



Assessment Framework

Proposals for new medical schools and/or medical CSPs

This Assessment Framework applies to all medical school proposals where a university seeks:

- approval to enrol students in medical Commonwealth supported places (CSPs) at a new medical school campus, and/or
- an allocation (or reallocation) of medical CSPs, and/or
- funding, including capital, transitional, or other available funding.

When will the Government consider proposals for new medical schools or additional CSPs?

The Government will call for proposals for new medical schools or medical CSPs if assessments show the current supply or distribution of medical students does not meet workforce needs (such as maldistributions within specialties or geographic regions).

These assessments are undertaken from time to time by the Department of Health and Aged Care in consultation with the Department of Education and will be informed by the National Medical Workforce Strategy, national workforce data, and workforce modelling. Any proposals received outside of this process will generally not be considered.

Who determines which proposals are successful?

An expert panel of senior staff established by the Department of Education and the Department of Health and Aged Care will assess all complete proposals. Panel members will have access to external expert advice when necessary. Representatives of the sector may be asked to participate as members of the assessment panel.

The panel will make recommendations to the Minister for Education for decision, and the Minister for Education will consult with the Minister for Health and Aged Care on requests for medical places.

Who can bring forward a medical school proposal?

Given the significant challenges associated with establishing a new medical school program, proposals will only be considered from universities which either:

- operate an established medical school; or
- are operating in a recognised formal partnership with one or more universities that possess an established medical school.

What information must be contained in a medical school proposal?

1. **Scope of the proposal:** Details must clearly identify the scope and footprint of the proposed medical school and its activities.
2. **Rationale for the proposal:** How the proposal will address important gaps in Australia's medical workforce.
3. **Student numbers:** The number of medical CSPs being sought must be clearly identified.
4. **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 and Aged Care programs.
5. **Proposed timelines:** The timing for key aspects of the medical school or program development must be detailed clearly, such as construction, recruitment, accreditation process, commencement of students, and whether a staged rollout is envisaged over time.
6. **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).
7. **Evidence of consultation and support from state and territory governments:** This is to demonstrate that future placements are guaranteed and there are supported career pathways available.
8. **Evidence of consultation and support from relevant local health district representatives.**
9. **Evidence of consultation and support from key training partners:** For example, general practices, hospitals, Aboriginal Community Controlled Health Organisations, and student representative groups.
10. **Flag intention to participate in rural training initiatives funded by the Health portfolio:**
Proposals which intend to participate in these initiatives 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. These should be developed following consultations with the Department of Health and Aged Care.

In addition to the points outlined above, all criteria outlined in the following **Assessment Framework** must be addressed, or the proposal will not be considered.

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1. The proposal does not change the national supply of domestic medical graduates, unless specifically invited through a Commonwealth round

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

- a. The proposal leverages any 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 end-to-end clinical training experience/initiatives).

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 in distribution and medical specialty.
- 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.

- iii. Detailed evidence is provided of how the new and existing providers will collaborate regarding allocation of clinical placements, accommodation and teaching facilities.

5. Any proposal seeking additional medical places demonstrates it will deliver positive medical workforce outcomes

- a. The proposal must explain why places cannot be utilised from within the proponents existing allocation of places to implement the proposal, and justify why the specific number of CSPs being requested is required.
- b. The proposal demonstrates how its proposed 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 (geographic and medical specialty) in the proposed region compared with current training models.
- 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

- 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 sufficient continuity 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, students from a rural background, Aboriginal and Torres Strait Islander students, students with a disability, first in family, 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 medical workforce needs

- 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

- 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 that ensures clinical academic leadership within the proposed medical program including:
 - i. the formal appointment of an in-situ senior medical leadership position in keeping with university structures (e.g., Medical School Dean or Director) 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.
 - iii. strategies to recruit, train and support clinical teachers/ preceptors.
 - iv. how a central university hub will adjust its processes and function to serve the proposed medical program
- 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.
- c. The proposal describes community consultation and engagement arrangements which enhance local ownership and support of the program

11. The relevant state/territory government guarantees support for the proposal

- 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, two-year transition to practiceships and vocational training places required to enable the students to become specialist 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 any new 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.