



Assessment Framework

Guiding Notes to support the application of the Assessment Framework

How will the Assessment Framework apply to medical school proposals?

1. This Assessment Framework will apply to all medical school proposals for a new or expanded medical school or medical campus where a university seeks the Australian Government's:
 - a. approval to enrol students in medical Commonwealth supported places (CSPs) at a new medical school campus, or
 - b. allocation of medical CSPs, or
 - c. funding, including capital, transitional, Commonwealth Grant Scheme (CGS) or Higher Education Loan Program (HELP) funding.
2. Proposals that do not address all of the Assessment Framework criteria will not be accepted.
3. National health workforce data and modelling do not support any change to the overall supply of medical graduates at the present time. Accordingly, any medical school proposal that seeks an allocation of new commencing medical CSPs will not be considered. Any medical CSPs required for a proposal must be sourced from within the existing national allocation of medical CSPs.

When will proposals be considered by Government?

4. The Department of Health will undertake a triennial assessment of national medical workforce data to identify emerging workforce trends and priority areas for action. The Government will determine whether to call for proposals in line with this triennial assessment and submissions will be evaluated at that time using the Assessment Framework. Any proposals received outside of this process will generally not be considered.
5. The Minister for Education and the minister with responsibility for medical schools policy within the Health portfolio may jointly revise the Assessment Framework to reflect changing Government priorities over time as informed by the triennial medical workforce analysis.
6. A panel of senior staff established by the Department of Education and the Department of Health will assess all complete proposals. The panel will have the relevant expertise to evaluate, rank and recommend proposals for funding. Panel members will have access to external expert advice when necessary. The panel will make recommendations to the Minister for Education for decision.
7. The Minister for Education is responsible for allocating medical CSPs and consults with the minister with responsibility for medical schools policy within the Health portfolio, on requests for medical places.

Who can bring forward a medical school proposal?

8. The national assessment of medical schools and medical places identified significant establishment and implementation challenges associated with proposals from universities seeking to be new providers of a medical school program. Because of the increased risk, proposals that involve a new medical school provider must be made in partnership with a university that already delivers a medical program.
9. As proposals involving a new provider pose a greater risk, they will be subject to a higher level of scrutiny through the Assessment Framework.
10. In recognition of the established capacity and experience of providers already delivering medical programs (i.e., established curriculum, medical educators, infrastructure and rural clinical training experience), medical school proposals from these providers may require a less comprehensive assessment and will be evaluated accordingly against the Assessment Framework.
11. Small scale proposals, for example, where an existing medical school provider seeks to transfer some of its existing medical places to a new location, may also be subject to a less rigorous analysis against the Assessment Framework.

What information must be contained in a medical school proposal?

12. Medical school proposals must include the following information:
 - a. *Scope of the proposal* – details must clearly identify the scope and footprint of the proposed medical school and its activities.
 - b. *Student numbers* – the number of medical CSPs being sought must be clearly identified.
 - c. *Costs* – information must be provided on how all associated costs with the medical school will be funded. This should identify all funding sources including any funding sought from the Australian Government for the proposal and, if applicable, any associated Health portfolio costs for participation in Department of Health programs.
 - d. *Proposed timelines* – the timing for key aspects of the medical school development such as construction, recruitment, accreditation process and whether a staged rollout is envisaged over time, should be clearly detailed.
 - e. *Evidence of consultation with the Australian Medical Council (AMC)* – the AMC must be consulted prior to submission of any proposal due to the lengthy timeframe needed for AMC accreditation of new medical programs. Proposals should include information about the AMC's preliminary views (see also Assessment Framework principle nine).
 - f. *Flagging an intention to participate in rural training initiatives funded by the Health portfolio* – proposals that flag an intention to participate in rural training initiatives funded by the Department of Health must include detailed plans, consideration of training capacity, an outline of consultations with affected stakeholders and costings associated with the rural training initiatives as part of their proposal and developed following consultations with the Department of Health
 - g. *Assessment Framework* – all elements of the Assessment Framework must be addressed or the proposal will not be accepted for consideration.

Assessment Framework

1. The proposal does not change the national supply of domestic medical graduates

Note: This principle will remain in place until Department of Health medical workforce projections indicate a need for additional medical places.

2. The proposal does not increase the number of domestic or international full fee paying medical students

3. The proposal is either from a university with an existing medical school or from a university partnering with an existing medical school to leverage off the established capacity and experience of an already accredited provider

- a. The proposal leverages existing investment in capital infrastructure within the region to support medical student programs.
- b. The proposal demonstrates collaborative arrangements and partnerships that build on existing primary and postgraduate medical education training initiatives in the proposed region.
- c. For proponents that seek to partner with an existing medical school, the proposal demonstrates how the partnership will leverage off the established capacity and experience of already accredited providers/programs (i.e. their curriculum, medical educators, infrastructure and rural clinical training experience).

4. The proposal increases medical workforce capacity in the region(s) of identified medical workforce need

- a. Evidence clearly demonstrates an undersupply of medical practitioners that the proposal will address.
- b. The evidence base is consistent with national, state, and/or regional medical workforce published data.
- c. The proposal clearly explains why the current medical training model is not addressing the undersupply and demonstrates how the proposed model will address the undersupply.
- d. The proposal includes a detailed rationale for the scale of the proposal which outlines the basis for the number of medical places required.
- e. If the proposed medical school plans to operate in the same region as an existing medical school:
 - i. medical workforce evidence is provided demonstrating the need for additional medical places in the region.
 - ii. the university provides a sound rationale for the need for an additional provider that takes account of potential duplication and/or displacement of existing teaching provision, clinical placement availability and synergies with existing infrastructure and other resources.

5. Any proposal seeking a redistribution of existing medical places demonstrates it will deliver positive medical workforce outcomes that are superior to or cannot be achieved through existing arrangements

- a. The proposal must explain why places cannot be utilised from within the proponents existing allocation of places to implement the proposal.

- b. The proposal demonstrates how its alternative model of medical education will deliver stronger medical workforce outcomes than what is being achieved under existing training models in the region.
- c. The proposal includes a rationale backed by strong evidence detailing how its alternative model of medical education adopts best practice strategies to effect positive changes to the medical workforce distribution in the proposed region compared with current training models, including delivering a better quality, more positive training experience.
- d. The benefits of any proposed additional investment need to clearly demonstrate that the proposed outcomes for medical students, local health services and the local population would be superior to or cannot be achieved through existing arrangements.
- e. The proposal includes a detailed plan articulating how all the transition risks associated with the establishment of the proposed medical school would be appropriately managed and mitigated to ensure minimal or no impact to the provision of existing medical education programs and to the integrity of existing training pathways.

6. The proposal identifies training pathways across each stage of the medical training pipeline from medical student to junior doctor to specialist trainee

- a. The proposal demonstrates the capacity for and evidence of an integrated approach across the medical training pipeline, connecting the medical school program with junior doctor and specialist training in the proposed region.
- b. The proposal demonstrates how it will build on Commonwealth initiatives, such as the Integrated Rural Training Pipeline and Rural Workforce Agency Program, which aim to help retain medical graduates in rural areas by better coordinating the different stages of medical training.
- c. The proposal indicates the state/territory programs in place to ensure continuation of medical education and training in the region(s) of identified workforce need for doctors in training, following completion of the medical degree and provides evidence of support from relevant jurisdiction(s) and their regional health services.

7. The proposal expands opportunities for students from disadvantaged backgrounds

- a. The proposal provides a demographic profile indicating socio-economic disadvantage of the region in which the medical school will operate (including low socio-economic status students, Aboriginal and Torres Strait Islander students, students with a disability, and other disadvantaged groups).
- b. The proposal includes a recruitment strategy, including data, for enrolling students from disadvantaged backgrounds and increasing their participation levels over time.
- c. The proposal describes support structures that will be in place to assist disadvantaged students to complete their medical course.

8. The proposal's student recruitment strategy, training arrangements, and curriculum are tailored to address the region(s) of identified medical workforce need

- a. The proposal details a student recruitment strategy that is targeted to addressing the identified maldistribution of the medical workforce in the proposed region.
- b. The proposal details a targeted clinical training strategy, including the duration and setting of clinical placements, to address the identified maldistribution of the medical workforce in the proposed region.

- c. The proposal indicates how the course curriculum will prepare students to work in the proposed region(s) of identified medical workforce need once their course is completed. If the curriculum is modelled on that of another institution the rationale and local versioning and appropriateness of that must be described in the proposal.

9. The proposal sufficiently details the network of clinical providers who will be engaged in the implementation of the proposed medical program to enable students to complete the course requirements

- a. The proposal includes evidence of in-principle agreement from health providers to provide, at a minimum, the clinical training places required to enable medical students to complete the course requirements.
- b. The proposal includes an assurance from each clinical training placement provider that agreeing to provide the clinical placements will not displace training placements already provided for medical students and doctors in training.
- c. The proposal includes evidence of available supervisory capacity for clinical training placements and details how it will not exacerbate supervisory shortages across all stages of medical training.
- d. The proposal includes an indication that the proposed medical program is likely to meet the Australian Medical Council accreditation requirements concerning the provision of adequate clinical training teaching, places and supervision.

10. The proposal demonstrates effective governance processes and staff recruitment strategies to implement the proposed medical program

- a. The proposal sufficiently details a recruitment plan for clinical academic leadership within the proposed medical program including:
 - i. the formal appointment of a Medical School Dean well in advance of the establishment of the medical program to lead all planning, development, recruitment and transition processes.
 - ii. retention strategies to maintain the required academic workforce across the proposed regions.
- b. The proposal demonstrates robust and effective governance processes, including the ability to effectively coordinate staff and students across multiple campuses and training facilities to maintain consistency in the delivery of the medical program.

11. The relevant state/territory government guarantees support for the proposal, including provision of the necessary clinical training and supervision, internships and specialist training places through each stage of the medical training pipeline

- a. Evidence of strong support for the medical school proposal is provided from jurisdiction/s where the medical school will be located.
- b. Evidence includes a state/territory government guarantee to provide ongoing funding for the required clinical training and supervision, internships and specialist training places required to enable the students to become medical practitioners.
- c. The proposal includes a state/territory government guarantee to provide a funding contribution towards establishing the proposed medical program. This could involve a capital or transitional funding contribution or a commitment to provide land for the medical school site.

12. The proposal is affordable and presents value for money to the Commonwealth

- a. Commonwealth funding towards the proposal represents an effective use of taxpayer money. This could be achieved through:
 - i. Partnership arrangements with existing institutions (co-located facilities with other education/health providers, partnering with research institutes).
 - ii. Co-investment from local /state governments, the private sector, charitable organisations or the university.
- b. Where the Commonwealth has already invested capital funding in the region identified, the proposal:
 - i. Demonstrates how previous Commonwealth investments will be leveraged to minimise the request for additional funding.
 - ii. Identifies how any additional funding sought will deliver improved medical workforce outcomes.
- c. Commonwealth investment provides flow-on financial benefits to the local community in which the medical school will operate.