



Government of **Western Australia**
Department of **Health**

Clinical Schools

A conceptual outline for the development and implementation of a WA Metropolitan Clinical School Model

Consultation Paper

Office of the Chief Medical Officer

Document Control

Version	Date	Author	Reason for update
1.0	16 November 2022		Initial draft

Document Review Checklist

TABLE OF CONTENTS

- INTRODUCTION..... 4**
- BACKGROUND 4**
- TIMELINE OF PROGRESS 5**
- CLINICAL SCHOOL MODEL 6**
- PROJECTED BENEFITS OF CLINICAL SCHOOL MODEL 6**
- GUIDING PRINCIPLES..... 7**
- WA CLINICAL SCHOOLS MODEL STEERING COMMITTEE (CSMSC) 8**
- PRE-REQUISITES 9**
- PROPOSED STEPS (HIGH LEVEL)..... 10**
- EVALUATION 11**
- CONTACTS 11**
- Office of the Chief Medical Officer 11

INTRODUCTION

This paper has been developed to facilitate system-wide consultation on the concept of a Clinical School Model that endeavours to create the best clinical learning experience for all medical students training through universities in WA.

The conceptual model was developed with input from the area Directors of Clinical Services and medical education leads from the WA Health Service Providers (HSPs), the three universities that provide medical training in WA, medical practitioners including junior doctors and medical student representatives. It aims to define the guiding principles for, and at a very high level the change management involved, in the development and implementation of the model.

The purpose of undertaking consultation on the draft conceptual model is to ensure that all stakeholders have the opportunity to consider the model and provide constructive feedback that will then inform the further development and potential for implementation of the model.

BACKGROUND

Medical training in WA is currently offered by three universities through the following programs:

- Doctor of Medicine, University of Western Australia (UWA) – a four-year postgraduate program
- Doctor of Medicine, University of Notre Dame Australia (UNDA) – a four-year postgraduate program
- Bachelor of Medicine, Curtin University (Curtin) – a five-year undergraduate program.

Successful completion of each of these programs includes a period of clinical placements in hospitals and health service settings over the final years of training.

The following WA Health Services accept medical student placements:

- East Metropolitan Health Service (Royal Perth Hospital, Bentley Hospital, Armadale Hospital, Kalamunda Hospital, St John of God (SJOG) Midland)
- North Metropolitan Health Service (Sir Charles Gairdner Hospital, Osborne Park Hospital, Joondalup Health Campus)
- South Metropolitan Health Service (Fiona Stanley Hospital, Fremantle Hospital, Rockingham General Hospital, and from 2023 Peel Health Campus)
- WA Country Health Service (Albany, Bunbury, Broome, Geraldton and Kalgoorlie Hospitals).

Currently medical student clinical placements are individually negotiated by each university with the WA HSPs through formalised Student Clinical Placement Agreements. The number of placements per hospital is largely based on historically negotiated agreements and existing professional relationships between clinicians and the universities. There is no co-ordinated mechanism in place at present to ensure that the placements provide equity of access to all medical students in WA or to optimise the capacity of hospitals/health services to teach, train, and support medical graduates to be work-ready in complex health service settings once they graduate from the respective universities.

Ongoing discussions between the university Deans, HSP Directors of Clinical Services and Medical Education leads have supported a co-ordinated clinical placement model built upon effective collaboration and partnerships between the HSPs and the universities.

There is agreement that a structured and collaborative clinical placement model would enable the provision of high-quality medical education and training experiences for all medical students in WA. These discussions progressed the exploration of the feasibility of development and implementation of a Clinical School Model that would enable coordinated clinical placements and clinical teaching for all medical students training through the three university medical programs. Subsequently, the A/Chief Medical Officer was invited to provide leadership and guidance with progressing the novel concept and implementation of a metropolitan Clinical School Model. The proposed model differs from clinical school models elsewhere in Australia in its system-wide scope and opportunity to optimise clinical teaching resources across metropolitan WA hospitals. The WA Clinical Schools Steering Committee (CSSC) was formally established in July 2022 to provide governance and support for the further development and progress of the concept and proposal.

TIMELINE OF PROGRESS

2021: Jan-Jun	<ul style="list-style-type: none"> • Horizon scanning and review of literature (other models - national and international) • Metropolitan-wide Clinical School Concept proposed • Regular meetings including Medical Deans (universities), Directors of Clinical Services (HSPs), and JMO and medical student representatives led by Area DCS EMHS
2021: Jul-Dec	<ul style="list-style-type: none"> • Workshops and meetings to consider model feasibility and operations: processes, evaluation, resources, governance
2022: Jan-Jun	<ul style="list-style-type: none"> • Modelling of projected student placement numbers for 2024, 2025 and 2026 by universities • Discussion paper on state-wide planning for clinical placements developed by HSP medical education leads • A/CMO formally invited to future meetings and requested to provide leadership and guidance to the development of concept and proposal
2022: Jul-Dec	<ul style="list-style-type: none"> • Project oversight adopted by Office of the Chief Medical Officer • WA Clinical School Model Steering Committee formally established to provide guidance and oversight to development of the concept and proposal • WACHS representation invited to the steering committee • In-principle support of a Clinical School Model to commence 2024 confirmed by 3 metropolitan HSP representatives and the university medical deans • Ongoing discussions between HSPs and universities on clinical placement mapping and processes and delivery of teaching in the hospital setting • Conceptual model drafted and endorsed by the CSMSC

	<ul style="list-style-type: none"> • Consultation document – Conceptual Outline developed • Consultation with key stakeholders
--	--------------------------------------------------------------------------------------------------------------------------------------------------------

CLINICAL SCHOOL MODEL

The proposed WA metropolitan Clinical Schools Model is envisaged to be a partnership between universities, HSPs, clinicians, academics, and future doctors to ensure high quality medical training that prepares medical students to transition seamlessly into clinical practice.

The model aims to:

- Implement a consistent and co-ordinated process for clinical placements for final year medical students in WA hospitals based on the principles of equity and fairness.
- Optimise available teaching and training resources across WA health services.

The goal of the proposed model will be to consolidate the final year experience for all medical students; to facilitate smooth transition into internship; and support induction and orientation to hospitals and into the clinical workforce. Alignment of the timelines of clinical placements in the final year of the three university courses and mapping of the current placements within the HSPs to facilitate future co-ordinated placements will be critical enablers for the model. While there may be future opportunities to explore alignment of clinical placements in other years, the scope of the current model will be limited to clinical placements for final year medical students training through the three WA universities.

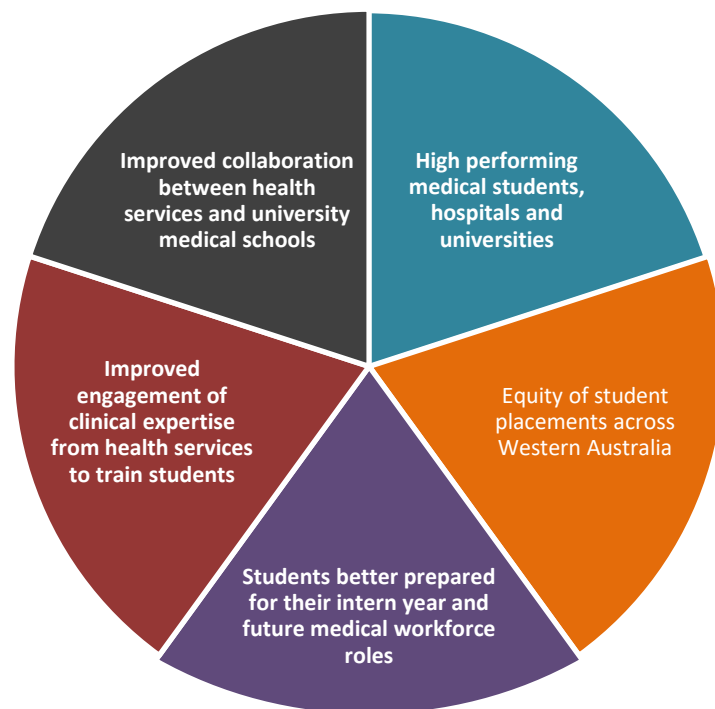
In addition, the model will include a longitudinal, monitored, clinical skills learning program developed and delivered by hospital consultants and medical education leads in partnership with the universities. The Clinical Schools Model does not aim to replace or duplicate the university medical schools’ curriculum – instead, it aims to supplement the teaching provided by the universities and enable further learning in a supported clinical environment through clinician-developed resources, workshops, and other agreed modes of delivery of teaching. This is envisaged to support the development of a solid foundation of clinical and professional skills vital for future clinical practice.

PROJECTED BENEFITS OF CLINICAL SCHOOL MODEL

A system-wide approach which enables co-ordinated medical student clinical placements based on the principles of equity, collaboration and shared opportunities for teaching and workforce preparedness has several benefits including:

- Visibility of the medical training pipeline that enables both HSP and system-level future medical workforce planning.
- System-level visibility of the capacity for medical clinical placements thus enabling effective planning and optimal delivery of consistent high-quality placements, teaching, and education.
- Building clinical staff capability and fostering effective engagement in the supervision/teaching of students via improved transparency and cohesion of university-HSP relationships.
- Minimising duplication and improving coordination within and between health services where clinicians may be required currently to deliver the same teaching to multiple cohorts of students on multiple occasions each year.

- Greater opportunity for health services to complement the curriculum delivered by universities particularly in areas such as clinical skills and clinical and corporate professionalism and improve job readiness.
- Equity and transparency for universities and students seeking clinical placements across various health services.
- Longitudinal clinical clerkships within individual hospitals/health services with stronger teaching relationships and mentorship that enables better student learning and improves sense of connection to health services, leading to improved recruitment and retention.
- Standardised timetables and rotations across universities, facilitating improved integration of students within hospital departmental workflows and planning.
- Opportunities for co-delivery of course content across universities to support standardisation of teaching and reduce duplication.



GUIDING PRINCIPLES

The following guiding and supporting principles will underpin the development of the Clinical Schools Model:

1. The Clinical Schools Model will be a collaborative effort between the WA HSPs and three WA university medical schools.
2. Ongoing collaboration and sharing of resources between universities and HSPs will be vital to the development and implementation of the program.
3. The Student Clinical Placement agreement between each HSP and the universities sets out the terms and conditions upon which clinical placements are provided within

a health service. The proposed Clinical Schools Model will align with all the provisions within those agreements.

4. The overall objective of the model will be a consistent and supportive environment for all final year medical students training through the 3 universities in WA. Any requests to accommodate placements for interstate and overseas will be negotiated by the universities with the individual HSPs.
5. The model will have no impact on the WA Health intern recruitment process and the capacity for placements, supervision and training of interns or other junior medical staff (including placement of Commonwealth supported medical students in accordance with the 2014 COAG agreement).
6. The development and implementation of the model will be undertaken within existing resources. The universities and HSPs will work to realign existing resources to realise the objectives and benefits of the model.
7. Where applicable HSPs and universities will commit to sharing opportunities for teaching, supervisor training and upskilling and agreed processes for Workplace Based Assessments.
8. Student numbers will remain consistent with the projected numbers for students attending WA universities (projections available till 2026). The universities will be responsible for advising the OCMO and the HSPs of any impending and/or proposed significant changes to student numbers.
9. Training curriculum and assessments will remain the responsibility of the enrolling university.
10. HSPs will provide students with rotations throughout the year in both tertiary, specialist, secondary, private and community services to meet curriculum requirements for all universities.
11. Agreement between Health Services and Universities will be reached on a consistent schedule, aligning the timeline of rotations and core workshops for students across all universities.
12. HSP scheduling of clinical placements will accommodate individual university non-clinical placement activities (e.g. university-based block teaching activities, holiday periods and assessment periods).
13. The model will not interrupt or impact on placements within the existing Rural Clinical Schools WA program.
14. Review of the Clinical Schools Model will be undertaken two-years post implementation.

The intention is to implement the Clinical School Model across NMHS, EMHS and SMHS from the start of the 2024 academic year. Implementation will be contingent on advice and approval from the Australian Medical Council (AMC) as the accrediting body for the existing three medical school programs. The universities will be responsible for ongoing AMC accreditation of their respective programs.

WA CLINICAL SCHOOLS MODEL STEERING COMMITTEE (CSMSC)

The CSMSC is a time-limited committee that has been established by the Office of the Chief Medical Officer to provide governance and support to development of the concept of the Clinical School Model. The CSMSC will provide oversight to the development of the model through to the implementation phase and facilitate collaboration and co-operation between the key stakeholders.

It is envisaged that the CSMSC oversee and monitor model development, implementation and support evaluation. The ongoing governance of the Model post implementation will be the responsibility of the HSPs and Universities within the provisions of the WA Health Student Placement Agreements.

PRE-REQUISITES

The HSPs and the universities have committed to adapting their respective placements and courses to meet the following pre-requisites to enable successful implementation.

Academic Timetable

All three Universities will align their timetable for final year students to the annual calendar year starting late January/early February and concluding in November. Study weeks and exams will be scheduled during October.

Rotation Alignment

- An 8 by 4-week rotational model is proposed across all Universities.
- There will be some capacity for flexibility around rotations (particularly in the rural placements) while ensuring students receive all the necessary clinical exposure across the academic year, in line with the longitudinal clerkship model that currently exists.
- Core rotations for major disciplines will be standardised (Emergency Medicine, General Practice, Internal Medicine and Surgery) and placements will include a 4-week rotation through these specialties.
- Minor discipline rotations (selective and elective) may be scheduled over 1-2 weeks and may vary between universities.
- Each university will retain some flexibility in the components of scheduling as long as the placement blocks and timetables are broadly aligned.
- The details of the HSP teaching program will be developed as part of the model development.

Student Placement Mapping

- Each HSP will identify the number of available positions at each of their hospitals.
- Placement slots at each hospital will be pre-allocated for each university based on projected student numbers. Universities will retain the ability to determine where students are placed to enable special considerations to be taken into account, e.g. previous placements, diversity of learning experience and individual circumstances.

Curriculum and assessment

Curriculum and assessments will remain the responsibility of the enrolling university. This responsibility will include, but not be limited to, formative and summative written, clinical and workplace-based assessments (WBA). The feasibility of a standardised system (including training, format, and administration) for WBA for all universities may be explored in the future.

Teaching Program

Each medical school will continue to have their own teaching and learning program for final year students. HSPs will look to enhance existing teaching programs by developing a series of workshops or skills-based teaching to provide students with further exposure to hospital/ward activity which will enable application of knowledge in a practical sense

i.e. simulation workshops. Additionally, workshops will be developed where current gaps have been identified, e.g. adherence to national standards and hospital policies, awareness of infection control and asepsis and professionalism in the workplace. The development of the HSP teaching program will be undertaken in collaboration with the medical schools and will be run in parallel to the existing medical schools' curriculum.

HSPs will identify a series of workshops which can be shared across all sites for the purposes of enhancing the current clinical teaching provided by the Universities. A specific hospital or hospitals may be identified to be best placed to deliver specific workshops that all students could access. Other workshops may be suitable to be delivered at all sites. For example: Pharmacists could deliver workshops at individual sites around medicines and safe prescribing. The timing and location of such workshops will require consultation with and approval of enrolling Universities as well as the HSPs.

Sharing of teaching resources (especially on-line resources) will occur across Universities and hospitals. All online teaching resources will include version control and review dates to ensure that materials remain current.

Other training opportunities such as Grand Rounds, Registrar Rounds, Junior Medical Officer teaching and non-clinical skills will be available to students and may be shared between hospitals.

Medical student training also relies on placement in private practices (general practices supported by Practice Incentive Program payments) and private hospitals (supported through government funding), These placements will continue to be governed and negotiated by the universities with the respective providers/hospitals.

PROPOSED STEPS (HIGH LEVEL)

	Action	Progress
1	Establish governance and framework for concept development and consultation	Completed
2	Development Draft Conceptual outline	Completed
3	Consultation with HSP and University Stakeholders	In progress
4	Formal endorsement of concept by delegated authorities – HSP and universities	In progress
5	Development of model for implementation	TBC
6	Stakeholder Consultation and endorsement of final model	TBC
7	Implementation	2024 (proposed)
8	Evaluation	2026 (proposed)

EVALUATION

A framework for evaluation of the Clinical School Model will be developed based on but not limited to following measures:

- student numbers, satisfaction and performance
- HSP feedback, number of interns selecting to stay at the same health services and number of clinicians involved in teaching and mentoring
- university staff and student satisfaction
- AMC review and accreditation feedback.

Evaluation will include both qualitative and quantitative feedback.

CONTACTS

Office of the Chief Medical Officer

Dr Simon Towler, Chief Medical Officer, Office of the Chief Medical Officer

Simon.Towler@health.wa.gov.au



This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.