

Additional areas for consideration for accredited education providers proposing implementation of a Masters Degree (Extended) level primary medical degree.

Purpose of this guide

This guide provides additional areas for consideration for education providers planning the implementation of a Masters Degree (Extended) qualification. The provider's responses will assist the AMC Medical School Accreditation Committee in determining whether the proposed program is likely to meet accreditation standards and the AMC definition of a major change.

Major changes to a program may affect accreditation status, and as noted at Item 3.2.2 in the AMC Procedures for Assessment and Accreditation, the AMC expects to be informed prospectively of such developments. Medical education providers can inform the Medical School Accreditation Committee by way of a notice of intent or within their regular progress reports. The AMC requests at least 20 months notice of the intended introduction of the change, and longer for a proposed offshore program. The Committee will consider the advice and determine if it is a major change.

This guide should be considered to provide information to the Committee regarding an MD proposal. It should be used in conjunction with the approved *Standards for Assessment and Accreditation of Medical Schools*, available on the AMC website.

The extent of the change to the medical program transitioning from a Bachelor degree to a Masters degree will vary greatly depending on the composition of the current degree offered.

The AMC does not necessarily consider the change in qualification type as a major change. However changes associated with change in qualification type such as program length, curriculum structure, and/or other critical factors related to accreditation standards may meet the definition of a major change. In assessing program proposals, the AMC Medical School Accreditation Committee must receive enough information from the education provider to make a determination regarding the nature of change in the program, particularly if the change will meet the definition of a major change.

AMC definition of major change

The AMC defines a major change in an accredited program of study or education provider as a change in the length or format of the program, including the introduction of new distinct streams; a significant change in objectives; a substantial change in educational philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes forced by a major reduction in resources leading to an inability to achieve the objectives of the existing program are also major changes. The gradual evolution of a medical program in response to initiatives and review would not be considered a major change.

If the Committee does consider the proposal to be a major change it will decide if the major change can be approved for introduction within the current accreditation of the program or is of comprehensive impact that would require reaccreditation of the whole program.

Areas for consideration

The AMC will require the following information (organised according to the accreditation standards for primary medical education providers and their program of study)

1 The context of the medical school

1.1 Governance

- That the school has consulted on key issues relating to its mission, curriculum graduate outcomes and governance with those groups that have a legitimate interest in the program.
- Any anticipated changes to the medical school governance and committee structures as a result of the new program.

1.3 Medical course management

- Capacity of the medical program management committees, including those involved in curriculum, assessment and evaluation, to manage and implement the new program and any overlap with the teach-out of the current MBBS program.
- Appropriate approval from the University that the proposed program meets the requirements of a Level 9 Masters Degree (Extended) qualification type according to the Australian Quality Framework or any other national requirements in setting the academic level of the qualification.

1.5 Educational budget and resource allocation

- Sufficient resources to support any extended course components and changes made to achieve the Masters level qualification.

1.6 Interaction with the health sector

- Strategies in place to ensure any changes to curriculum, outcomes, pedagogy and assessment of the new program are understood by those who contribute to delivery of the course within the health sector.
- Discussions with health sector to manage any anticipated overlap between cohorts of the new and old course within the clinical training environment. Including managing differences in curriculum and assessment between the programs.

1.7 The research context of the school

- Research context of the provider is sufficient to support any increases in research requirements within the program to meet the requirements of this level qualification.

1.8 Staff resources

- Appropriate staff resources to manage the design, implementation and evaluation of the new Masters level program. Particularly, in the years with overlap between cohorts in the old and new programs.
- If there is an increase in the research requirements of the program, ensuring that there is a sufficient number of research active staff to support this. For example enough supervisors to oversee independent research projects.

2 The outcomes of the medical program

2.1 Purpose

- Changes to the mission of the program resulting from a transition to a Masters level qualification and consultation with relevant stakeholders about any changes made.

3 The medical curriculum

3.1 Curriculum framework

- Any changes to the curriculum framework, particularly those made to ensure the curriculum meets the requirements of this level of qualification. Please include diagrams of the proposed MD program and the current MBBS program.

3.2 Curriculum structure, composition and duration

- Any changes to the content, sequencing and duration of the course components to achieve the requirements of this qualification. For example, if biomedical sciences are required as a prerequisite, has the biomedical science teaching been decreased? Will the length of the program change? Provide the rationale, and explain the implications for curriculum content and sequencing.

3.4 Research in the curriculum.

- The impact, if any, of the additional research requirement at the Masters (Extended) level will have on existing curricula. If an augmentation of the research component of the medical program is planned, what will be the implications for other curriculum elements and/or clinical teaching time?
- Appropriate resources in place to meet the research requirements of this level qualification and there is equity of student access to these resources, across teaching sites including rural sites.

3.5 Opportunities for students to pursue choices

- Related programs - Effects of the changes to a Masters Level qualification on the current Honours and PhD programs and opportunities for elective study.

4 The curriculum – learning and teaching

4.1 Learning and teaching methods

- Changes to the delivery methods of the course to ensure they meet the content outcomes of the course as a Masters level qualification.

5 The curriculum – assessment of student learning

Changes to the outcomes of the program of study which result from the change of qualification type would be expected to lead to changes in some forms of assessment. The provider should give details of any proposed changes to assessment methods and indicate how they relate to the course outcomes'

5.3 Assessment rules and progression

- Impact of the changed qualification level on students in the current MBBS course if their completion of this course is delayed, for example through failing an examination. Ensuring progression rules are clear and transparent for students in the current program.

6 The curriculum – monitoring and evaluation

6.2 Outcome evaluation

- Plans to evaluate the outcomes of the program in terms of postgraduate performance and career choice.

7 Implementing the curriculum - students

7.1 Student intake

Any changes to the size of the student intake including numbers of fee-paying students.

Changes to the nature of the student cohort and the affect that the requirements of a Masters Level qualification might have on this, particularly on quotas of under-represented groups.

Strategies to maintain special entry pathways particularly for under-represented groups.

7.2 Admission policy and selection

- Changes made to admission policies and selection as a result of a change to a Masters Level qualification. Effects on provisional entry or dual degrees.

7.3 Student support

- The effect on students currently enrolled in the MBBS program and plans to allow them to transition into the new program, or be awarded with the new degree.

- Strategies to manage the effect of the changes on the students in the current teach-out of the Bachelor level program. Implications for students in the teach-out of the current program and any delayed completion of the course arising from leave of absence or failure of course components.

The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial social, cultural, personal, physical and mental health needs.

8 Implementing the curriculum – educational resources

8.1. Physical facilities

- If an increase in research requirements is expected, consideration given to ensuring sufficient physical facilities to support this.

8.3. Clinical teaching resources

- If there is an increase in the number of students in the clinical environment, due to increases in cohort size or an overlap of the old and new programs, strategies to ensure that the school is able to or has plans to manage this.