have been reported benefits of students from developing countries interacting with</p>
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	<ul style="list-style-type: none"> <li>- encourage interactions between research students</li>   <li>- <u>Increase the numbers of enrolments of Indigenous students and increase the numbers of enrolments of students from rural backgrounds</u></li>   <li>- Recruitment of a Director of Indigenous Studies (Yooroang Garang) for the College</li>   <li>- Review of the report of the Working Party on Indigenous and Rural Background Students; establish process to develop and implement recommendations</li> </ul>	<p>students from developed countries. This has had mutual benefits and continues to be encouraged.</p> <p>To date there has not been a coordinated effort to encourage interaction between research students, but this is currently under consideration by the Faculty's International Committee.</p> <p>In 2004 the Faculty appointed an Indigenous and Rural Liaison Officer as the main contact person for rural and Indigenous students.</p> <p>A pilot of the Rural Interviewers project for the 2005 USydMP cohort of students was undertaken. This involved the recruitment of Indigenous and non-Indigenous community members from rural and remote areas in which the University has educational centres for participation as community members in the USydMP admission interviews. The pilot was very successful, helping to promote the Faculty and health careers in rural and remote communities.</p> <p>This is planned for 2005.</p> <p>Resolutions regarding facilitated entry for Rural and Indigenous students have been amended and corresponding processes have been incorporated into the Medical Program Administration Unit, Admissions Office. Faculty has successfully negotiated with ACER to include a rural indicator on the initial application form which will allow it to identify rural applicants early and assess rural performance in the Graduate Australian Medical Admissions Test. This information will facilitate support during the application process as well as identify target areas for marketing and recruitment activities. Follow up on the Faculty rural survey has ensured a very high response rate which allows more accurate identification and reporting of rural students in the USydMP. External scholarship programs have been identified and application</p>
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	<ul style="list-style-type: none"> <li>- Implement the recommendations of the CDAMS Conference on Indigenous Studies in Medical Curricula</li>   <li>- Admission of Indigenous and rural students</li> </ul>	<p>assistance has been given to Indigenous students. Lines of communication between the Faculty and the following organisations have been strengthened, facilitating the integration of approaches and resources:</p> <p>University of Sydney Koori Centre  Rural clinical teaching sites  Rural Doctors Network  Rural Doctors Association Australia  Australian College of Rural and Remote Medicine  RUSC  Medical Society  MIRAGE(student rural society)  Local Indigenous community  AIDA (Australian Indigenous Doctors Association)  Health Mentoring Program (RCAP)  National Rural Health Alliance  Australian Rural Health Education Network  National Rural Health Network  Northern Territory General Practice Education</p> <p>This will be a major project for Faculty in 2005-2006. Key groups within the Faculty have been identified for implementing cultural awareness training as a starting point.</p> <p>In 2005 the Chair of the USydMP Admissions Committee personally reviewed applications from Indigenous and rural students. The Faculty uses different admission requirements for Indigenous and rural students. Indigenous and Rural students are given a specific orientation to the campus and the on-campus resources specific to them. Encouraging applications from Indigenous candidates will be an early task for the Director of Indigenous Health Studies. The Faculty believes that the full development of its rural activities in Dubbo/Orange, Broken Hill and Lismore (and surrounding regions) will assist in enhancing the appeal of the USydMP for rural students.</p>
<p><b>8. Improve educational support services</b></p>	<ul style="list-style-type: none"> <li>• <u>Evaluate the effectiveness of recent improvements to postgraduate student administration services</u></li> </ul>	<p><i>Extended hours for enrolment:</i> increasing numbers of students attended after hours enrolment;  <i>Website:</i> research student questionnaire shows</p>

	<ul style="list-style-type: none"> <li>• <u>Complete the restructuring of the Medicine Program Administration Unit, to streamline support services</u></li> <li>• <u>Implement improvements to student communication, and record keeping:</u></li> </ul> <p>- Implement SMS for more efficient communication – trial, report to Curriculum Process Group;</p>	<p>76% of students found PG Website very useful;  <i>Probation</i>: formal probation review implemented for the first time in 2005 for students who first commenced in Semester 1 2004;  <i>Induction checklist</i>: all newly commencing research students now undergo a formal induction process;  <i>Closer monitoring of Annual Progress Reports (APRs)</i>: a research training support officer has been appointed for this purpose.  <i>Examination of research theses</i>: The Postgraduate Student Administration Unit (PSAU) has greatly improved the duration of theses examinations. In 2002, the average time for the duration of an examination from the time of submission to notification of award was 188 days. In 2003 the average time was 121 days. A further analysis is planned for 2004 data.  <i>Supervisor registration</i>: The PSAU has made further modifications to the PG student database to comply with the Academic Board policy “Postgraduate Research Higher Degree Training Supervision at the University of Sydney” and in particular the requirement that all supervisors be registered.  <i>Student Research Experience Questionnaire (SREQ)</i>: The Institute of Teaching and Learning in their SREQ report an increase in the overall student satisfaction level with the quality of student support and administration services – 2004 98% broad agreement; 2003 96% broad agreement.</p> <p>The restructure has been completed with the exception of the curriculum coordination section which is still under evaluation. This should be completed by June 2005.</p> <p>SMS has been implemented and is proving very successful with students and teachers appreciating the improved communication of last minute changes to schedules and curriculum content.</p>
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	<p>- Begin conversion to electronic submission of projects (eg Options, Honours, Electives) – report of progress to Curriculum Process Group;</p> <p>- Introduce system of uploading of completed projects as reference for students – report of progress to Curriculum Process Group</p>	<p>Electives has been set up for electronic submission and will be trialled following the Elective Term in 2005. If successful, Options and Honours will follow.</p> <p>This will be trialled following completion of the Elective Term 2005.</p>
<p><b>9. Improve student satisfaction with learning experiences</b></p>	<ul style="list-style-type: none"> <li>• <u>Continue the upward trend in responses to the SCEQ</u> – Report to FEC</li> </ul>	<p>The University did not conduct the SCEQ in 2004, and as a result the Faculty has no student feedback data in this area.</p>