

## **Visit Report for Barts and the London School of Medicine and Dentistry Malta MBBS programme**

This report is part of the new schools quality assurance annual cycle.

Our visits check that organisations are complying with the standards and requirements as set out in [\*Promoting Excellence: Standards for medical education and training.\*](#)

### **Summary**

<b>Education provider</b>	Barts and the London School of Medicine and Dentistry, Queen Mary University of London (QMUL)
<b>Sites visited</b>	MS Teams visits <i>All visits took place virtually due to the Covid-19 pandemic.</i>
<b>Programmes</b>	MBBS Malta
<b>Date of visit</b>	09, 10 & 11 June 2021 12 & 14 July 2021
<b>Key Findings</b>	<b>1</b> Over the 2020/2021 academic year we carried out visits to the school as part of our multi-year quality assurance process. Due to the continued pandemic restrictions, the GMC was unable to travel to Malta for this quality assurance (QA) cycle; as such, all visits were held virtually. Prior to the virtual visits we conducted an educator survey, a student survey and a document review. In total, 68 students and 21 clinical educators completed the survey.

- 2** The school's document submission included details on teaching and learning adjustments during the pandemic; information around raising concerns; workforce details for primary and secondary care placement providers; quality management documents; and performance, progression, and outcomes data.
- 3** During the visit we met with a number of groups and individuals from the school, including students and representatives from both primary and secondary care clinical placements. The activities for this year focused on follow up on areas identified in previous cycles and the school's development having recruited another cohort of students.
- 4** We were pleased with the school's progress around the provision of student welfare via the student support team. We were also pleased with the development and implementation of a feedback system using QR codes. The ability to immediately capture student feedback in secondary care clinical placements and feed it back to clinical tutors is an area we consider to be working well.
- 5** However, we identified new areas that require improvements in line with our standards. These are in the areas of patient safety and raising concerns, school responsiveness to student feedback and quality management processes. Furthermore, we continue to be concerned about areas identified in previous cycles. These relate to educational capacity, educational governance in clinical placements and educator development.
- 6** Finally, we remain concerned about the potential impact that the prevalent use of the Maltese language has on the student learning experience. The students we met believe it is affecting their ability to obtain an adequate clinical experience; furthermore, this has affected students' confidence that they will be able to meet the *Outcomes for graduates (2018)*. Whilst the school is monitoring this, we are not assured that these concerns have been addressed satisfactorily.

## Update on open requirements and recommendations

	Open requirement	Update	Report paragraph
1	<p>The school must ensure that students understand the approach to careers support and have access to such support in a timely way that commands the student body's trust.</p> <p>We opened this requirement during the 2017/18 visit cycle.</p>	<p>This requirement has been partially met.</p> <p>In our student survey and during our student meetings, we heard that students would like more Malta-based careers support. In particular, our survey reported that students would like more information on completing foundation training in Malta. Given the language requirements for registering with the Medical Council Malta, it is essential students are provided with more careers support and clearer information in this area to make informed career choices. This is especially important considering the low take up of the school's Medical Maltese course.</p>	<a href="#">32-33</a>
2	<p>The school must provide clarity with regard to plans for, and implementation of, appraisal systems for both students and educators.</p> <p>We opened this requirement during the 2017/18 visit cycle.</p>	<p>This requirement has not been met.</p> <p>The school does not have a satisfactory appraisal system which educators can access: our educator survey showed that 57% of respondents would value regular appraisals in order to formally track their professional development. Furthermore, the school's plans to develop an appraisal system have been delayed due to the pandemic.</p>	<a href="#">56-58</a>
3	<p>The school must have effective, transparent, and clearly understood educational governance systems and processes to manage and control the quality of medical education and training. This</p>	<p>This requirement has been closed and superseded by requirement 1 below.</p>	<a href="#">1-4</a>

	<p>includes having clear thresholds for triggering policies, methods of monitoring low level concerns, demonstrating a use of appraisal and feedback to maintain and improve the quality of systems and demonstrating how the student experience is captured and valued.</p> <p>We opened this requirement during the 2018/19 visit cycle.</p>		
4	<p>The school must demonstrate a culture that both seeks, and responds to, feedback from students and educators (and indirectly, from patients via the LEP arrangements); this, especially around compliance with standards of patient safety and care, and on education and training. Whilst never binary, these can be viewed as patient/service-facing and student-facing. The school should improve communication with current and future cohorts of students to ensure that they receive timely and accurate information about the concerns they raise, both educational and pastoral.</p> <p>We opened this requirement during the 2017/18 visit cycle.</p>	<p>This requirement has been closed and superseded by requirement 1 below.</p>	<p><a href="#">1-4</a></p>
5	<p>The school must ensure students of the Malta MBBS programme obtain competence in the Maltese language to a level that allows them to</p>	<p>This requirement has been closed and superseded by requirement 5 below.</p>	<p><a href="#">27</a></p>

	<p>communicate adequately with all patients and staff. To this end the school must establish, after consultation with the students, the level of Maltese language students requires by the start of Year 3 and how the school will achieve this.</p> <p>We opened this requirement during the 2018/19 visit cycle.</p>		
6	<p>Paediatrics, mental health and obstetrics and gynaecology are areas requiring more detailed clinical educational capacity mapping as part of Barts and the London School of Medicine and Dentistry's stress-testing and risk mitigation work.</p> <p>We opened this requirement during the 2016/17 visit cycle.</p>	<p>This requirement has been closed and superseded by requirement 3 below.</p>	<p><a href="#">14-16</a></p>
7	<p>The educational culture in the Mater Dei Hospital must align to the Barts and the London School of Medicine and Dentistry arrangements (The students will not be in secondary care placements until the academic year 2019-2020).</p> <p>We opened this requirement during the 2016/17 visit cycle.</p>	<p>This requirement has been closed and superseded by requirement 4 below.</p>	<p><a href="#">20-22</a> <a href="#">23-25</a></p>

	<b>Open recommendation</b>	<b>Update</b>	<b>Report paragraph</b>
1	The school should make administrative support	This recommendation has been met and is now closed.	<a href="#">9-10</a>

	<p>equitable across all clinical environments.</p> <p>We opened this recommendation during the 2018/19 visit cycle.</p>	<p>The school has made administrative appointments which will be in place at the start of the next academic year. In the educator survey, 70% of educators reported that the support provided is sufficient, and we heard positive comments from various groups during our visit.</p>	
2	<p>The implementation of the Barts and the London School of Medicine and Dentistry curriculum will require further work, particularly with clinical teachers. The need for curriculum alignments between Barts and the London School of Medicine and Dentistry and the University of Malta curriculum, particularly Years 3 to 5, will require you to demonstrate strong collaboration at operational levels.</p> <p>We opened this recommendation during the 2016/17 visit cycle.</p>	<p>This recommendation has been closed and superseded by requirement 3 below.</p>	<a href="#">14-16</a>
3	<p>The school should make extensive efforts to improve their communication with the Medical Council Malta (MCM). We believe it would be beneficial for the school to foster closer relationships with them.</p> <p>We opened this recommendation during the 2018/19 visit cycle.</p>	<p>This recommendation has been met and is now closed.</p> <p>The MCM has informed the GMC that successful completion of the school's optional Medical Maltese language course will allow students to apply for registration and foundation training in Malta. In addition, the school will schedule further meetings to continue fostering closer relationships with the MCM.</p>	<a href="#">26</a>
4	<p>The school should include questions in their own student survey on the use and value of</p>	<p>This recommendation has been met and is now closed.</p>	<a href="#">29-30</a>

	<p>the student support team in Malta. This will help them to continue to improve the service.</p> <p>We opened this recommendation during the 2018/19 visit cycle.</p>	<p>We have considered student welfare via the student support team as an area working well below.</p>	
4	<p>The school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.</p> <p>We opened this recommendation during the 2018/19 visit cycle.</p>	<p>This recommendation has not been met.</p> <p>From our findings in this cycle, we are not assured that students across the programme are fully aware of the Maltese language expectations. Furthermore, students are reluctant to provide negative feedback as they do not feel that the school is receptive and does not act on their concerns; this appears to be exacerbating communication barriers between the school and students. The school's relationship with students is an area we consider should be improved so that student expectations are better managed, and improvements can be made to the teaching and learning environment.</p>	<p><a href="#">5-8</a> <a href="#">40-42</a></p>
5	<p>Barts and the London School of Medicine and Dentistry will need to demonstrate how they are progressing secondary care educator development, specifically Education Leads, including how they will work with local education providers to ensure tutors receive adequate training and development.</p>	<p>This recommendation has been partially met.</p> <p>We found that the Education Lead roles have not yet been fully established. Furthermore, there are limited educator training and development opportunities provided by the school.</p>	<p><a href="#">56-58</a></p>

	We opened this recommendation during the 2016/17 visit cycle.		
6	<p>Barts and the London School of Medicine and Dentistry will need to demonstrate how they are ensuring clinical teachers meet necessary standards so that students receive a consistent experience with the London students.</p> <p>We opened this recommendation during the 2016/17 visit cycle.</p>	This recommendation has been closed and superseded by requirement 4 below.	<a href="#">20-22</a> <a href="#">23-25</a>
7	<p>Barts and the London School of Medicine and Dentistry will need to show how they are introducing a learning culture that is consistent and clear across all learning environments.</p> <p>We opened this recommendation during the 2016/17 visit cycle.</p>	This recommendation has been closed and superseded by requirement 4 below.	<a href="#">20-22</a> <a href="#">23-25</a>
8	<p>The school should provide further clarity over the relationship between Barts and the Associate Deans, and their roles especially within the medical school and across programmes, and their role for the school with LEPs.</p> <p>We opened this recommendation during the 2019/20 visit cycle.</p>	This recommendation has been closed and superseded by requirement 4 below.	<a href="#">20-22</a> <a href="#">23-25</a>

## Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

	Theme	Area working well	Report paragraph
1	Theme 1: Learning environment and culture (R1.22)	Students and educators both praised the development and implementation of a QR code system, which immediately captures student feedback during clinical placements and feeds it back to supervisors.	<a href="#">19</a>
2	Theme 3: Supporting learners (R3.2)	The general provision of student welfare via the student support team appears to be an area working well. We believe the team has listened to our feedback from previous QA cycles, acted upon this feedback, and improved as a result.	<a href="#">29-30</a>

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

	Theme	Requirements	Report paragraph
1	Theme 1: Learning environment and culture (R1.1; R1.2; R1.3; R1.6)  Theme 2: Educational governance and leadership (R2.7)	The school must empower and educate students on the raising concerns process so that concerns around patient safety and the standard of education are addressed. Furthermore, the school must ensure that clinical placement providers can raise and manage concerns from both educators and	<a href="#">1-4</a>

		students, and that the school has oversight of these with clear feedback loops.	
2	Theme 1: Learning environment and culture (R1.8; 1.9)	The school must ensure that students on the programme have sufficient access to supervisors and feel supported to raise potential concerns about consent.	<a href="#">11-12</a>
3	Theme 1: Learning environment and culture (R1.19)	The school must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practice experiences for students as required by the programme. The school must proactively plan for future capacity, taking into account educator numbers, clinical placements and patient availability, and have suitable contingency plans in place.	<a href="#">14-16</a>
4	Theme 2: Educational governance and leadership (R2.1; R2.2; R2.13)	The school must have robust systems, processes and personnel to monitor the quality of governance, teaching and learning at clinical placements. This will encourage an equitable and high-quality experience for all students across the various local education providers (LEPs), and consistent with that of the London programme.	<a href="#">20-22</a> <a href="#">23-25</a>
5	Theme 2: Educational governance and leadership (R2.10)  Theme 4: Supporting educators (R4.2)	The school must ensure that educators at clinical placement providers understand the expected time commitments for supervising and teaching Barts Malta students, and ensure that this is compatible with educators' other commitments. Furthermore, the school should proactively consider capacity planning as the student cohort size increases.	<a href="#">27</a>
6	Theme 3: Supporting learners (R3.15)	The school must ensure that students obtain a level of competence in the Maltese language which allows them to communicate as required with patients and staff. To this end, the school must clarify the necessary level of Maltese language for	<a href="#">48-55</a>

		current students, and make the language requirement clear to all future applicants.	
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## Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

	Theme	Recommendation	Report paragraph
1	Theme 3: Supporting learners (R3.13)	The school should consider its feedback approach for formative progress tests to ensure students receive meaningful and constructive feedback. Furthermore, clinical placement providers should be supported by the school through its quality management processes to ensure students receive meaningful and constructive feedback.	<a href="#">43-47</a>

## Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

### Theme 1: Learning environment and culture

Standards
<b>S1.1</b> <i>The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</i>
<b>S1.2</b> <i>The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</i>

*Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3); Educational and clinical governance (R1.6); Concerns about quality of education and training (R2.7)*

- 1** Medical schools must demonstrate a culture that enables learners to raise concerns about patient safety and the standard of education openly and safely without fear of adverse consequences. During our meeting with the senior management team, we heard that a workshop is delivered to students at the beginning of the academic year; this includes discussions on what a concern is and the routes for escalation. We also heard that students are provided with the raising concerns policy, which is currently undergoing revision. The school told us that the 'report and support' system (as discussed in the previous visit cycle) is being combined with a revised raising concerns policy to ensure that it covers both primary and secondary care placements.
- 2** Furthermore, students across the programme had varied understanding of how to raise a concern and how these would be managed. For example, year 2 and 3 students told us they are not aware of online resources that support the raising concerns process. The year 4 students we met showed understanding of the 'report and support' process for raising concerns, but told us they would first raise patient safety concerns with fellow students and are unaware of who to go to in the school if they need to raise a concern.
- 3** This variation was reflected in our educator survey and meetings. 57% of survey respondents reported that their department has a culture of proactively reporting concerns and have confidence that the school would act effectively if a concern about

education was raised. However, during our meeting with educators, we heard that they are unaware of how their respective LEPs share information about concerns with the school or how the feedback loop is closed.

- 4 Whilst we appreciate that it is not always possible to provide detailed feedback to those who raise concerns, especially if it was done so anonymously, there appears to be a lack of understanding amongst both students and educators about how this process is managed. Many students were also unclear about how they would raise a concern in the first place. We have therefore set a requirement for the school to empower and educate students about the raising concerns process, and strengthen its oversight structures. This requirement supersedes the items opened in 2018 and 2019.

**Requirement 1: The school must empower and educate students on the raising concerns process so that concerns around patient safety and the standard of education are addressed. Furthermore, the school must ensure that clinical placement providers can raise and manage concerns from both educators and students, and that the school has oversight of these with clear feedback loops.**

*Seeking and responding to feedback (R1.5)*

- 5 Medical schools must facilitate a culture that seeks and responds to feedback from students and educators. During our meeting with the senior management team, we heard that the school facilitates this through JISC surveys at the end of every module, with issues and best practice discussed in the monthly Associate Deans' meetings. Furthermore, the school has regular staff-student liaison committee (SSLC) meetings and monitors outputs through an action plan, so students are made aware of the discussions and outcomes.
- 6 All students we spoke to were aware of these surveys and the work of the SSLC. We also heard from students across all cohorts about the positive contributions their course representatives make. For example, Year 1 students told us that they raised a lack of clarity on assessment grading with their course representatives, who took this issue to the SSLC. However, there was limited confidence across all cohorts about how the school closes the SSLC feedback loop, with some students relying on their course representatives, and others who feel that the SSLC minutes are not easily accessible.
- 7 We were also concerned to hear that students from all cohorts believe that the school is not receptive to their feedback. Many students feel dismissed or find that the school is resistant to suggestions for change, and as a result are reluctant to provide potentially negative feedback or do not answer questions honestly. We found that students therefore find it difficult to build effective relationships with the school's management team.

- 8** During our meetings with students, we also discussed how the school's perceived attitude also affects how effectively the school can communicate with the student body (see R3.7). As such, we are not yet confident that the school has met our open recommendation about student feedback and expectations, or that it has fully explored why students feel dismissed.

**Open recommendation 4: The school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.**

*Appropriate capacity for clinical supervision (R1.7)*

- 9** During previous visits, we heard that there were differences in the level of administrative support for Associate Deans. We were therefore pleased to hear during our meeting with the school management team that this is being addressed with new administrative roles starting at the beginning of the next academic year. In addition, during our meeting with Associate Deans, we heard that Gozo General Hospital (GGH) receives excellent administrative support. Finally, 70% of respondents to our educator survey confirmed that the available administrative support is sufficient.
- 10** From this cycle we have assurance that the school has met our recommendation and makes administrative support equitable across all clinical environments.

**Close open recommendation 1: The school should make administrative support equitable across all clinical environments.**

*Appropriate level of clinical supervision (R1.8); Appropriate responsibilities for patient care (R1.9); Systems and processes to ensure a safe environment and culture (R2.11)*

- 11** The school must make sure that learners always have an appropriate level of clinical supervision by an experienced and competent supervisor, and that students' responsibilities fit their level of competence. We were therefore pleased to hear that the school uses the Associate Deans and Module Leads to ensure that clinical responsibilities remain appropriate on placement, especially when University of Malta students are also present.
- 12** The school also uses JISC surveys to monitor supervision quality and students' placement activities; these surveys also ask about intimate examination and written consent for examinations under general anaesthetic. Despite this, year 4 students told us that there are significant issues with the lack of consent in obstetrics and gynaecology. In addition, we heard that some doctors do not allow them the time to take consent or explain the procedures, which makes the student and patient feel uncomfortable. Furthermore, these concerns appear to be having an impact on student willingness and ability to seek support from their supervisors. As such, we are concerned about the level of clinical supervision being given to students on the

programme, particularly around support for patient consent, building rapport and clinical supervisor accessibility.

**Requirement 2: The school must ensure that students on the programme have sufficient access to supervisors and feel supported to raise potential concerns about consent.**

*Multiprofessional teamwork and learning (R1.17)*

**13** The school works to ensure that every learner is supported to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions. During our meeting with year 1 and 2 students we heard that they value being part of the COVID-19 vaccination programme, as this has given them good experience of working in multi-professional teams. Year 3 students told us that, due to the pandemic, the amount of time that students have in each placement has been limited. These students feel that this has impacted on their ability to foster relationships with the multidisciplinary team, but confirmed that they have good clinical skills opportunities with foundation doctors. We will explore this standard in more detail during the next visit cycle.

*Capacity, resources and facilities (R1.19)*

- 14** Medical schools must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners as required by their curriculum. We were therefore keen to explore how the school will mitigate any potential risks to clinical placement capacity posed by the much larger year one cohort. During our visit, school management staff including educators and Associate Deans told us of continued concerns about the new hospital delays. As such, the school has held meetings with the Malta Health Ministry to gain assurance on contracts and timeframes, as well as considering various contingency measures. These include longitudinal placements (which are easier to organise and more flexible), placing students in areas of Mater Dei Hospital (MDH) that are currently not in use, and increasing placements at Karin Grech Hospital (KGH) (which does not host University of Malta students). Finally, if the new hospital does not open, then the school would consider shared placements with University of Malta. Whilst these are positive actions, we were concerned about a potential lack of clear strategies and contingencies.
- 15** Furthermore, given that we found evidence of existing capacity issues at the LEPs, the school also needs to secure capacity for its current students. Educators and Associate Deans, as well as students, told us about existing capacity issues in areas such as operating theatres and outpatient clinics at GGH; these concerns were also discussed in Associate Deans meeting minutes. Of particular concern to the educators was the lack of clear ringfenced time for Barts Malta teaching as well as a finite number of clinicians and clinical space: without the new hospital, we heard that the

school may need to cap student numbers. We also heard that patient numbers in Gozo are currently lower than MDH (with fewer English speakers), so interim measures may still not secure a high-quality experience for students.

- 16** We discussed our concerns about current and future capacity with the school's management team. We heard that the school plans to carefully manage admissions for the 2021/22 academic year to avoid over recruitment, and is confident that it can manage the year 1 bulge through intercalation. However, we could not find evidence of clear plans to adequately create and manage capacity. We have therefore set a requirement for the school to address how it ensures it has the capacity, resources and facilities to deliver safe and relevant learning opportunities for students. This item supersedes the requirement set in 2017.

**Requirement 3: The school must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practice experiences for students required by the programme. The school must proactively plan for future capacity, taking into account educator numbers, clinical placements and patient availability, and have suitable contingency plans in place.**

*Accessible technology enhanced and simulation-based learning (R1.20)*

- 17** We found evidence that students have accessible technology enhanced and simulation-based learning opportunities. For example, during our meeting with year 1 students, we heard positive reports of the support provided for online learning over the pandemic. Despite varied experiences during the 2020/21 academic year (where some students have learnt solely online, whilst others have had the opportunity to attend in person), there were no concerns that this had negatively affected their learning experience. We will continue to monitor this area over future visit cycles.
- 18** However, students in later years were less satisfied with their technology enhanced and simulation-based learning opportunities. In particular, we heard that students have not had access to clinical skills facilities when on placement at MDH (as these spaces are being used for varying COVID-19 mitigations). While students can access some models as well as the facilities on campus in Gozo, this leaves them partially reliant on remote lectures and online material. Year 4 students told us that they find this particularly difficult, as the facilities allow them to practice skills they feel less confident about due to the number of consultations that take place in Maltese.

*Supporting improvement (R1.22)*

- 19** During our meeting with Associate Deans, we heard about a new system at GGH where students scan a QR code during teaching and provide immediate feedback. The educators we met reinforced the usefulness of the new feedback system: the group told us that it is a useful method to gain feedback for teaching small groups, as

educators can swiftly make any necessary improvements by the next teaching session.

**Area working well 1: Students and educators both praised the development and implementation of a QR code system, which immediately captures student feedback during clinical placements and feeds it back to supervisors.**

## Theme 2: Education governance and leadership

### Standards

**S2.1** *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

**S2.2** *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

**S2.3** *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

*Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2); Educators for medical students (R2.13)*

- 20** Medical schools must have effective, transparent and clearly understood educational governance systems and processes to manage education quality, and must clearly demonstrate accountability for educational governance. We discussed these aspects with the school's senior management team in some detail during our visit.
- 21** We were concerned to hear of significant variation in how the voice of medical education is formalised across different LEPs. While we understand that each LEP will have different structures, we could not find evidence of a robust process to ensure that the needs of the Barts Malta programme are adequately discussed and that the school is made aware of any potential risks or concerns. For example, the group responsible for undergraduate education at MDH (whose decisions affect Barts Malta programme placements) does not include Barts Malta school representatives, meaning that the school may be unable to influence or input into important decisions. We also heard that an Associate Dean at GGH, who is employed by the school and represents the school on the executive committee, but is also employed by GGH in a senior role. We were concerned that this could cause a conflict of interest.
- 22** From these findings, we continue to have concerns about the school's educational governance structures. There appears to be a lack of systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements. We have therefore opened a new requirement, which supersedes a number of requirements and recommendations set previously.

**Requirement 4: The school must have robust systems, processes and personnel to monitor the quality of governance, teaching and learning at clinical placements. This will encourage an equitable and high-quality experience for all students across the various LEPs, and consistent with that of the London programme.**

### *Systems and processes to monitor quality on placements (R2.6)*

- 23** During this visit cycle, we also explored the school's systems and processes for monitoring clinical placement quality. We learnt that the school holds a contract with each LEP to ensure the learning experience for students is maintained to a high quality. In addition, in the school's document submission, we saw a copy of the service specifications for hospital-based teaching including structured teaching, semi-structured teaching and unstructured teaching/self-directed learning activities. However, it is unclear how this is used to monitor the quality of the clinical learning environment.
- 24** We also explored the school's business-as-usual processes for managing placement quality, which include LEP self-evaluation reports, JISC and SSLC minutes, and subsequent LEP visits (the school had organised online LEP visits in place of face-to-face meetings for January-April 2021). However, during our meeting with the quality team, we heard the school did not carry out these visits due to staff shortages and time constraints, but instead asked Associate Deans to submit self-evaluation reports; these were completed and discussed alongside issues raised through the JISC. As part of the school's document submission, we reviewed a sample of these completed forms. Although the forms included actions and comments from previous evaluations, we noted a lack of detail in this sample and saw that action and updates are vague or absent. As with the LEP contracts, it was unclear how the school uses the information from these evaluations to seek assurance of the learning environment at clinical placements, and how this information is used in the school's quality management processes.
- 25** As discussed under R2.1, we have concerns around how the school demonstrates accountability for the educational governance of clinical placements. There appears to be a lack of systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements.

**Requirement 4: The school must have robust systems, processes and personnel to monitor the quality of governance, teaching and learning at clinical placements. This will encourage an equitable and high-quality experience for all students across the various LEPs, and consistent with that of the London programme.**

### *Sharing and reporting information about quality of education and training (R2.8)*

- 26** In previous visit cycles, we encouraged the school to foster closer relationships with the MCM. We were therefore pleased to hear that during the 2020/21 academic year, the school has met with the MCM and plans to continue with these engagement meetings. Furthermore, we received confirmation that the MCM has approved the school's optional Medical Maltese language. This means that any student who graduates from the Barts Malta MBBS programme and successfully completes the

language course will be eligible to apply for foundation training in Malta. As such, we are happy to close this open recommendation.

**Close open recommendation 3: The school should make extensive efforts to improve their communication with the Medical Council Malta. We believe it would be beneficial for the school to foster closer relationships with them.**

*Monitoring resources including teaching time in job plans (R2.10); Time in job plans (R4.2)*

**27** The school must ensure that educators have enough time to carry out their roles in a way that promotes safe and effective care and a positive learning experience. We were therefore concerned to hear of a potential lack of clear and structured system to ringfence educators' Barts Malta responsibilities. For example, the educators we met during the visit told us that their supervising and teaching schedules are expected to be used flexibly, as teaching commitments are based on when the clinical workload is light and free from patient responsibilities. This could lead to conflicts between service and education provision, which could impact both patient care and students' educational experience. In addition, whilst educators are aware of the school's agreement with the Malta Health Ministry to plan clinical sessions, educators are concerned about sustainability of this approach as the cohort size increases.

**Requirement 5: The school must ensure that educators at clinical placement providers understand the expected time commitments for supervising and teaching Barts Malta students, and ensure that this is compatible with educators' other commitments. Furthermore, the school should proactively consider capacity planning as the student cohort size increases.**

*Managing concerns about a learner (R2.16)*

**28** During our meetings with the school, we heard about a number of processes which help identify and resolve student professionalism, progress or wellbeing concerns. For example, the school uses a 'professionalism points' system with various triggers and thresholds to prompt professionalism meetings with a senior tutor. In addition, the school also has an Academic Review Group, which meets three times a year to monitor student attendance. We will continue to monitor the effectiveness of these processes over future QA cycles as cohort sizes increase.

### Theme 3: Supporting learners

Standard
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<b>S3.1</b> <i>Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.</i>
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#### *Learner's health and wellbeing; educational and pastoral support (R3.2)*

- 29** Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support. As such, we were pleased to see that, in our student survey, 93% of respondents agreed or strongly agreed that they know how to access student support both on campus and clinical placements. These positive findings were reinforced during our meetings with students across the programme, where we heard that all have a MedPro tutor, who are accessible and provide both academic and pastoral support, as well as access to mental health ambassadors. Furthermore, students told us about the valued support by the school's Student Experience Manager, especially during the pandemic, as well as listing a range of extra curricula activities such as sport and mindful art sessions. We triangulated these positive findings with educators, who told us that during clinical placements, every module has a clinical lead who they can escalate any student health and wellbeing concerns to.
- 30** In addition to speaking to students, we also reviewed a number of related documents and spoke to various school staff and educators. We heard about the wide range of support services available during our meeting with the school's student support team. Since our last visit, and in response to the school's own student surveys, this team developed a wellbeing programme to provide proactive support and introduced mental health ambassadors (who are students themselves and represent each cohort). In addition, the student support team introduced an online workshop called 'Connecting Practice', where students have a safe place to meet as a small group and talk about trauma, responses to trauma and critical incidents they may have faced in the workplace. We are therefore satisfied with the school's progress, and will close the open recommendation.

**Close open recommendation 4: The school should include questions in their own student survey on the use and value of the student support team in Malta. This will help them to continue to improve the service.**

**Area working well 2: The general provision of student welfare via the student support team appears to be an area working well. We believe the team has listened to our feedback from previous QA cycles, acted upon this feedback and improved as a result.**

- 31** We previously opened a requirement for the school to ensure that students understand the approach to careers support and can access this in a timely manner. We were therefore disappointed to see comments in our student survey about the need for improved careers support, particularly face to face meetings and more information about foundation training.
- 32** The student support team told us that the careers service is based in London, with Malta staff working closely with the London team to provide students with information; as such, students access their appointments virtually. During our meeting with years 2-4 students, we heard that they would prefer being able to speak to someone face to face rather than remotely. Furthermore, students in years 3 and 4 had received only limited information about applying for the UK foundation programme, and no information about the process for applying to the Maltese equivalent. This is of particular concern given the Maltese language requirements for foundation study in Malta, which not all students were aware of. Year 3 and 4 students that were aware of these requirements also noted that the school's Medical Maltese course (now approved by the MCM) is optional and take up is low.
- 33** Given that students will need to start applying for foundation training imminently, the school should ensure that students have access to information about both UK and Maltese programmes. We will continue to monitor this during the next visit cycle.

**Open requirement 1: The school must ensure that students understand the approach to careers support and have access to such support in a timely way that commands the student body's trust.**

- 34** In the school's document submission, we were pleased to review information about the school's health and safety preparations for clinical placements during the pandemic. For example, at GGH the Infection Control team have trained and assessed all students in personal protective equipment use and hand hygiene. We also reviewed detailed risk assessment protocols for activities in the medical school and placements. In addition, during our meeting with Associate Deans, we heard that COVID-19 risk assessments are undertaken for all staff and students from Barts. Furthermore, students have been vaccinated as they also volunteered to administer vaccines to the general population.
- 35** We note that not all students have passed the occupational health clearance for various reasons, such as delays in arriving to the country, shortage of vaccines, pandemic delays and some non-attendance which is being dealt with via professionalism processes. We will request an update on the school's progress in completing all necessary occupational health checks during the next visit cycle.

### *Undermining and bullying (R3.3)*

- 36** The school must ensure that students are not subjected to or subject others to behaviour that undermines their professional confidence, performance, and self-esteem. During our meeting with year 1 students, they told us about their understanding of bullying and undermining behaviour, which is reinforced by teaching and the clinical communication skills module. All students in years 2-4 told us they would report any bullying and undermining behaviour, but only to the school's support staff or a member of the academic staff that the student has a good relationship with.
- 37** We were also concerned to hear reports from year 3 and 4 students of inappropriate behaviours on placement. For example, year 4 students also expressed that some supervisors oppose the presence of students from the school and have heard inappropriate comments made by consultants. Furthermore, in our student survey, 10% of students reported bullying and undermining with fear of adverse events where placement providers are shared with other universities. We encourage the school to investigate these concerns and we will revisit this area in the next visit QA cycle.

### *Information on reasonable adjustments (R3.4)*

- 38** The school must ensure that it makes reasonable adjustments for disabled students and that learners can access this information. During our meeting with the student support team, we heard that reasonable adjustments are managed by the central Barts and the London office in London. All requests lead to an appointment with the central student support or disability team, after which a report is provided to the school's student support team. The school has not yet had any requests for clinical placement adjustments. Given these findings, we were pleased to hear from students across the programme that they are aware of how to request reasonable adjustments.

### *Supporting transition (R3.5)*

- 39** Medical schools must ensure students that receive information and support to help them move between different stages of education. Of note during our meeting with the senior management team, we heard about an 'Introduction to clinical placement' module, which was created in response to the ongoing pandemic. The school has received positive feedback from students following completion of this module, and plans to continue this in the future. Students can also access study skills specialists for support through the transition from A levels to undergraduate study. We will explore how the school supports students through transitions in more detail during the next QA cycle.

### *Information about curriculum, assessment and clinical placements (R3.7)*

- 40** The school must ensure that students receive timely and accurate information about their curriculum, assessments and clinical placements. We were therefore pleased to review a COVID-19 letter addressed to year 3 students, which outlined the contingencies for campus learning and clinical placements alongside clear indication of amendments (such as the addition of further blocks in timetables). The letter also included broad objectives that students must achieve by the end of the academic year and how this will be measured, as well as information about the new formative progress tests.
- 41** Despite this, the students we met felt that the school could improve the information and guidance it provides. For example, year 2 students told us they were unsure how they would be assessed and scored, but did report that the learning objectives and aims remained clear, whilst year 1 students found the assessment grading and descriptors confusing and inconsistent. Finally, year 4 students reported that placement timetables and changes to teaching sessions are sent at very short notice, leaving them with very little preparation or induction time.
- 42** This, along with the concerns set out in R1.5, has affected the students' relationship with the school. We will explore how the school has responded to these concerns during the next QA cycle.

### **Open recommendation 4: The school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.**

### *Feedback on performance, development and progress (R3.13)*

- 43** Medical schools must ensure that students receive regular, constructive, and meaningful multisource feedback on their performance, development, and progression at appropriate points. However, our pre-visit student and educator surveys indicated that students may not receive an adequate amount of high-quality feedback. For example, 24% of educators said they never give feedback; an additional 43% told us they give feedback less than once a month. Furthermore, only 54% of student survey respondents receive feedback on placement on a weekly basis (with 4% who receive feedback daily), whilst 35% are given feedback either monthly or less than once a month.
- 44** These mixed findings were reflected in our meetings with students. With regards to assessment feedback, year 1 students told us that although they did receive some generic feedback for essays and the progress test, it was not detailed enough for them to understand how to improve their performance. Students in years 2 and 3 also gave examples of when they were dissatisfied with the level of feedback they received from their progress tests and student selected components (SSCs): many

year 3 students did not receive any feedback from their SSC submissions despite satisfactory performance being a progression requirement.

- 45** In addition, year 3 and 4 students are dissatisfied with the level of feedback from consultants on placement. Year 3 students particularly noted that at MDH they do not see their consultant supervisor regularly, making it harder for them to receive detailed feedback; the year 4 students also noted that, when they finish a placement, it is not clear to them what they need to improve on and what they did well. Finally, both groups reported that they often shadow junior doctors outside of their normal timetable, as these doctors provide valuable feedback and teaching. We heard that this is more beneficial than the consultant feedback they receive.
- 46** We discussed these findings with the school's assessment team, who told us that students receive formative assessment feedback alongside a teaching session to review the questions. Additionally, when on their primary care placements, students have a weekly progress meeting with their GP tutor, which is a compulsory requirement of their logbook.
- 47** From our findings, there is a student perception that the school does not provide regular, constructive, and meaningful feedback on their performance, development, and progression. We will explore how the school has responded to students' concerns during the next visit cycle.

**Recommendation 1: The school should consider its feedback approach for formative progress tests to ensure students receive meaningful and constructive feedback. Furthermore, clinical placement providers should be supported by the school through its quality management processes to ensure students receive meaningful and constructive feedback.**

*Meeting the required learning outcomes (R3.15)*

- 48** We previously set a requirement for the school to ensure that students obtain a level of Maltese that allows them to communicate with all patients and staff; this includes establishing the necessary competence and providing clear information to both prospective and current students. In response, the school introduced an optional Medical Maltese language course, which the MCM has confirmed it will accept for any student applying for foundation training in Malta. However, during this QA cycle, we found a real gap in student and school opinion about the severity of the language barriers: students expressed real concerns about how the language barriers may affect their ability to meet the *Outcomes for graduates (2018)*, whilst the school was surprised by the severity of the concerns.
- 49** We included a number of questions around the language barrier in both our educator and student surveys. Although 60% of students believe the school supports them to learn Maltese, 17 of the 23 respondents who had undertaken placements said they

need clinicians to translate for them on a daily basis. A significant number of free text comments also spoke about how this had a negative impact on their placement experience. This was reinforced by the educator survey, where 17 respondents stated that they have to translate for students.

- 50** During the visit we explored these concerns in some detail with students, school management staff, Associate Deans and clinical supervisors. All students could tell us about the available Maltese language course and resources, but as these are optional, few have taken up the opportunity: year 1 and 2 students believe that most patients on placement speak English, whilst year 4 students do not feel they have the time or that the language course is an effective tool to teach them medical Maltese.
- 51** Despite the low take up of the Medical Maltese language course, year 3 and 4 students (who have spent at least one full year on clinical placement) raised serious concerns about the language barrier. We heard that the majority (in one estimate 70-90%) of consultations take place in Maltese, although there is variation between locations and specialties: for example, most students told us that there are more English speakers at MDH, whilst psychiatry and geriatric rotations are particularly challenging. Given that students are unable to fully understand the conversation, educators must either translate or provide summaries after the consultation. However, students feel they then lose the nuance and context of these conversations, as well as losing out on valuable opportunities to communicate with patients. It is unclear how many students across the programme plan to practice in Malta, but adequate clinical exposure is also an essential part of meeting the *Outcomes for graduates (2018)*, a requirement for practicing in the UK.
- 52** In our meetings with the Associate Deans and educators, attendees expressed surprise at the extent of the students' concerns. There was some acknowledgement of the difficulties presented by the language barrier, but overall staff were confident that supervisors and patients would be happy to speak in English if prompted by the student. However, this contradicts our educator survey findings, where most respondents told us that they translate for students. Associate Deans meeting minutes also show that there are continued issues with the language barrier in psychiatry units. Finally, educators told us that the tasks students undertake on placement can depend on their ability to converse in Maltese. If there are no suitable patients the students use campus clinical skills facilities instead, although students are concerned that this will not adequately replicate real life scenarios.
- 53** We discussed these concerns with the school's senior management team. Again, the team expressed surprise at the level of student concerns, and noted that whilst some students have raised the language issue during 2020/21 academic year SSLC meetings, they had not identified a systemic concern. In addition, the school has regular conversations with Associate Deans, and from these told us it has not identified any significant language barriers. Overall, the school does not consider the language barrier to be a threat to student ability to meet the *Outcomes for graduates*

(2018). However, as discussed under R5.1, the senior management meeting is unable to identify which consultations in the logbook take place in Maltese, and whether they were translated or if supervisors provided a summary afterwards. We are therefore concerned that the school may not have a full understanding of the issue on the ground.

- 54** We are, however, pleased that the school will recruit six clinical fellows to support year 5 students in response to students' concerns. These fellows will monitor the students' placement experience and the number of English or Maltese consultations. They will also monitor student ability to participate in multidisciplinary team meetings. We will follow up on this new initiative during the next visit cycle.
- 55** During this QA cycle we identified particular concerns around the language barrier. As such, we have opened a new, specific requirement which supersedes the one opened in 2019. We require assurance that all students on the programme have enough clinical experience and learning opportunities to allow them to meet *Outcomes for graduates (2018)* and be accepted for foundation training. Furthermore, educator and student expectations around the Maltese language requirements needs to be better communicated and monitored. We will monitor these areas closely in the upcoming months.

**Requirement 6: The school must ensure that students obtain a level of competence in the Maltese language which allows them to communicate adequately with all patients and staff. To this end, the school must clarify the necessary level of Maltese language for current students, and make the language requirement clear to all future applicants.**

## Theme 4: Supporting Educators

### Standards

**S4.1** *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

**S4.2** *Educators receive the support, resources and time to meet their education and training responsibilities.*

*Induction, training, appraisal for educators (R4.1); Working with other educators (R4.5); Educators for medical students (R2.13)*

- 56** Medical schools must select educators against suitable criteria, ensure they receive an appropriate induction to their role, and have access to an appraisal and appropriate professional development. We were therefore concerned to see that 57% of respondents to our educator survey said they would like access to a teaching portfolio or other tool to track professional development, with the majority unaware of any joint faculty development activity with University of Malta teachers. The educators we met also told us they do not receive any formal feedback from the school, despite students providing feedback about their supervisors in JISC surveys. The school's management team told us that there are plans to develop better appraisal and development structures, but that this work had been delayed due to the pandemic. While we appreciate the additional pressures that the school and workforce have faced since the start of COVID-19, there is a real risk that the school does not have adequate oversight of educator performance.
- 57** Furthermore, we found that although educators do have access to appropriate courses, the school does not appear to monitor attendance or ensure that all educators receive the necessary training. For example, we heard that the school runs courses such as tutoring and mentorship for educators in GGH, but does not offer any formal training opportunities at KGH. Finally, other than some collaboration with central Barts educators around assessment writing and the Associate Deans meetings, we did not find evidence that the school encourages educators to liaise with each other to ensure that students receive a consistent experience in all learning environments.
- 58** From our findings we do not have sufficient assurance that educators have access to appropriate education and development opportunities, including access to an appraisal system. Whilst educators told us they do have access to courses and conferences, there are no formal educational development opportunities and concerns remain over the educational development of educators. As such, we are not satisfied that the school has met the open requirement and recommendation; these will remain open until we have evidence of sustained improvements.

**Open requirement 2: The school must provide clarity with regard to plans for, and implementation of, appraisal systems for both students and educators.**

**Open recommendation 5: Barts and the London School of Medicine and Dentistry will need to demonstrate how it has progressed secondary care educator development, specifically Education Leads, including how they will work with local education providers to ensure tutors receive adequate training and development.**

## Theme 5: Developing and implementing curricula and assessments

### Standard

**S5.1** *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

**S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

### GMC outcomes for graduates (R5.1)

- 59** Medical schools must ensure that curricula are planned and show how students can meet the outcomes for graduates across the whole programme. In 2020, the school provided several documents which mapped where students will meet the *Outcomes for graduates 2018*.
- 60** During our meeting with educators, we heard about how the school has managed teaching during the pandemic. For example, the teaching team carries out weekly review sessions to recap on the pre-recorded lectures that students study independently, during which students can ask questions and identify areas of weakness. We heard that, going forward, the school will adopt a blended teaching delivery to enable more student discussions. However, we note that educators reported a difficulty in communicating with students during online sessions as cameras are not always switched on. We will continue to explore this further in the next QA cycle.
- 61** We also heard from the quality team that the logbooks list core competences, expectations and student activity, and this evidences how outcomes are met. The school provided several completed logbooks as part of additional evidence in ensuring students can meet the *Outcomes for graduates 2018*. Upon review, we noted that the GP and hospital logbooks have clear requirements, and are shared from the UK to ensure that NHS structures and processes are covered in a wide range of problem-based learning and prescribing practices. Furthermore, we reviewed an audit of placement activity across London and Malta cohorts and there were no striking differences. Finally, during the quality meeting, we heard that module leads arrange and monitor clinical placements, and these leads have attended staff training to understand outcomes for graduates and programme requirements.
- 62** However, we noted that the logged activity does not indicate whether the patient spoke English or Maltese, and how communication took place (interpreter, student or educator summary). Furthermore, we noted that it is unclear whether logged activities in hospital covered outpatient or inpatient care; this could be important as some students have told us that the language barrier is especially noticeable during outpatient consultations. Finally, students have reported that completing their

logbooks is a tick box activity rather than a tool to drive learning, with many students not seeing their consultant until it is time for signoff.

- 63** From our findings, we require further assurance on how the school ensures students meet the *Outcomes for graduates 2018*. The submission of logbooks does not provide sufficient assurance, and we will consider further documents in the next QA cycle to explore this further.

#### *Undergraduate curricular design (R5.3)*

- 64** Medical school curricula must include an assistantship to help prepare students for their foundation programme. We therefore discussed the school's plans for assistantships, which will take place during the 2021/22 academic year. During our meeting with the Associate Deans, we heard that year 5 planning is underway with all Associate Deans tasked with creating specialty specific documents, assistantship models, and year 5 student selected components. Furthermore, we heard that primary care providers are also developing documentation and will link the assistantship model to GP foundation training to support and prepare students.
- 65** However, assistantships, whilst at all times supervised, do not have direct supervision in a formal teaching sense, and we asked how this would be addressed considering the language challenges. The MDH representatives identified this as a potential risk, as the school does not have a formal requirement for learning Maltese, and they believed that students may struggle with this approach to team working in year 5 without Maltese language support. We will monitor this over future QA cycles to determine how assistantships have been embedded in the programme.

#### *Undergraduate clinical placements (R5.4)*

- 66** The school must ensure that the programme gives medical students sufficient practical experience to achieve the learning outcomes. As such, the school told us about the contingency plans for if students could not attend placements (due to the ongoing pandemic). In these instances, we heard students would be redeployed to other areas, and that students were told they had until March of the final year to catch up and complete their logbooks. The school also told us that it had frontloaded lecture weeks for senior years with clinical skills teaching. Finally, the school replaced much of the planned year 1 and 2 clinical exposure with online tutor led sessions where patient consultations are discussed.
- 67** Although we understand that the pandemic has continued to affect medical education throughout the 2020/21 academic year, we were disappointed to hear that students have encountered a number of barriers to meeting their learning outcomes on placement. For example, in our student survey, 35% of respondents either disagreed or strongly disagreed that they were given enough time to make up what was lost during the pandemic. Furthermore, there has been some difficulty in finding clinical

placements as patients' COVID status must be confirmed before students can meet them. All students reported that teaching on clinical placements is very much dependent on educator preferences and the variety of patients available on different weeks, and they therefore have varying experiences in addition to losing time on clinical placement during the pandemic. In addition, we heard that to complete logbooks, students must take histories and examinations. This is not always straightforward, as students feel that there are not enough English-speaking patients for them to complete all the necessary tasks.

- 68** From our findings we have some assurance that the medical school curriculum gives the students the required access covered in *Promoting excellence*. However, concerns remain around patient availability and the impact on the student education experience. We will continue to monitor this area over future QA cycles.

*Assessing GMC outcomes for graduates (R5.5); Fair, reliable and valid assessments (R5.6)*

- 69** The school must ensure it sets fair, reliable, and valid assessments to decide whether medical students have achieved the learning outcomes required for graduates. In response to the pandemic, we heard that the school cancelled summative assessments for years 1-4, moving to redesigned essays in years 1 and 2 as well as progress testing. The assessment team told us that students had not sat progress tests before, so they took the time to provide a detailed overview, as well as developing a marking rubric and training on consistency to ensure marking was done quickly and fairly.
- 70** However, students from across the programme told us they lack confidence around their ability to demonstrate they meet the *Outcomes for graduates 2018*. For example, during our meeting with year 3 students we heard that, since they have not had the opportunity to complete an OSCE in the previous two years, they do not feel confident about the year 4 summative OSCEs and are unaware of any formative opportunities. Students also told us that this OSCE is largely around communication skills, adding an additional layer of concern due to the language barriers they face on clinical placement. Finally, year 4 students they told us they do not perceive themselves to be at the same level as their London-based counterparts, and thus less able to perform well. We will explore any impact on student ability to progress in some detail during the next visit cycle.

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