

Newcastle University Medicine Malaysia (NUMed) final visit report 2013–14

Final report: NUMed

This visit is part of the [GMC's remit](#) to ensure medical schools are complying with the standards and outcomes as set out in Tomorrow's Doctors 2009. For more information on these standards please see: [Tomorrow's Doctor's \(2009\)](#)

Review at a glance

About the School

Medical school	Newcastle University Medicine Malaysia (NUMed)
University	Newcastle University
Dates of visit	10-14 March 2014 – NUMed Campus 3 and 10 June 2014 – NUMed and Newcastle Campuses
Programme investigated	MBBS
Area explored	Year 5 Curriculum Assessment Quality Management Student Support Essential Junior Rotation Year 3 (EJR) Senior Rotation Year 5 (ESR)
Number of students	352
Local education and training board (LETB)	Health Education North East
Last GMC visit	9-12 April 2013 – NUMed Campus 13-14 May 2013 – Newcastle Campus

Significant Patient safety or Educational concerns identified	None
Has further regulatory action been requested via the Enhanced Monitoring process	No

Executive summary

Summary of key findings

- 1** NUMed is the first School to set up an international medical programme. The first cohort of students graduated in 2014.
- 2** We have been reviewing the new programme at NUMed since 2010. Although we are pleased to see the progress the School has made since then, there remain a number of requirements and recommendations from previous visits that have not yet been met.
- 3** The School must now focus on the sustainability of the programme as student numbers increase. The MBBS enrolment began with 24 students, has grown to 353 and will continue to grow to 814 by 2019/20. The School currently have 5 hospitals and 3 clinics available for clinical placements. By 2019/20, when clinical student numbers have increased to 463 an additional hospital, Segamat, will be required. This hospital is already listed for NUMed's use in the agreement with the Ministry of Health Malaysia. Furthermore the School are going to add three additional community clinics (Klinik). Suitable sites have been identified and the School have approached them. The increased student numbers mean the School needs to recruit additional academic and clinical teachers, good progress has been made and the School is on target for faculty recruitment.
- 4** We will not visit the programme in 2014/15 if the School is able to assure us that the outstanding requirements and recommendations from this and previous years have been met, in addition to highlighting any good practice, in the medical schools annual report (MSAR). We will explore opportunities to quality assure the programme for provisionally registered doctors for NUMed graduates quality managed by Health Education North East.

Good practice

	Tomorrow's Doctor paragraph	Good practice	Report paragraph
1	Domain 5 TD100	The School makes good use of Clinical Teaching Fellows, who are unable to practise clinically in Malaysia and therefore have the capacity to take on formal teaching at the medical school and to take part in additional projects.	110
2	Domain 6 TD127	Critical incident forms allow students to reflect on their learning, reporting any concerns they had witnessed in local education providers directly to NUMed staff.	14, 93
3	Domain 8	Flying faculty is a helpful way of ensuring quality and consistency between both sites.	109
4	Domain 6 TD128	The high proportion of staff completing the certificate of postgraduate medical education is to be commended.	94

Requirements

	Tomorrow's Doctor paragraph	Requirements	Report paragraph
1	Domain 4 TD71	The School faces a challenge of teaching in English while most patient interactions are in Malay. They must ensure this has minimal impact on student learning.	84
2	Domain 5 TD113	The School must reconsider their strategy for their final year clinical assessments. They must enhance the complexity and duration of stations, and reduce variation between tasks, to improve reliability and variability.	69
3	Domain 5 TD102	The School must increase Inter-professional learning (IPL) and ensure students have the opportunity to learn with students of other healthcare professions.	46

4	Domain 5 TD88	The School needs to continue to work with all local SSC supervisors to ensure they are trained and provide a more consistent experience for, and a more reliable assessment of all students.	38
5	Domain 6 TD148 & Domain 1 TD30	All those involved in teaching or facilitation of teaching must be aware of learning outcomes and have a good understanding of the competencies required in each year group in order to identify underperforming students.	9
6	Domain 6 TD128	NUMed needs to support Health Education North East in their quality management of the housemanship year to ensure that all graduates meet and are signed off on all outcomes in order to obtain a certificate of experience and full registration with the GMC.	16

Recommendations

	Tomorrow's Doctor paragraph	Recommendation	Report paragraph
1	Domain 2 TD49	In Malaysia the School should use their student evaluation of placements to feed back to those delivering and facilitating teaching in order to improve or reinforce the standard of teaching in those placements.	15
2	Domain 2 TD48	We recognise the difficulty in engaging and involving patients, carers and the public in medical education, but further work needs to be done specifically to address the needs of the population to which the School relates.	28
3	Domain 2 TD51	The School should consider a more appropriate and robust system to conduct peer reviews of clinical teachers.	22

4	Domain 4 TD75	The selection process is outdated and the school should involve a wider population of interviewers such as lay people, junior doctors, local staff and students.	33
5	Domain 5 TD94	Time spent on Student Selected Components (SSCs) is high and the School should consider replacing some of it with more core clinical experience.	38, 41,43
6	Domain 5 TD110	The School should ensure that they increase practical clinical experience as students move towards Year 5 to prepare them for their role as House Officers.	43
7	Domain 5 TD84	The School should look at extending the student assistantship period in order to meet the outcomes that the student assistantship is designed for.	56
8	Domain 5 TD103	The School should increase early years exposure to patients and the clinical environment.	49
9	Domain 5 TD114	The School should consider increasing guidance for Year 5s on their written final exams.	75
10	Domain 7 TD153	Patient and Employer feedback should be gathered and stored centrally in order to track their input into teaching.	99

The Report

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors or are otherwise not fit to practise must not be allowed to graduate with a medical degree.

Acting within competence (TD28a)

1. Students do not act outside of their competence when at local education providers (LEPs) and this is managed closely through the use of 'clinical competence cards'.
2. Students have a laminated card called a 'clinical competence card' that states their year of study, what the learning outcomes are for this year and which procedures they are competent to perform. While this has previously been identified as good practice we heard from some local staff that clinical competence cards are not often used; many of the staff did not recognise these when asked about them.
3. All students spoken to said that they are not asked to act outside of their competence, and on the rare occasion that this has occurred, they have been responsible for informing clinicians what procedures they can and cannot perform.

Student awareness of responsibility under the Medical Act (TD34)

4. All students are aware that they must not perform a procedure outside of their competence and that it is their responsibility to ensure this does not happen. Students felt comfortable raising any concerns about this with local clinicians or NUMed employed staff when necessary.

Identifying and addressing patient safety concerns (28b)

5. There have not been any patient safety concerns reported which involve NUMed students.
6. All local non-NUMed employed staff spoken to said that they would seek support and advice from the NUMed staff member allocated to their LEP if they had any patient safety concerns relating to a NUMed medical student.

Clinical supervision (TD31, 35)

7. NUMed students are supervised by either a NUMed staff member or a local clinician at all times.
8. The current model used by NUMed is different from that in the UK. NUMed staff go into clinical placements with students to teach core curriculum content. Local clinicians play little role in formal teaching, but deliver most of the clinical supervision during patient care, particularly for out of hours care in Years 4 and 5.
9. The School currently does not train non NUMed employed staff, and as a result many of the local non-NUMed staff spoken to were unaware of the learning outcomes and the capabilities of students on site. This will be particularly important when NUMed graduates complete their housemanship (Foundation Year 1 equivalent)

period as the local clinician will have primary responsibility for ensuring learning outcomes are met.

Fitness to practise (TD28d, 36, 37)

10. At the time of the visit, the Fitness to practise (FtP) process was being followed by the School in two cases, the outcomes of which had not yet been decided.

11. One case was reported by students to a member of NUMed staff; this was escalated to the Director of Studies who has assigned an investigation officer who is independent of the student and their teaching. The investigation officer will submit a report to both the Director of Studies and the Dean in the UK, and they will decide whether to convene a hearing panel. If a panel is convened it will be made up of representatives from other medical schools and lay people, and the student being investigated will be offered the opportunity to have an accompanying person.

Raising concerns (TD28e)

12. NUMed students are aware of whom to seek advice from if they wish to raise a concern.

13. All students that we spoke to said that they would feel comfortable raising a concern to a NUMed staff member if they had witnessed something with which they were uncomfortable (e.g. unprofessional behaviour).

14. Students also have 'Critical Incident' forms in the back of their log books which they can fill out and discuss with their supervisor should this be necessary. This provides the student with an opportunity to reflect on a situation they have observed and discuss it fully with a member of NUMed staff.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.
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Quality Management systems (TD40)

15. The NUMed students in the first cohort graduated in 2014. During our visit we met with the Health Education North East (HENE) Postgraduate Dean to discuss plans for the housemanship years. It will be the Postgraduate Dean's responsibility to quality manage the housemanship years, ensuring that learning outcomes are met and the learning environment is appropriate for House Officers.

16. HENE are currently training the Dean of Clinical Affairs at NUMed who will be overseeing the housemanship years in Malaysia. Clinical supervision will be undertaken by local non-NUMed employed specialists. They will carry out the assessment of each house officer at the end of every placement. It is therefore essential that the School

work closely with them to establish appropriate training for both NUMed employed and local non-NUMed employed staff. This training should include training on assessment.

Pastoral and academic support (TD49)

17. We note that the School has not yet assigned an academic to be Dean of Student Affairs or equivalent that is not involved in academic progress decisions. This has been planned since 2010 and a recommendation from our 2010 final report remains open. The appointment must be made to ensure that there are no potential conflicts of interest.

18. The Chief Operating Officer (COO) has taken over the role of Pastoral care lead. However students we spoke to were not aware of the COO's role within the system. The School clarified her role as managing the overall system rather than dealing with the day to day responsibilities of student support.

Educational resources and capacity (TD49, 52)

19. Student numbers are likely to increase rapidly. The School has created a sustainability plan to ensure it manages this appropriately. We have concerns regarding the sustainability and capacity of clinical placements, especially in primary care.

20. Currently students in LEPs are in groups of 5-7, however there will be an increase when Year 1 and 2 start their clinical placements. We spoke to local staff regarding the increase and the pressure it will undoubtedly put on resources. Many LEPs felt that they had the capacity to accept more students, apart from the staff at the private general practices who agreed that potentially more practices are likely to be required.

21. The School is currently working with the Ministry of Health to implement additional placements at Hospital Segamat and three additional community clinics. We recommended that they also start to look for additional private clinics to avoid overcrowding and to ensure that optimal staff to student ratios are maintained.

Teaching (TD51)

22. Academic teachers peer review each other by observing their lessons. Many of the teachers are new and have only been part of the teaching staff since May 2013. We considered that it was important that the less experienced teachers should be paired with the more experienced ones to create a more robust peer review system.

Clinical and vocational placements (TD51)

23. Students provide evaluation and NUMed staff are present during clinical placements but this approach is fairly ad hoc and does not allow comparison of

standards between clinical placements. It is unclear how the School use the data gathered from student evaluation at clinical placements.

24. NUMed senior management team said that NUMed staff work in the LEPs, so are therefore able to recognise the experience a student is having first hand rather than carrying out quality visits. A more formal system will be needed as student numbers grow to ensure a consistent minimum standard.

25. We spoke to students who said they complete an evaluation after each rotation with specific evaluation relating to their experience within that department. However local staff do not receive this and said they would welcome this.

Agreements with providers (TD41, 50)

26. The School currently holds an agreement with the Ministry of Health which allows use of some local hospitals and community clinics. These are regularly reviewed to ensure they are updated to suit NUMed's needs.

Student, Patient and Employer Involvement in Quality (TD43, 48)

Students

27. Students complete evaluation forms at the end of each rotation with comments relating to their experience in a clinical placement. The School does not have a consistent approach to using these to make quality improvements.

Patients

28. Currently patients have minimal involvement in quality management of the programme. The language barrier makes this a challenge for the School. More can be done to gather this feedback and use it to improve the quality of teaching.

Employers

29. The first cohort of students have only just graduated and their employers have not had the opportunity to provide evaluation. LEPs where graduates will complete their housemanship have had the opportunity to feedback informally to the NUMed employed staff on site about the programme and its students. However this is not stored centrally and therefore there is no audit trail or evidence that this feeds into any curriculum changes.

Domain 3: Equality, diversity and opportunity

56. Undergraduate medical education must be fair and based on principles of equality.

Local education provider commitment to equality and diversity (TD69)

30. There is currently no formal equality and diversity training for local non-NUMed employed clinicians by the University. Local staff we spoke to said that Malaysia has a very diverse population and that they follow Malaysian Government policies. Staff are said to be fully aware of the cultural diversity around them.

Staff training on equality and diversity (TD58)

31. All University-employed staff must complete equality and diversity training as part of their induction. It was stated that all NUMed employed staff had done so. The School offer additional training sessions each year for new starters which are compulsory.

Reasonable adjustments for students with disabilities (TD59, 64)

32. The School currently has no students with declared disabilities.

Domain 4: Student Selection

71. Processes for student selection will be open, objective and fair.

Valid, reliable and objective selection processes (TD74)

33. The School is aware that its selection process no longer reflects current views on suitability for a medical career, and Newcastle University is focussing on updating it this year.

34. Currently the selection panel is made up of two selectors who score candidates against set criteria. Post interview if both selectors agree that the candidate is suitable, then a place is offered. If one selector disagrees then it goes to an independent party to make the decision. The School is looking to include students, local staff and lay representatives of the local community on the panel to make this process more inclusive.

Health and other checks (TD76)

35. Last year it was noted that students do not get to see the results of their compulsory health checks with Colombia Asia - the private company used for student occupational health assessments when enrolling at NUMed. This has now been resolved.

36. We were pleased to note that students in Year 1 have access to their health assessment report from Colombia Asia. Although other years had still not seen their reports, when asked, they were unsure whether they had access to them. The School confirmed that students can have a copy if requested.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors.

Outcomes for graduates (TD93)

37. The curriculum has been designed to ensure that all graduates meet the outcomes specified in Tomorrow's Doctors. The School will also only allow students who have met the outcomes to graduate from the programme.

Student selected components (TD94-99)

38. Student selected components (SSCs) make up a significant part of the course, approximately 15%. The School should consider reducing the total time allocated to SSCs and replace it with other relevant core clinical experience to enhance student learning.

39. Students set their own learning objectives and can choose from many different options. Last year there were 39 SSCs available; this year the School has introduced private SSCs (SSCs chosen by the students, who select their own supervisors and define their own projects) and most of the international students have chosen to study their private SSC in their home country. All students who spent their first two years of study in Newcastle did not have the opportunity to return to Newcastle for their SSC/Elective period.

40. Students we spoke to said that their SSC supervisors are very variable in terms of the extent of supervision and degree of guidance within the SSC. The School needs to work with all SSC supervisors to ensure they are trained and provide a more consistent experience for, and a more reliable assessment of, all students.

Balance of learning opportunities (TD100)

41. The approach to setting learning objectives should be consistent with Tomorrow's Doctors 2009. There is a potential break in continuity of developing clinical reasoning and skills between essential junior rotations (EJR) and essential senior rotations (ESR). Reducing the elements of choice will allow for an increase in core clinical experience.

42. The School should ensure that it increases practical clinical experience as students move towards Year 5 to prepare them for their role as House Officers.

43. All students we spoke to said that their clinical experience was more observational than hands on. This was a greater concern in Years 4 and 5 where their responsibility for patient care should increase to prepare them for their role as House Officers.

Integration of basic and clinical science (TD101)

44. Basic and clinical science is integrated throughout the course.

45. We spoke to students in Years 1 and 2 who said the course integrated basic science and clinical skills quite well. They reported they were able to reflect on their learning in their practice placements.

Inter-professional learning (TD102)

46. Inter-professional learning is defined as working with and learning from other healthcare professionals. Students said that when on placement they are able to work with many other clinical staff. They spent a day working with a local nursing college. The School is currently in discussions with Reading University who are in the process of building a campus in Edecity. NUMed is planning, in time, to develop joint pharmacy teaching with students from the Reading course to encourage additional inter-professional learning.

Clinical Placements and Experience (TD84)

47. The School needs to enhance learning about clinical conditions that are common in the UK (and therefore included in assessments) e.g. through the use of problem based tutorials or expert patients.

48. Although it is important for students to study common Malaysian cases such as Dengue fever and snake bites, it is also important they get a good understanding of common UK cases such as Cystic Fibrosis and Multiple Sclerosis. Students we spoke to said it can be difficult getting some core cases signed off in their log books as they are uncommon in Malaysia.

49. When speaking with the School they said that these core cases are covered in lectures and other formal teaching sessions. Although students may not see patients with these conditions, the theory is covered during the extra teaching sessions.

Early patient contact (TD103)

50. Early patient contact is critical for student learning. The School should increase early year's exposure to patients and the clinical environment.

51. We heard that only a few Year 1 and 2 students had been in a clinical environment so far. It is important for students in these years to observe clinical practice early on in the course in order to prepare them fully for their clinical rotations.

52. When speaking with the School they said that Year 1 and 2 students have five hospital visits, a community visit, a family and patient study and also a community placement in early years which are all compulsory and therefore they felt this was sufficient enough to prepare students for the clinical environment. Relative to many UK medical schools, this level of exposure to real patients is still quite minimal.

Patients with a range of social, cultural and ethnic backgrounds (TD104)

53. Students get good exposure to patients with a range of social, cultural and ethnic backgrounds when on clinical placements and during assessments.

54. We heard from NUMed senior management team that students undertake health camps within local villages which involve health promotion within the local community.

Patient involvement in teaching (TD105)

55. There is minimal patient input into teaching; due to the language barrier this has proved quite a challenge to the School.

56. In Phase 1 many of the patients used for OSCEs and teaching are simulated patients. The School said it found the idea of involving patients in teaching quite challenging due to the difference in culture and language.

57. However, we heard from the School that patients are required to comment on the student's performance when completing in course MOSLERS. This feedback forms part of the student's score.

Student assistantships (TD109)

58. Currently student assistantships are run twice for two weeks in the final year and a two week junior assistantship takes place in Year 3. In order for this to meet the outcomes that the student assistantship is designed for the School should extend the student assistantship period.

59. Currently student assistantships fall at the end of hospital based practice (HBP) in medicine and surgery. The School's senior management team said that the experience is strengthened with the inclusion of out of hours work. The School has had positive feedback from LEPs about the quality of the students' assistantships.

Preparedness for practice (TD110)

60. All final year students to whom we spoke felt that they were prepared for their housemanship, despite some initial anxieties. They also said that they had had the opportunity to shadow a House Officer out-of-hours and that this was a valuable learning experience.

Feedback to students on their performance (TD85)

61. Students receive an appropriate amount of feedback from the School on their performance.

62. Students appeared happy with the feedback they received from assessments and said that not only do they get their score but they also get qualitative feedback regarding their individual performance and overall performance of the NUMed cohort. The School could consider sharing the results from Newcastle to allow students to make a comparison between their own performance and the performance of their Newcastle counterparts. When discussed with the School they said that this information is released to students during assessment feedback sessions.

Fitness for purpose of assessments (TD86)

63. In the final year OSCE most of the tasks observed were at an appropriate level for final year students, some stations however were more appropriate for Year 3 students. The non-accidental injury scenario was stated by some of the Newcastle staff to be inappropriate because instructions were too vague and the skill being tested was too complex and more advanced than would be expected of final year students.

64. One of the MOSLER stations in Malaysia proved a challenge for some students due to the language difference. In one example, a Malay patient asked the student to speak in Malay, and the student did. However, the examiner wouldn't allow this, so examination time was wasted.

65. We noted some issues about the number of stations in the MOSLER. 4 stations is an insufficient number of stations for a MOSLER for reliability purposes.

66. There are also challenges regarding the variation of station content and inconsistency between candidates. In the OSCE, everybody gets the same task. However in the MOSLER, they see different patients with different conditions. This reduces fairness and reliability considerably.

67. In the MOSLER, there is also freedom to ask students different questions in each station. Most examiners were consistent in that they did stick to the question areas suggested on their examiner instruction sheet. But others were less consistent.

68. If the OSCE was to be extended with more complex and longer stations this would improve its reliability and validity. In addition, the School should consider whether the prescribing "OSCE stations" should be part of the written assessment. Best practice states that students should sit a minimum of 12 stations and they should be more complex to enhance reliability and validity.

69. Some of the real patients used did not show signs of the condition which they were representing, which meant that students could not easily identify the diagnosis, treatment or care pathway. This was made worse by the fact that some students had a patient with prominent signs and others did not. For example there were two patients with a heart murmur. One had a very loud and obvious murmur, while examiners and students struggled to hear the murmur of the other patient.

Design and delivery of assessments (TD113)

70. The exams are attempting to assess the reasoning and decision-making skills of students. The marking scheme is generic, which improves consistency across all sites.

71. The structure of both the OSCE and MOSLER was clear and well organised. In Malaysia there were plenty of replacement patients and examiners which assisted in the smooth running of the day.

72. The environment in which the examination was conducted provided adequate space for the student to perform a physical examination. There were some instances of noise pollution; for example, in Malaysia the Doppler ultrasound could not be heard in all stations. Noise pollution was also a factor for some stations in the OSCE in Newcastle.

Guidance about assessments (TD87)

73. Assessments were well organised and set at an appropriate level to test student's ability. A student debrief took place after each exam which allowed students to raise any concerns before the next circuit began.

74. Students in Year 5 said they had minimal guidance on their written final exams. They also pointed out that they can no longer seek advice from their peer parent in the UK who had already graduated.

Training of examiners and assessors (TD88)

75. We observed the examiners briefing for both the OSCE and MOSLER. The same briefing took place in Malaysia as in the UK to enhance consistency.

76. Both examiner and patient briefings were clear in each site with the Malaysian briefings being adapted to fit the local context. For example, paperwork had been adapted to state 'House Officers' rather than foundation doctors. In addition to this some of the scenarios were individually adapted to suit the Malaysian context. For example, in the mental health station in the OSCE, the location the drug came from and the type of drug taken by the patient was adapted to suit a Malaysian context.

77. We considered that examiners had too much freedom to question students, although some stations were more structured than others. The questioning approach

was inconsistent which affected time in each station. It reduced the time that students had to meet the core requirements of each station.

Assessment criteria and marking guidance (TD115)

78. The School is reviewing the consistency between and among examiners in Newcastle and Malaysia. We observed some variation with regards to examiners' marking. Some gave higher marks than others. When speaking with the School they informed us that they have just started providing the mark range of all examiners and where they sit in comparison to their colleagues, so going forward mark variations will be minimal.

Standard setting (TD89)

79. After the assessment review the School is now using the Angoff method for standard setting for written tests and borderline regression method for OSCEs. We considered this an appropriate methodology. For the MOSLERS the School are using look up tables and combining. They recognise that this is outdated and the School is acting upon this.

External examiners (TD116)

80. The external examiner in Malaysia was particularly thorough, attending many of the briefing sessions and facilitating a de-brief session with all students at the end of the exam to gain their view on the complexity of the stations.

Reasonable adjustments (TD90)

81. We did not observe any students who required a reasonable adjustment.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Academic and pastoral support (TD124)

82. Much of the support required by students at NUMed is to do with the range of languages spoken by students and patients, when teaching is in English.

83. The School runs compulsory Bahasa Melayu and English language lessons for students, which the students valued. Students said that sometimes they struggle to understand lecturers who have English as their second language. There is potential scope for these language lessons to be available to staff i.e. Bahasa Melayu for non-Bahasa speaking staff and English for those whom English is their second language.

This may potentially improve communication within the School and reduce the impact of the language differences.

84. Students have personal tutors who appear to provide more than just academic support. Students we met with spoke highly of their personal tutors and said that they would feel comfortable approaching them for anything they needed.

Support networks (TD131)

85. Students are assigned to a student in the year above who acts as their 'peer parent'. This allows students to discuss with each other anything they may be concerned about before having to raise it with a member of staff. Students spoke highly of this and thought this was a good link to have.

86. As stated above, the peer parents of Year 5 students have already graduated in the UK and therefore Year 5 students don't have this system of support and noticed the difference without these peer parents in place.

Careers advice (TD125, TD134)

87. Now the GMC has reviewed plans for the Foundation year 1 equivalent curriculum, the School is able to brief the students more fully, and provide some guidance about their application and what to expect in the housemanship year.

88. Students in Year 4 said that they had a lecture on careers and found this useful. Year 5 students said that they were still unsure about the housemanship years.

Student health and public safety (TD140)

89. All students spoken to were aware of their responsibility to maintain a good level of health in order to be fit to practise.

Exposure prone procedures (TD142)

90. All students spoken to said they were aware of exposure prone procedures and the reporting procedure for these. The senior management team said that they have recently had a student with a needle stick injury during hospital based practice and that the correct reporting procedure was followed.

Fitness to practise (TD127)

91. At the time of the visit there were two fitness to practise procedures on-going and both students involved have been offered support, guidance and the opportunity to bring a support person to meetings relating to the issue.

92. The critical incident forms in the back of the log books were a good initiative and allowed students to reflect on their learning, reporting any concerns they had witnessed in LEPs directly to NUMed staff.

Staff development (TD128)

93. The School offers a postgraduate certificate in medical education. We heard from a number of academic staff that they were undertaking this as part of their continuing professional development.

Training the trainers (TD148)

94. All new staff employed by NUMed have an induction at the start of their employment. NUMed employed staff teach students on campus and are present in LEPs for most of the formal allocated teaching time. However we learnt that local non-NUMed staff facilitate teaching. Students spend variable, but at times substantial time with local clinicians, particularly when working out of hours, indicating a strong need for their training.

95. NUMed employed SSC supervisors are well trained and provided with guidance. However we heard that more of this would be welcomed by local non-NUMed employed SSC supervisors, particularly with regard to learning outcomes and feedback.

96. We heard from many non-NUMed staff that they are unaware of the students learning outcomes. All those involved in teaching or facilitation of teaching should be aware of these, and should have a good understanding of the competencies required in that year group in order to identify underperforming students.

97. Friday afternoons are protected training times and these are used for staff development, journal clubs or exam preparation.

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

Employer involvement in curriculum management (TD153)

98. All LEPs visited reported that they had no formal input into the curriculum for NUMed students. The School may wish to reflect on their future involvement.

Agreements with local education providers about curriculum delivery (TD157)

99. Agreements are with the Ministry of Health and not directly with the LEPs and therefore NUMed staff have the role of delivering the curriculum when on clinical placements. The LEPs nevertheless have considerable educational input into student learning, especially at times when NUMed staff are not around.

Domain 8: Educational resources and capacity

159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.

Learning resources and facilities (TD160),

100. The learning support environment is an online system available to students at any time. The School uploads guidance, tutorials, processes, procedures and log books onto the interactive system. All students praised this learning environment and felt that the content was very good. They also said that they feel the virtual lectures from the UK are a useful tool and they valued recording of the NUMed lectures as well.

101. Newcastle University is very supportive of its programme in Malaysia. The two campuses are in regular contact with each other and Newcastle staff, both academic and administrative, are frequent visitors to NUMed which we considered a strength of the programme.

Clinical skills facilities (TD166)

102. All students spoken to said that they have access to the clinical skills laboratory at all times. We toured the clinical skills laboratory and noted how well equipped it was.

Facilities management plan (TD161)

103. Students felt that the accommodation is still poor but they said that the School is very helpful and supportive with their complaints to the organisation that manages the accommodation.

104. The School is currently awaiting a certificate of completion for a site of newly constructed apartments and they propose to rent these to students for a similar price to the campus accommodation. The new accommodation is off campus, but the School advised us that they will provide free transport to and from the campus and also to local amenities. The School would therefore manage these properties and would assign an accommodation contact with whom the students could discuss any accommodation concerns.

105. The students had not been briefed on the plans at the time of the visit. However after speaking with the School they confirmed that students have been briefed and deposits have already been taken for the new accommodation.

Staffing (TD162)

106. NUMed has a range of permanent staff from Newcastle, Newcastle secondments and permanent locally trained doctors.

107. Staffing numbers need to be increased sooner than student numbers due to the time needed for training. The School has a succession plan in place for the senior management team over the next three years.

108. The School has a 'flying faculty' who come over from the UK campus to teach students, carry out staff development or oversee a specific project. The students spoke very highly of the 'flying faculty' and found that their lectures were very engaging.

109. All NUMed employed staff we met with seemed enthusiastic, engaged and skilled. We also met with two clinical teaching fellows who are unable to practise clinical medicine in Malaysia due to the lack of registration with the Malaysian Medical Council, who therefore have the capacity to engage in local education projects.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors. All medical students will demonstrate these outcomes before graduating from medical school.

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors against the knowledge, skills and behaviour of students and graduates.

Curriculum demonstrated to meet the outcomes in Tomorrow's Doctors (TD170)

110. Overall the NUMed curriculum meets the outcomes set out in Tomorrow's Doctors 2009.

Tracking graduates' performance (TD172)

111. Currently HENE plan to quality manage the graduates Housemanship year in Malaysia. There are plans to do this from a distance, HENE are also training the Dean of Clinical Affairs to oversee this in Malaysia. At the time of the visit this has not taken place. We will explore the implementation of the plan further next year.

Appendix 1:

Visit team

Dates of visit	10-14 March 2014 – NUmEd Campus
Team Leader	Peter McCrorie
Visitor	Richard Hays
Visitor	Robert Peveler
Visitor	Janice Rymer
Visitor	Parina Thakerar
GMC Staff	Rachel Daniels

Appendix 2: Document register

Document number	Document name	Description
Doc 001	Sustainability Plan – April	Schools sustainability plan as the student numbers increase.
Doc 002	Assessment Review Update	Copy of the report completed by the School to review their assessment processes.
Doc 003	Assessment Review Update – Appendix 1	As above further assessment evidence.
Doc 004	Assessment Review Update – Appendix 2	As above further assessment evidence.
Doc 005	Student Selected Components – Newcastle University Medical School	A breakdown of how much of the course is SSC.
Doc 006	OSCE and MOSLER timetables	A breakdown of stations and timings in both the UK and Malaysia.
Doc 007	Stage 3	Part of the SSC
Doc 008	Stage 5	Part of the SSC
Doc 009	Unmanned OSCE Station Examples	Case studies used in the unmanned OSCE stations.

Appendix 3: Abbreviations

COO	Chief Operating Officer
EJR	Essential Junior Rotation
ESR	Essential Senior Rotation
FtP	Fitness to Practise
HBP	Hospital Based Practice
HENE	Health Education North East
LEP	Local Education Provider
MOSLER	Multiple Objective Structured Long Examination Record
OSCE	Objective Structured Clinical Examination
SSC	Student Selected Component

Appendix 4: Glossary

OSCE	A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.
MOSLER	A type of examination similar to the OSCE however students sit less stations that are of longer duration.
Housemanship	This is the equivalent of the UK Foundation year 1. Once students have graduated medical school they all enter a 'housemanship' period of one year.