

# ACADEMIC BOARD PHASE THREE REVIEW

## REVIEW TEAM REPORT

Faculty of Medicine

2008

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## SECTION I: PREFACE

### (1) Background

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The Academic Board reviews are intended to encourage in faculties an academic culture that values scholarship, free inquiry and intellectual rigour and honesty, supporting, in turn, the development and maintenance of high standards of teaching, scholarship and research.

In 2001, the Academic Board initiated a cycle of collegial reviews of the academic activities within faculties with a view to supporting faculties in developing effective academic quality assurance processes. These were followed up in 2003 with a second phase of faculty reviews, which expanded the scope to include all elements within the University Strategic Plan.

The Phase 3 Review is based on the Faculty's Self-Evaluation Report (SER) which provides an overview of the Faculty's assessment of the culture which supports, and the processes that lead to, continuous quality improvement in the Faculty at the time of the Review. To guide the development of the SER, faculties are invited to address criteria adapted from the Baldrige Education Criteria for Performance Excellence 2007.

### (2) The Review Process

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The Faculty presented its SER to the Academic Board on 5 June 2008 along with a number of supporting documents and relevant data. The Review Team met on 12 June 2008 to consider these materials.

The review visit took place on 17 June 2008 (Faculty of Medicine, Camperdown Campus) and 19 June (Western Campus site visit including Nepean Clinical School, Western Clinical School, Children's Hospital at Westmead Clinical School and Children's Medical Research Institute). The key purpose of the visits was to enable the Review Team to assess the robustness and validity of the Faculty's judgements in the SER.

#### **Implementation**

Within six weeks of receipt of the Review Report, the Faculty is required to provide the Academic Board with a response to the Recommendations contained in the Report, indicating how the Faculty will respond to the Recommendations.

Twelve months after the date the Report is presented to the Academic Board, the Faculty is required to provide the Board with a progress Report responding to the Recommendations.

### (3) Membership

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#### **Review Team**

Professor Bruce Sutton, Chair

Professor Phyllis Butow, School of Psychology, Faculty of Science (Reserve: attended 19 June visit replacing Professor Durrant Whyte who was unable to attend on that date)

Dr Catherine Dean, Discipline of Physiotherapy, Faculty of Health Sciences

Professor Hugh F Durrant-Whyte, Australian Centre for Field Robotics, Faculty of Engineering (17 June visit only)

Professor Anthony Masters, School of Chemistry, Faculty of Science

Professor Chis Maxwell, Faculty of Veterinary Science

Dr Greg Stewart, Sydney South West Area Health Service

Dr Simon Barrie, Institute for Teaching and Learning (Observer)

### **Senior Faculty representatives**

#### **Camperdown Campus**

Professor David Burke, Associate Dean (Research)

Professor John Christodoulou, Chair, Board of Postgraduate Studies for Dentistry, Medicine and Pharmacy

Professor David Cook, Associate Dean (Finance)

Ms Ria Deamer, Faculty Manager

Professor Michael Field, Associate Dean and Head, Northern Clinical School

Professor S Ben Freedman, Pro-Dean

Professor David Handelsman Director, ANZAC Research Institute, Associate Dean (Research Strategy)

Associate Professor Tessa Ho, Associate Dean and Chair (USydMP)

Professor Chris Liddle, Associate Dean (IT)

Professor Bob Lusby, Associate Dean and Head, Concord Clinical School

Associate Professor Graham Mann, Associate Dean (Research Strategy)

Professor Craig Mellis, Associate Dean and Head, Central Clinical School

Professor Chris Murphy, Associate Dean and Head, School of Medical Sciences

Associate Professor Chris Roberts, Associate Dean (Educational Development)

Mr Tom Rubin, Executive Officer

Professor Glenn Salkeld, Associate Dean and Head, School of Public Health

Professor David Tiller, Acting Head, School of Rural Health

Ms Helen Triantafyllou, Director, Student Services

#### **Nepean Clinical School**

Professor Michael Peek, Associate Dean and Head, Nepean Clinical School

Dr Louise Cole, conjoint Senior Lecturer and Staff Specialist and Sub-Dean (Education)

Professor Ralph Nanan, Professor of Paediatrics and Sub-Dean (Research)

#### **Western Clinical School, Children's Hospital at Westmead Clinical School and Children's Medical Research Institute**

Professor David Harris, Associate Dean and Head, Western Clinical School

Professor Kathryn North, Associate Dean and Head, Children's Hospital at Westmead Clinical School

Professor Louise Bauer, Deputy Associate Dean and Deputy Head of Children's Hospital at Westmead Clinical School

Professor Richard Lindley, Professor of Geriatric Medicine and Head, Discipline of Medicine, Western Clinical School

Dr Tony Penna, Chief Executive, Children's Hospital at Westmead

Professor Roger Reddel, Director, Children's Medical Research Institute

Professor Tim Usherwood, General Practice, Western Clinical School

#### **Students**

The Review Team met with a total of thirty University of Sydney Medical Program (USydMP) students, five postgraduate coursework students and thirty postgraduate research students.

## SECTION II: OUTCOMES

This section summarises the main findings and lists the commendations, affirmations and recommendations. It should be noted that, in addition, other favourable comments and suggestions for improvement are mentioned throughout the text of the Report. The Report draws on the information provided in the Self-Evaluation Report (SER) as well as discussion with staff and students. In some places, text from the SER has been incorporated directly into the text of this Report.

### (1) Introduction to Findings

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The Faculty of Medicine is managed through nine Schools, as follows:

- Central Clinical School
- The Children's Hospital at Westmead Clinical School
- Concord Clinical School
- Nepean Clinical School
- Northern Clinical School
- School of Medical Sciences
- School of Public Health
- School of Rural Health
- Western Clinical School

The Schools are administrative and geographical umbrella units within which people from a wide range of disciplines are located.

The Faculty is recognised as one of the leading faculties of its kind in Australia and the Asian region. The Review visit reinforced evidence presented in the SER of a strong and successful Faculty with a wide range of programs and with a high level of reinvestment in its enterprises, particularly in research and the USydMP.

The SER and discussions with staff and students during the Review visit brought out a number of issues which are addressed further within this Report, as follows:

**(a) Research Institutes**

Research Institutes play a critical role in fostering an environment of research excellence in the Faculty. They are, however, separate entities from the Faculty, and the Review Team has noted the importance of the successful management of relationships between the Faculty and the Research Institutes.

**(b) Relationships with Area Health Services**

Scarcity of resources within Area Health Service budgets has the potential to present difficulties for the Faculty in clinical training, particularly at a time of increasing enrolments of medical students.

**(c) Clinical staff**

More than 90% of clinical teaching in the Faculty is undertaken by clinical staff employed by Area Health Services, rather than by the University, or by private medical practitioners or other health care professionals. This can raise issues relating to the management of quality of teaching.

**(d) Increasing Numbers of Medical Graduates**

There are wide-ranging implications for the Faculty from the establishment of medical schools at the University of Western Sydney and the University of Notre Dame.

**(e) Communication**

The complexity of organisational structures within the Faculty makes lateral and vertical communication difficult.

**(f) Research Students and Early Career Staff**

The processes and strategies which the Faculty has indicated it has in place to support research students and early career staff are generally very effective. However, some instances of lack of access to such support were drawn to the attention of the Review Team.

**(g) Benchmarking**

It is noted that this issue was also raised during the previous Academic Board Review. The Review Team felt that the Faculty might be able to give more attention to benchmarking as a mechanism for validating the achievement of its aspirations.

A summary of Commendations, Affirmations and Recommendations follows. Note that these are not prioritised by the Review Team. They are listed below in the order in which the relevant issues appear in the SER.

## (2) Commendations

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Areas where the Academic Board commends the practices of the Faculty are as follows:

1. Vision and Values: The Academic Board commends the Faculty for
  - the emphasis it has given to relationship building in the roles of the Dean, Associate Deans and Heads of School
  - the processes in place for the reward and recognition of staff who are not remunerated by the University, such as the prize nights at the Northern Clinical School
  - its initiative in strengthening the role of the disciplines and the Heads of Discipline through, *inter alia*, enhancing their leadership role in curriculum development in the USydMP, their participation in the Dean's Advisory Committee and the Dean's encouragement for them to participate in leadership development training programs offered by the University.
2. The Academic Board commends the Northern Clinical School for its development of a staff database which provides the School with a single source of information to facilitate tasks such as finding replacement tutors and identifying experts for the media.
3. The Academic Board commends the Faculty for its commitment to improving medical education in Vietnam through the establishment in 2001 of Hoc Mai, the Australia Vietnam Medical Foundation.
4. The Academic Board commends the Faculty for instituting a range of reviews that involve staff in the achievement of the Faculty's academic objectives.
5. The Academic Board commends the Faculty for the strategies it has in place to attract research students, including the appointment of an Associate Dean (Postgraduate Recruitment) and the sponsoring of the Summer Research Scholarship Program.
6. The Academic Board commends the Faculty IT management strategy as an example of how a diverse faculty can operate an effective IT system.
7. The Academic Board commends the Faculty for its publication collection system using PubMed.
8. The Academic Board commends the Faculty and Clinical Schools for the awards and other forms of recognition for excellent performance by staff.
9. The Academic Board commends the Faculty for its investment in the professional investigation and evaluation of the USydMP and its commitment to an evidence-based approach.
10. The Academic Board commends the Faculty for the development of innovative evaluation tools to enable students to provide feedback on all aspects of their experience.
11. The Academic Board commends the Dean for the efforts he is making to strengthen the relationships of the Research Institutes associated with the Faculty.

### (3) Affirmations

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Areas where the Academic Board affirms the Faculty's identification of the need for improvements to its practices are as follows:

- 1 The Academic Board affirms the Dean's plan to establish, by the end of 2008, a register of potential conflicts of interest arising from commercial relationships of Faculty members.
- 2 The Academic Board affirms the Faculty's intention to consider a specific student support budget allocation for Indigenous health in the 2009 budget process to facilitate longer term planning and more systematic provision of student support for initiatives such as honours student placements and scholarships.
- 3 The Review Team affirms the Faculty's intention to work with CIS and other relevant groups to consider options for improvement in technical support in lecture theatres and access to parking for clinical staff who are required to lecture on campus.

#### (4) Recommendations

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Areas where the Academic Board recommends improvements to the practices of the Faculty are as follows:

1. The Academic Board recommends that the Faculty provide a comprehensive report on the current status of, and future plans for, all Faculty postgraduate coursework programs.
2. The Academic Board recommends that the Faculty seek advice from the School of Medical Sciences on strategies for ensuring the efficiency of the delivery of teaching in units of study offered by the School.
3. The Academic Board recommends that the Faculty consider how it can better ensure that all staff and students are fully aware of, engaged with and supportive of the Faculty culture.
4. The Academic Board recommends that more emphasis might be given to sharing of best practice and innovations between Schools.
5. The Academic Board recommends that the Faculty benchmark against the University of Melbourne, and other appropriate institutions in order to achieve clarity about its national and international comparators and feed this back into strategic planning.
6. The Academic Board recommends that the Faculty obtain early indications of students' aspirations to inform Faculty planning.
7. The Academic Board recommends that the Faculty develop some mechanisms for judging the effectiveness of its communication processes in order to better facilitate lateral and vertical communication in the Faculty
8. The Academic Board recommends that the Faculty consider
  - running professional development in teaching programs on hospital sites modified for hospital requirements; and
  - developing individual learning packages for tutors, using, for instance, the packages developed for Nursing tutors as a model (mentioned by Nepean Clinical School).
9. The Academic Board recommends that the Faculty and the Academic Board work together to explore strategies that will ensure that clinical titles are awarded at appropriate levels and streamline the application process.
10. The Academic Board recommends that the Faculty consider the range of factors that might impact on the quality of teaching in the Faculty particularly in relation to clinical staff.
11. The Academic Board recommends that the Faculty consider how it can achieve greater consistency in the levels of support provided to research students.
12. The Academic Board recommends that the Faculty
  - consider how greater consistency can be achieved in the experiences of research students across the Faculty;
  - provide more opportunity for research students to develop professional skills relevant to future careers as academics.

## SECTION III REPORT

### (1) INTRODUCTION AND FACULTY PROFILE

The Faculty's aspiration is to achieve: clear leadership as Australia's premier academic centre for health and medicine; acknowledgement and ranking as one of the top five medical faculties in the region and recognition and ranking as one of the top forty medical faculties in the world.

It is clear that students choose this Faculty because of its very high reputation both nationally and internationally. At the same time, there is a range of factors which impact on the Faculty's achievement of this aspiration, particularly from the perspective of USydMP students, and these are addressed later in this report.

#### 1.1 Teaching, Degrees, Diplomas and Certificates

The Review Team noted that the Faculty has a total of thirty-nine postgraduate coursework degrees, diplomas and certificates, with the degrees of Master of Medicine, Master of Science in Medicine, Graduate Diploma in Medicine, Graduate Diploma of Science in Medicine and Graduate Certificate in Medicine also having a wide range of streams. Twenty-one of these courses had fewer than ten students enrolled in 2007, with significant enrolments only in Public Health courses. In 2007 there was a total of 739 enrolments in postgraduate coursework degrees, diplomas and certificates.

In response to a question as to how the quality of postgraduate coursework programs is monitored and maintained, the Review Team was advised that

- courses are maintained through the Postgraduate Coursework Sub-Committee which has representation from across all disciplines and meets monthly; and that
- the Faculty is about to undertake review of public health postgraduate programs and will then move on to other programs.

The Review Team was unable to form a clear view on the value which the Faculty places on its postgraduate coursework programs. (See also Section (7) Academic Process Management)

#### **Recommendation 1**

The Academic Board recommends that the Faculty provide a comprehensive report on the current status of, and future plans for, all Faculty postgraduate coursework programs.

The Review Team explored issues relating to the Faculty's role in teaching into other faculties, particularly the faculties of Health Sciences, Pharmacy and Science, and the Faculty's mechanisms for evaluating that teaching.

It was noted that teaching into other faculties is largely undertaken through the disciplines located within the School of Medical Sciences. There was some evidence from early career staff that there may be opportunities for the Faculty to streamline the teaching of units of study in the Medical Sciences in order to minimise the duplication of lectures and level of overlap between units of study. The view was also put that there was a lack of clarity for staff in the School of Medical Sciences on relationships between the Faculty of Medicine and other faculties into which they teach, particularly the Faculty of Science e.g. responsibilities vis-à-vis students.

#### **Recommendation 2**

The Academic Board recommends that the Faculty seek advice from the School of Medical Sciences on strategies for ensuring the efficiency of the delivery of teaching in units of study offered by the School.

## **1.2 Faculty Culture and Faculty Governance (see also Communication and Faculty Performance)**

The SER advises that each of the Schools and other units must operate within its own environment and establish its own culture and ethos while fitting into the overall culture of the Faculty.

The Review Team explored how the Faculty culture is developed and the extent to which Schools (and their staff and students) identify with an overall Faculty culture and whether they see themselves as members of Faculty, School or Discipline. This related also to the issue of Faculty Governance including how the various committees relate to each other and how issues are resolved across the whole Faculty.

The Review Tem was advised that mechanisms to develop a Faculty culture have included:

- cross-Faculty USydMP and input into the review of this program
- research across all disciplines
- meetings with Institute staff
- centralisation of finance and understanding the concept of shared services
- use of video-conferencing.

The Review Team found that there was a level of inconsistency in the extent to which staff and students identified with a Faculty culture. This was most obvious with early career staff and staff at some of the Clinical Schools, where distance is a major impediment, although staff at the Western Clinical School/Children's Hospital at Westmead Clinical School reflected a very strong allegiance to the Faculty.

USydMP students found that their sense of a Faculty culture changes after first and second years. First year students identify with their cohort and their tutors at the Office of Medical Education, while during clinical training it was clear that students' allegiance is to their Clinical Schools.

### **Recommendation 3**

The Academic Board recommends that the Faculty consider how it can better ensure that all staff and students are fully aware of, engaged with and supportive of the Faculty culture.

## **1.3 School Structure and School Governance**

For financial management and administrative purposes, the Faculty has implemented a School structure, reflecting the geographic concentration of Faculty activity and providing an effective interface with Area Health Services and hospitals in whose facilities much of the Faculty's teaching and research takes place. Strong networks of disciplines (traditionally known as Departments) provide academic linkages across the Faculty.

Each School has implemented a governance structure to ensure that it runs effectively.

The Review Team explored how the Schools relate to each other, what knowledge students have of Clinical Schools other than their own, and whether there are any mechanisms in place for best practice to be shared amongst Schools and for them to learn from each other.

The Review Team noted that the Dean's Advisory Committee has representation from all Schools and the Dean regularly visits all Schools. Cross-Faculty relationships have been built through the review and implementation of the USydMP, and this program is now included in the core business of Faculty academic committees.

The Review Team found that while there was some level of interaction between Clinical Schools, there was a view that each Clinical School had different needs and that there were limited opportunities to share best practice. For example, Nepean Clinical School is a small School where all

staff know each other and would not require the comprehensive staff database the Northern Clinical School had developed.

It was pointed out by Nepean staff that a previous program of meetings between clinical educators at the different schools had been discontinued in the new curriculum. They would have liked to continue with such meetings. There are some other mechanisms for contact between Schools such as regular meetings of Executive Officers and contacts when students were on rotation at other Clinical Schools.

Generally, students did most of their rotations within their own Clinical Schools. Students mentioned that they would appreciate more opportunity to interact with other Clinical Schools but felt that Clinical Schools did not like students crossing boundaries. Students were enthusiastic about the opportunities to obtain experience at the School of Rural Health and the two University Departments of Rural Health, but entry to them can be very competitive.

#### **Recommendation 4**

The Academic Board recommends that more emphasis might be given to sharing of best practice and innovations between Schools.

### **1.4 Key Challenges**

The Faculty has drawn attention to a number of key strategic challenges in achieving its aspiration, including:

#### **(a) Physical Infrastructure**

The provision of adequate infrastructure is essential to the effective performance of the Faculty and its future growth. There have been some significant infrastructure improvements but the Clinical Schools are under increasing stress to provide adequate facilities for their students.

On the Camperdown campus, inadequate infrastructure has implications for the number of research students the Faculty is able to train, as well as the recruitment of highly qualified staff.

Clinical Schools face a range of infrastructure issues. Staff at Nepean Clinical School, for example, advised that the University had rented space for teaching and administration as the Area Health Service was no longer providing adequate facilities. It would face further pressures when UWS students entered the system, including access to current levels of administrative support, as well as the pressures on clinical teaching which are explored below.

#### **(b) Government policy changes: growth in Medical Schools and student numbers**

New medical schools have now enrolled medical students and started to compete for clinical placements in some of the Faculty's teaching hospitals. The Faculty advises that it has to ensure (a) that this does not impact adversely on the quality of teaching and (b) that Sydney graduates are better prepared and qualified for vocational training in specialist colleges than their counterparts.

Other issues relating to the growth of new medical schools include:

- NSW Health policy is to allow multiple universities at the same teaching hospital. This raised concerns about space for students' clinical training, as hospitals are already operating at and beyond their teaching capacity.
- There is an increase in the number of students requiring GP placements in Western Sydney with increasing pressure to come from Notre Dame and UWS. Overall coordination of clinical placements will be a major problem for the three universities.
- The fact that UWS is offering clinical titles at elevated levels compared to the University of Sydney which could potentially impact clinical training for USydMP students.

**(b) Managing intellectual property**

Concerns were raised at difficulties in negotiations with Sydnovate and unresolved problems relating to sharing of intellectual property. Key issues for the Faculty are a perceived lack of flexibility in Sydnovate and the fact that it does not respond to matters in a timely fashion. Delays in reaching agreement with potential funding sources on intellectual property issues have resulted in losses of income to the Faculty.

The Review Team indicated that, in the light of these discussions, it would be appropriate to explore with Sydnovate how it can engage more closely with faculties and respond to their needs in a more timely and flexible manner.

Other areas in which the Faculty faces challenges and has some vulnerability are noted in the introduction to this Report.

**1.5 International students**

The Faculty has historically relied on Canada as a source of international students and is aware of the importance of diversifying its international student base.

With the loss of full-fee paying local students, the Faculty is considering increasing the number of international fee-paying students. However, this is a very sensitive area. Clinical staff may have some concerns about the residual benefits to Australia in training international students when the place might be made available to a local student. This may be an issue which the Faculty needs to address.

**1.6 Sources of comparative and competitive data**

Faculty sources for comparative and competitive data include the DEEWR Learning and Teaching Performance Fund, benchmarking data and external rankings.

The Review Team noted that the Faculty has undertaken a limited amount of benchmarking including comparing the SREQ with Oxford University and benchmarking research outputs both nationally and internationally. While recognising the complex nature of benchmarking and the differences between institutions, the Review Team formed the view that the Faculty could be more active in its benchmarking activities, for example by benchmarking specific components or disciplines. In its response to a recommendation from the previous Academic Board review, the Faculty indicated that for research and teaching and learning, the University of Melbourne and Flinders University are their preferred partners and the Review Team would have appreciated some data arising from benchmarking with those institutions. It was noted that a range of external factors, including State funding, could have a significant effect on outcomes in other States but this did not affect the importance of undertaking the benchmarking.

**Recommendation 5**

The Academic Board recommends that the Faculty benchmark against the University of Melbourne and other appropriate faculties in order to achieve clear understanding about their national and international comparators and feed this back into strategic planning.

## (2) LEADERSHIP

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### 2.1 How Senior Leaders Lead

#### (a) Vision and Values

This section deals with informal leadership, rather than the formal leadership mechanisms in the Faculty's governance structure. The SER advises that an essential element of informal leadership is the ability to build and maintain relationships with key stakeholders. Senior leaders in particular dedicate significant time to ensuring that relationships with area health services, hospitals and medical professionals remain positive and constructive. This can take the form of building relationships with hospitals and area health services CEOs for those in the Head/Associate Dean roles and facilitating clinical titles for those in Head of Discipline roles. Both roles dedicate significant time to supporting and recognising clinical staff.

Associate Deans and Heads of School undertake significant roles in articulating the vision and values of the Faculty and building a cohesive environment. The Review Team formed the view that the Faculty has strong mechanisms in place to build and maintain relationships with key stakeholders, although there are some concerns with the effectiveness of the communication across all staff and students, as indicated below.

#### **Commendation 1**

The Academic Board commends the Faculty for

- the emphasis it has given to relationship building in the roles of the Dean, Associate Deans and Heads of School
- the processes in place for the reward and recognition of staff who are not remunerated by the University, such as the prize nights at the Northern Clinical School
- its initiative in strengthening the role of the disciplines and the Heads of Discipline through, *inter alia*, enhancing their leadership role in curriculum development in the USydMP, their participation in the Dean's Advisory Committee and the Dean's encouragement for them to participate in leadership development training programs offered by the University.

#### (b) Communication and faculty performance

The Faculty identified a range of communication processes designed to support achievement of the Faculty's objectives

While some staff were confident that these communication processes were working well, this view was not always echoed by early career staff, staff at Clinical Schools, and students. Clinical Schools were concerned that, while there are clear methods of communication, it is not always clear what happens to the communication when it is received, particularly by clinical staff. It was important to ensure that staff were available to interpret University requirements and policies, given the pressures on clinical staff who may not have the time to fully digest or understand written communication via email etc. This was a particularly important role for Associate Deans.

#### **Recommendation 6**

The Academic Board recommends that the Faculty develop some mechanisms for judging the effectiveness of its communication processes in order to better facilitate lateral and vertical communication in the Faculty.

The Faculty has invested heavily in videoconferencing facilities and it was noted that this was a critical means of facilitating communication and mitigating the effects of distance. At the same time, many staff felt that presence at meetings via videoconference was not as effective as attendance in person. It was also noted that videoconferencing facilities were prone to

malfunction. The Education Centre at Nepean does not have its own video-conferencing system and had asked the University IT Centre to provide a quote for installation.

The Review Team is pleased to note the actions the Faculty has taken since the last Academic Board review to improve off-campus access to IT services and infrastructure, particularly videoconferencing. It is important that the University recognise the extent to which the Faculty relies on IT infrastructure, particularly videoconferencing, to work across its geographical complexities and assist with this as much as possible. (See also Section (5) Measurement, Analysis and Knowledge Management p. 20)

Clinical Schools have a range of strategies to facilitate communication, including School newsletters, regular meetings and support to students to facilitate their communication.

**Commendation 2**

The Academic Board commends the Northern Clinical School for its development of a staff database which provides the school with a single source of information to facilitate tasks such as finding replacement tutors and identifying experts for the media.

Issues relating to student communication are addressed in Section (4) Student and Stakeholder Focus.

## 2.2 Social Responsibilities

(a) **Ethical behaviour**

The Faculty has multiple processes for promoting and ensuring ethical behaviour in all interactions, and for monitoring and responding to breaches of ethical behaviour.

**Affirmation 1**

The Academic Board affirms the Dean's plan to establish, by the end of 2008, a register of potential conflicts of interest arising from commercial relationships of Faculty members.

(b) **Support of key communities**

The Faculty has an extensive network of key communities covering government, industry, local communities, specialist medical colleges, the Australian Medical Council, the Medical Alumni Association, the media, the public, international communities, international universities and alumni.

**Commendation 3**

The Academic Board commends the Faculty for its commitment to improving medical education in Vietnam through the establishment in 2001 of Hoc Mai, the Australia Vietnam Medical Foundation.

### (3) STRATEGIC PLANNING

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#### 3.1 Strategy Development Process and Strategic Academic Objectives

In developing strategic plans one of the major challenges for the Faculty is managing its overall size and the differing size and diversity of the component Schools. To this end Faculty plans provide sufficient direction and flexibility for each School to develop and implement their own strategic plans to achieve the best overall outcomes.

In exploring the Faculty's approach to the development and deployment of strategy, the Review Team concentrated on seeking an appreciation of how Schools operate within Faculty governance structures and the extent to which staff identify with a Faculty, School, Institute or Discipline. The Review Team was also particularly interested in exploring with the Faculty the implications of recent reviews and the impact of this on both student learning and staff workload. These issues are covered elsewhere in this Report.

The geographical spread of the Faculty and the resulting relative complexity of management structures made it extremely difficult for all staff in the Faculty to feel that they were sufficiently engaged in the process of strategy development, nor, particularly in off-campus sites, was there a great sense of ownership of the Faculty Strategic Plan. The Academic Board recognises the difficulties the Faculty faces in overcoming these issues but also notes that intensive focussed reviews such as the review of the University of Sydney Medical Program have resulted in a wide sense of engagement in the process and ownership of outcomes. The Review Team formed the view that, given the nature of this Faculty's structures, these targeted processes are an effective means of strategy development and deployment for the Faculty.

Faculty Retreats are also seen as a very effective mechanism for high-level coordination of strategy development in the Faculty.

#### **Commendation 4**

The Academic Board commends the Faculty for instituting a range of reviews that involve staff in the development of Faculty strategy and achievement of the Faculty's strategic objectives.

#### **Strategic Academic Objectives – Research**

A number of the issues raised in this section of the SER are addressed in Section (7) Academic Process Management (7.2 Research and Research Training).

#### 3.2 Strategy Deployment

The SER advises that strategy deployment is achieved through the Leadership and Governance structures outlined in Section (1) Introduction and Faculty Profile. The effectiveness of this deployment is explored in that section.

## (4) STUDENT AND STAKEHOLDER FOCUS

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### 4.1 Knowledge of students

#### (a) Student, stakeholder and market knowledge

##### **Medical Program (USydMP)**

This program is predominantly graduate entry. The Faculty adopts the view that its market is wide ranging with graduates from all disciplines potentially having the opportunity to apply to for entry into this program. The cohort is diverse with many students coming from a non-science/medical background.

The Review Team explored the impact of this diversity from students' perspective. Academic issues relating to students who come into the program from a non-science/medical background are explored in Section (7) Academic Process Management.

Students were all very happy with the cohort they had found within the graduate program. They felt that graduate students had a more mature understanding of the health profession and appreciated the opportunity to mix with students from diverse backgrounds and to learn from each other.

Defining characteristics of USydMP students as identified by staff in Clinical Schools included:

- as graduates, they are more mature than undergraduate students, but have a wider range of responsibilities
- they have outstanding skills in taking patient history and talking to patients but are less strong in pathophysiology and synthesising notes with patient care. This relative weakness was being addressed, however, in the new curriculum.

##### **Career ambitions of USydMP graduates**

The Faculty has given specific consideration to the factors which will make it unique amongst medical schools in Australia. Key to its strategy in fostering its uniqueness is the stated aim to produce medical graduates who will go on to be leaders in their branch of the profession and leading researchers, particularly in the light of the establishment of two new medical schools in New South Wales.

The Review Team explored the extent to which current USydMP students' views accorded with those of the Faculty in respect of their career ambitions. Students indicated that they have a variety of ambitions: some are undecided; others are looking at clinical work and then specialist training; and others considering research. They generally did not make decisions about their future career paths until the second half of the course. For those students who did intend to pursue research careers, undertaking honours was seen as an appropriate first step and they appreciated the increased attention given to honours training in the revised USydMP curriculum. Honours programs were also seen as providing an advantage in the other potential medical careers, particularly with the projected increases in the numbers of medical graduates.

There was evidence of some disjunction between the views of staff and students in relation to students' choice of Clinical Schools. The view was put by staff at the Camperdown Campus that students choose their Clinical Schools in relation to their research strengths and the directions in which they would like to go in the future. Students, however, advised that their application to a particular Clinical School prior to commencement of study is usually based on the School's size, specific clinical teaching strengths and geographical location. Students also indicated that the School of Rural Health was a good choice because of its smaller size and excellent facilities but that entry was very competitive.

The Review Team noted some concern about the mechanisms for ensuring that students from a non-science background have adequate knowledge of essential biomedical sciences; this is addressed later in this Report in Section (7) Academic Process Management. Some senior students expressed concern at their level of preparedness for examinations for entry to specialist colleges.

**Recommendation 7**

The Academic Board recommends that the Faculty obtain early indications of students' aspirations to inform Faculty planning.

**(b) Support for indigenous students and indigenous health**

The Faculty has a strong commitment to improving indigenous health and to increasing the number of indigenous students. Since the last Academic Board Review the Faculty has developed strategies to:

- recruit, retain and graduate an increasing number of indigenous students
- deliver a medical curriculum that is more relevant to indigenous health issues and more culturally aware
- build relationships with relevant indigenous communities.

**Affirmation 2**

The Academic Board affirms the Faculty's intention to consider a specific student support budget allocation for indigenous health in the 2009 budget process. This will facilitate longer term planning and systematic provision of student support for initiatives such as honours student placements and scholarships.

**(c) Postgraduate Coursework**

Approximately 30% of the Faculty's student body is studying at the postgraduate coursework level and the Faculty offers a wide range of postgraduate coursework degrees, diplomas and certificates.

The SER revolved almost entirely around the USydMP and little information was given on postgraduate coursework programs offered by the Faculty. The Review Team was unable to form any clear view as to the Faculty's student, stakeholder and market knowledge in relation to its postgraduate coursework offerings. (See also Section (1) Introduction and Faculty Profile Item 1.2 p. 11.)

**(d) Research Students**

The Faculty has instituted a number of strategies to attract more research students, including the appointment of an Associate Dean (Postgraduate Recruitment). There have been significant changes to research degrees including the addition of coursework to the Master of Philosophy and the introduction of the Master of Qualitative Health Research. The Faculty also sponsors a very successful Summer Research Scholarship Program which has been successful in attracting research higher degree students to the University.

**Commendation 5**

The Academic Board commends the Faculty for the strategies it has in place to attract research students, including the appointment of an Associate Dean (Postgraduate Recruitment) and the sponsoring of the Summer Research Scholarship Program.

**4.2 Student and Stakeholder Relationships and Satisfaction**

**(a) Building relationships with students and stakeholders**

Faculty strategies for building relationships with students and stakeholder are addressed in other sections of this Report.

**(b) Determining student and stakeholder satisfaction**

**Feedback**

The Faculty has several methods for obtaining feedback from students. These include the use of USEs, SCEQ data by course co-ordinators, web surveys and forums. The information is fed back to the Faculty for use in further development of courses. A Sub-Dean (Evaluation) has been appointed to lead and coordinate these processes.

There was some inconsistency in the extent to which students feel their feedback is acted upon. The view was expressed that feedback is collected regularly but that negative feedback, particularly in relation to teaching quality, was not often acted upon. This relates to some extent to the issues raised later in this Report in relation to clinical staff, who are not paid by the University. In other respects, students found that staff were responsive to their feedback and that this was facilitated by year coordinators. One specific example of student feedback being acted upon was the establishment of a buddy system within Clinical Schools.

The Review Team noted that the CEQ Overall Satisfaction results for the Faculty are consistently higher than the University average.

**Communication**

The views of students on how well communication processes work across the Faculty were mixed. USydMP students confirmed that there had been significant student input to the new curriculum. However, some felt that there was no consistent internal line of communication to students during the USydMP transition period, particularly in recent months. Students concerns in this respect are explored in more detail in the Academic Process Management section below.

Research students generally worked within a small team, or alone with a supervisor, and this made wider communication difficult. Master of Public Health (MPH) students indicated that they found that the staff/student liaison committee structure worked well.

**Retention and Support**

Student support for the USydMP is extensive and they confirmed the effectiveness of the Faculty's mechanisms. Nevertheless, USydMP students had some specific concerns about the support they received for learning; these issues are addressed in Section (7) Academic Process Management.

The Faculty offers orientations at School level for both coursework and research students. In addition, postgraduate students are well supported through the Faculty Postgraduate Student Administration Unit. It is noted, however, that retention rates for postgraduate students are lower than the University average.

Postgraduate coursework students in Public Health reported that there was a limited degree of engagement by students, particularly as much of the course is on-line. The Faculty is aware of this and has instituted some remedial mechanisms such as WebCT and requiring students to participate in online discussions at specific times. The Review Team also heard that the MPH was trying to engage students as a cohort through social activities. Some students may not choose this involvement if, for example, they are employed full-time or have family commitments.

Research students indicated that there was a range of social activities in the various Institutes with which they could be involved: issues relating to their engagement in their School and the wider Faculty are addressed in Section (7) Academic Process Management.

## (5) MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT

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### 5.1 Selection and use of information and data

The Review Team noted the Faculty's summary of the data used to measure performance and support Faculty decision making.

### 5.2 Management of Information and Knowledge

Management of information in the Faculty is complex because of its multiple campuses. In addition to the schools, the large number of research institutes spanning NSW as well as international locations requires the Faculty to coordinate its resources strategically. The ability to manage this well is considered crucial to the Faculty's success.

The Faculty currently finances a significant component of its IT requirements, including the employment of IT staff. In order to reduce the risks associated in the management and coordination of IT, the Faculty is working with ICT to develop a Shared Services model. The Review Team acknowledges the issues highlighted by the Faculty in relation to the difficulties experienced by Central University ICT in meeting the Faculty's complex requirements. (See also Section 2.1 Leadership.)

#### **Commendation 6**

The Academic Board commends the Faculty's IT management strategy as an example of how a diverse faculty can operate an effective IT system.

#### **Commendation 7**

The Academic Board commends the Faculty for its publication collection system using PubMed.

## (6) WORKFORCE FOCUS

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### 6.1 Workforce Engagement: Engaging Faculty Members to Achieve Organisational and Personal Success

#### (a) Engaging staff for organisational and personal success

The SER recognises that Faculty that staff have an outstanding level of commitment to the profession and to the Faculty. Staff are required to work in multiple environments, balancing teaching, research, clinical practice and administrative duties both for hospitals and the University.

The Review Team was advised of a number of mechanisms to engage and support staff including:

- the Bosch Institute provides young researchers with infrastructure and staff to operate equipment
- the New Start Scheme to help younger staff in their research
- clinical staff are guided in their career paths.

The Dean also mentioned the need to be aware of the career development needs of general staff.

Although there was some evidence of disengagement in certain areas, discussions with groups of staff at the Camperdown campus and at Clinical Schools reinforced the Faculty's statement that staff have an outstanding level of commitment to the profession and to the Faculty. Clinical teachers, who are not paid by the University, are committed to teaching, in order to improve patient care and give something back to the profession through training future generations. Nevertheless, there was some evidence that it is becoming more difficult to engage with clinical staff and this is addressed further below.

While it is difficult to generalise from the views of a small group of staff (the majority of whom in the group interviewed were from the Discipline of Pharmacology), the Review Team has noted that early career staff do not always feel engaged with the Faculty. With heavy teaching responsibilities, they found it difficult to balance teaching, administration and research obligations. Early career staff of the Bosch Institute felt the Institute had been very proactive in career development of staff, although they were not aware that the Faculty had specific expectations for their careers as academics.

The Review Team was also advised that the Faculty may have some future vulnerability in the staffing of clinical academic departments.

#### **Workload**

The Faculty has recognised that demands on staff have intensified and, if not managed, could become unsustainable and make the profession less attractive to future generations. The Faculty has implemented strategies to manage workloads, including

- a review to be undertaken by Professors Ben Freedman and Michael Kidd which aims to provide a basis of long term succession planning and staffing sustainability; and
- the Research Publications Collection which has been highly successful in improving the capture of research publications data and reducing duplication of effort for researchers and administrative staff.

Early career staff found their workloads very heavy and that they had insufficient administrative support. They found it hard to find time for research and were aware that research output counts for more than teaching outcomes. There appears to be some inconsistency across disciplines with some staff saying they did not believe there was equity in workload allocation, as there is

no transparency, while others were more satisfied. Generally, early career staff believed there was a huge diversity in workload, and that workload was rarely openly discussed.

### **University policy development**

The Review Team notes the Faculty's comments in seeking to have more input into the development of University policy.

#### **(b) Engagement with Clinical Teachers**

It was noted that more than 90% of clinical teaching is not undertaken by University staff. Area Health Service budgets, through which clinical teaching is mostly supported, are under increasing pressure from growing populations and increased demand for clinical services, while at the same time needing to support increasing demand for clinical education.

Clinical staff have to combine the roles of clinician/researcher/teacher resulting in a very heavy workload. While many clinical staff are committed to teaching the next generation of doctors, the Faculty has instituted a range of strategies to ensure that clinical staff feel recognised, rewarded and motivated. These include the award of clinical titles, orientation and induction and a range of awards and prizes for clinical teachers.

The Review Team was informed by staff at Clinical Schools that, by and large, these strategies were successful. Nevertheless, some issues arose relating to teaching quality in respect of clinical staff; these are addressed in the Academic Process Management section below.

#### **(c) Clinical Titles**

The award of clinical titles and the level at which they are awarded has become a difficult issue for the Faculty. UWS appears to be targeting specific clinical leads by offering titles at levels higher than those awarded by the University of Sydney. This issue was discussed widely during the review visits and, while staff recognised the importance of the University of Sydney retaining its standards in relation to the award of academic titles, they felt that there was room for some improvements. These included:

- the length of the pro-forma required for the award of clinical titles,
- the fact that there is no uniformity of titles in Clinical Schools: some appear to have a preponderance of more senior clinical titles than others,
- the level at which titles were offered did not recognise specialist medical training, including College Memberships and Fellowships, and clinical titles were frequently offered at a level which clinical staff felt was far too junior.

#### **Recommendation 8**

The Academic Board recommends that the Faculty and the Academic Board work together to explore strategies that will ensure that clinical titles are awarded at appropriate levels and to streamline the application process.

#### **(d) Performance Management and Development**

Faculty staff are aware of the lack of career support available to clinical staff and are considering mechanisms to address this. It was noted that PM&D was not always possible for non-university staff and that many clinical staff do not have access to feedback on their performance.

Nepean Clinical School advised that they receive feedback from regular meetings with tutors. However, it is difficult to get tutors together and they would appreciate more assistance from the university for tutor training with the provision of materials (e.g. on DVD) that would enable tutors to study teaching materials in their own time. The Review Team was advised that Nursing has individual learning packages for tutors and it was felt that this was best practice.

### **Personal and Professional development for Clinical Staff**

The Review Team discussed with Clinical Schools the ways in which the University could better support the personal and professional development of clinical staff. While programs to develop the teaching skills of clinical staff would be welcomed, it was clear that it was difficult for staff to find the time to attend any courses on the Camperdown campus and that University course were not always appropriate for clinical staff. The view was also put that such programs should be free of charge in order to recompense staff for the time taken to attend.

#### **Recommendation 9**

The Academic Board recommends that the Faculty consider

- running professional development in teaching programs at Clinical Schools modified for Clinical School requirements; and
- developing individual learning packages for tutors, using, for instance, the packages developed for Nursing tutors as a model (mentioned by Nepean Clinical School).

#### **(b) Mentoring**

A limited degree of mentoring was noted amongst early career staff.

#### **(c) Recognising and rewarding staff**

As noted above, Clinical Schools have mechanisms in place to recognise and reward clinical staff.

#### **Commendation 8**

The Academic Board commends the Faculty and Clinical Schools for their awards and other forms of recognition for excellent performance by staff.

#### **(d) Ensuring equity and Diversity**

The Review Team noted that this issue will be addressed in the staffing review to be led by Professors Freedman and Kidd.

## **6.2 Building an effective and supportive workforce environment**

#### **(a) Organisational systems**

Schools have implemented a range of organisational systems that are designed to create positive, focussed work environments.

#### **(b) Strategies for teaching support**

The implementation of key recommendations arising from the Review of the Medical Program has necessitated parallel processes of teaching and learning innovation and teacher support. The Office of Medical Education is scheduling regular ongoing sessions to introduce teachers to these processes and to support their use of these tools.

#### **(c) Review of the USydMP**

The SER suggests that the most significant outcome of the Review of the Medical Program has been the way in which it has brought members of Faculty together around common goals and provided a new sense of vitality and unity as members of Faculty. Comments made to the Review Team validated this statement: the USydMP Review has been a positive force in reinforcing a Faculty culture, as set out earlier in this Report.

## (7) ACADEMIC PROCESS MANAGEMENT

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### 7.1 Coursework program design and delivery

#### **Undergraduate learning and teaching: USydMP**

The USydMP is the Faculty's flagship program. The SER advises that to deliver this program at the highest quality levels requires a sophisticated degree of coordination across a range of expertise.

The Review Team explored with the staff and students the structures the Faculty has in place to ensure the quality of this program.

The governance structure for the program resides within a new Office of Medical Education, staff of which include:

- Associate Dean and Program Chair;
- Stage/Theme/Block Coordinators;
- Head of Assessment;
- Head of Evaluation;
- Executive Officer.

#### **(a) Teaching quality in the USydMP, particularly clinical teaching**

The Review Team found that USydMP students are satisfied with their course and the program is running well, while noting that this program is particularly well resourced.

CEQ results indicate that the Faculty's performance in good teaching and generic skills scales over the past four years has been high, and above the University average.

Nevertheless, students feel there are inequities between Clinical Schools and that there is a variable quality of teaching. Students are aware that most clinical staff are not paid by the University and that this can lead to problems in ensuring consistency of teaching quality. Input to clinical training depends very much on the interests of the staff member to whom students are assigned and a level of disengagement by some clinical teaching staff was reported from a number of students. Students were concerned that their feedback on poor experiences in clinical teaching was not always acted upon, recognising that this was a sensitive area for the Faculty to address.

Students reported that they were not always advised about learning objectives or clear learning outcomes, although it was hoped this was being addressed in the revised curriculum. Similarly, the lack of feedback in the learning process which students had in the current curriculum would, it was hoped, be rectified in the revised curriculum.

The Faculty and Schools have a range of evaluation measures and training strategies in place to underpin the management of quality in clinical teaching. However, these have to be used sensitively and the challenge is for academic leaders to help clinical teachers where there are concerns with the quality of teaching.

There was concern amongst students that the basic sciences were not covered in the current USydMP and this was a problem even for those students coming from a science background. The view was expressed that there was insufficient pharmacology training while there was possibly an overemphasis on Aboriginal health. This issue is further addressed under section (b) Revised curriculum, below.

**Recommendation 10**

The Academic Board recommends that the Faculty consider the range of factors that might impact on the quality of teaching in the Faculty particularly in relation to clinical staff.

**(b) Revised curriculum**

The transition period was clearly of great concern to some students, particularly those currently in year two of the program. These concerns included:

- The overload on clinical teaching staff in 2009, with the doubling of rotations in the cross-over year to the new curriculum.
- Students' belief that they were being used as guinea pigs for elements of the revised curriculum, for which they did not want to suffer academic disadvantage. Some staff recognised that students in second year in 2008 had some disadvantage because of the overlap year.
- Lack of clear communication with students regarding the transition to the revised curriculum had contributed to student concerns, as indicated earlier in this Report.
- At present, with all results graded only as pass/fail, students work collaboratively. However, with a proposed move to ranking, the current high levels of collaboration would likely disappear. Students were able to recognise the benefits, particularly as a reward for particular personal effort, of a graded results system, but there was a view that in the learning process collaboration was more powerful than competition.
- Some students hoped for more flexibility and looked forward to the possibility of being able to undertake third year on a part-time basis.

The Faculty has advised (see page 17) that it aims to produce medical graduates who will be leaders in the profession and leading researchers. Concern was expressed by senior students that preparation in the basic sciences in the current USydMP did not ensure that they had sufficient competency in College Entrance Examinations and there was awareness that pass rates in some College Examinations by USydMP graduates were low. There was, consequently an expectation that the revised curriculum will provide more support in this area for students from both science and non-science backgrounds. This is an attribute of the revised curriculum that the Faculty may wish to monitor as its graduates reach that stage in their careers.

**(c) Research training in the USydMP**

The Faculty has perceived that there is insufficient research training in the USydMP and in the revised program students will be selected into the honours program and prepare a thesis. (There is currently a research options unit in first/second year). The Faculty is considering introduction of a streamed research program which would link to Institutes. Up to five students would be linked to each Research Institute. As indicated above, students welcomed the opportunity to undertake some research training during their degree program.

**(d) Research-led teaching**

The Review Team formed the view that across the USydMP curriculum there is little evidence of research-led teaching and that the teaching and research activities of the Faculty are conducted quite independently of each other. The Review Team was advised that researchers now have to do some teaching and research and undergraduate teaching is co-located.

There was considerable variability in USydMP students' awareness of Faculty research activities. Students advised that their interest in research was driven by their personal interests rather than the specific facilities provided by the Faculty.

**(e) Engaging students in active learning**

**Commendation 9**

The Faculty is commended for its investment in the professional investigation and evaluation of the USydMP and its commitment to an evidence-based approach.







