

Academic Year 2019-2020

Visit Report on Barts and the London School of Medicine and Dentistry (Queen Mary University of London) Malta MBBS programme

This visit 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

Medical school	Barts and the London School of Medicine and Dentistry
University	Queen Mary University of London (QMUL)
Programmes	MBBS Malta
Date of virtual visit	15 & 17 July 2020
Key Findings	<ol style="list-style-type: none"> 1 Barts and the London School of Medicine and Dentistry accepted its first cohort of students to the Malta programme in August 2017. At the time of the virtual visit the 2017 cohort had 29 students, the 2018 cohort had 19 students and the 2019 cohort had 43 students. 2 Due to COVID-19, this year's visit was conducted virtually and with smaller groups of colleagues from the school than we would ordinarily meet. Due to the multi-year and continuous nature of our assurance, findings will be investigated fully over future visit cycles. Prior to our visit, we sought additional evidence via a document request and student/educator surveys.

- 3** During the virtual meetings with those in Malta, the GMC visit team met with school senior management, Associate Deans, the quality team and Year 1, 2 and 3 students.
- 4** During the visit cycle, the team noted an area that is working well in the programme. This was the development of the clinical skills lab on the Gozo campus and the improvement in clinical skills teaching.
- 5** The team also identified areas that could be improved upon. These included further action on the language issues that persist; providing equitable administrative support for Associate Deans and students across all clinical environments; and clarifying the relationship between Barts and the Associate Deans, especially their role within the medical school governance arrangements and across programmes, and their role for the school with LEPs.

Update on open requirements and recommendations

	Open requirements	Update from the school	Status	Paragraph
1	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).	The Associate Dean based at Mater Dei Hospital was formerly a deputy associate dean in the UK for several years and so he is very familiar with UK educational culture and the requirements of Promoting Excellence. There are monthly associate deans meetings and regular meetings which include the module leads. Many clinicians in MDH have reported that they are very pleased that when the students are on placement, they do not have to leave clinical activities to attend	Open	48

		<p>lectures and seminars. They have been very enthusiastic about “the patient is my teacher” which is focusing students’ attention more towards patients and slightly away from the didactic list of learning outcomes whilst they are on clinical placements. The school has been very attentive to formal student feedback about placements. The Deputy Dean for Education has also visited the students and clinicians whilst on placements to discuss their experiences. This has been very informative, and so we intend to expand this next year to form a wider team which includes the Head of Clinical Skills.</p>		
2	<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>The Deputy Dean for Education has continued to communicate with Hospital Clinical Chairs (Malta) and the London Module Leads to map the curriculum and plan the placements for the next academic year. Precise placement planning has been extremely difficult in the current climate. However, a thorough analysis of consultations and admissions at GGH has been completed. With an understanding of the local clinical capacity, the school has calculated the requirements for placements in Mater Dei. We are working with the</p>	Open	77-82

		recommendations of the Superintendent of Public Health, Malta, and the hospital CEOs to ensure that we are following local guidelines and we are developing the timetable to try to ensure that students gain appropriate clinical exposure with the current COVID-19 situation.		
3	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.	The medical school is currently working on a new scheme. The scheme was originally constructed to support student volunteers in the NHS during the COVID-19 crisis. The aim of the scheme was to provide a bridge between the university, hospitals, community, allied professionals and students.	Open	13-19
4	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.	Malta students have access to the same careers consultations as the UK students. However, it is important that the school address the differences in opportunities across the two campuses. In February, the school recruited a Marketing and Student Recruitment Manager who has recently taken over the responsibility	Open	n/a

		<p>for the development of the international recognition of the MBBS Malta programme. He will be liaising with key markets to facilitate recognition by their respective Medical Councils. He is also responsible for identifying different career opportunities and degree recognition for the school's future graduates. The school have organised careers seminars, which have generated positive student feedback. The school continues to develop the MedPro programme where tutors work closely with students to develop their individual portfolios. The school also hold regular enrichment lectures in the evening, delivered by a range of clinical professionals. Recent lectures have covered topics such as Substance Abuse & Addiction by a local Social Awareness Team, and Cancer Screening, a talk delivered by both Public Health doctors and patients. These are well attended, and the students have the opportunity to meet the speakers.</p>		
5	<p>The school must provide clarity with regard to plans for, and implementation of, appraisal systems for both students and educators.</p>	<p>Academic staff adhere to the QMUL appraisal system. The school have recently seconded Dr Dason Evans as Head of Clinical Skills and Faculty Development. He is working to develop and</p>	Open	66-69

		<p>expand the clinical educator appraisal system, which has been delayed due to the COVID-19 Crisis. The school plan to develop faculty development workshops – both face-to-face and online – for clinical educators and have a system in place for helping them build a teaching portfolio. Clinical educators will attend an annual appraisal where their development and feedback will be discussed, and ongoing development opportunities will be signposted, including pathways to formal qualifications and accreditation. MedPro and Barts Portfolio is a framework for student knowledge, skills, personal development and professional development. All students are assigned a MedPro tutor and have regular meetings to develop their portfolio. Completion of mentor meetings, professionalism and reflection is a prerequisite for progression. Since lockdown, mentors have had an additional meeting with their students. Recent student and tutor feedback has indicated that the current platform is not very user friendly. The school are therefore currently holding discussions about changing</p>		
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		the platform used (to myshowcase.)		
6	The school must ensure students of the Malta MBBS programme obtain competence in the Maltese language to a level that allows them to 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 require by the start of Year 3 and how the school will achieve this.	The school has designed a new Medical Maltese programme (comparable to the one run by the University of Malta), in conjunction with their current Maltese teacher. The school are in the process of getting it accredited by the Maltese National Council for Further and Higher Education (NCFHE). The school have been in contact with the Malta Foundation Programme and the Malta Medical Council to ask them if they would accept this qualification for entry into the Malta Foundation programme. The school also have plans to integrate additional Maltese-based sessions into the timetable. The school are planning a 'Maltese is Fun' 'MedPro' session offered to all students with the help of our Maltese-speaking colleagues where students will play fun-based activities such as Treasure Hunts and Bingo in Maltese to improve their language skills and gain more of an insight in local culture. A similar session will be in the induction timetable for the new first years. The school are using their communication skills sessions to practice skills of communicating with a	Open	6-12

		patient whose first language is not English.		
7	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 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 also demonstrating how the student experience is captured and valued.	If any low-level concerns are reported that cannot be resolved instantly, staff are aware of their responsibility to escalate through the appropriate channels. This would initially include discussions with MedPro supervisors, the Module Lead or Head of Year who would then escalate the matter to the Academic and Pastoral Support Office, the relevant Associate Dean or the Deputy Dean for Education. All students participate in the MedPro programme where they are allocated to an academic supervisor, who are fully trained MedPro facilitators. As part of the training, supervisors are informed how to monitor, report and escalate student concerns.	Open	1-5

	Open recommendations	Update	Status	Paragraph
1	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.	The Deputy Dean, Head of Clinical Skills, Head of Student Support and a student representative attend the monthly Year 3 and Year 4 working groups in London. The school have appointed co-module leads in MDH and GGH and they regularly correspond with the London module lead where they discuss the learning outcomes and the	Open	75-76

		<p>expected clinical exposure for the students. All clinical tutors are provided with the learning outcomes, the logbooks and the handbooks. Updated logbooks make expectations and requirements very clear to both students and staff. Throughout the recent situation, the Malta staff have been attending most London meetings to ensure that they continue to deliver a curriculum and a learning culture which is comparable to the London campus.</p>		
2	<p>We would like to see how opportunities for students to use the Mater Dei Hospitals skills centre for learning are being developed.</p>	<p>The skills centre located within MDH is owned by the UoM. The students have 24-hour access to their own skills space based in the Malta Life Science Park, which is fully equipped with the appropriate equipment and consumables. The skills lab on Gozo meets the need for access to a clinical skills centre.</p>	Closed	28-30
3	<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>All clinical teachers will be expected to take part in educational development, quality assurance and annual appraisal. A supportive programme based around an educational portfolio is being piloted with positive responses so far.</p>	Open	66-69
4	<p>Barts and the London School of Medicine and Dentistry will need to demonstrate how they are</p>	<p>Before COVID-19 lockdown the school had piloted, and they plan to further develop,</p>	Open	66-69

	<p>progressing secondary care educator development, and specifically Education Leads, including how they will work with local education providers to ensure tutors receive adequate training and development.</p>	<p>a menu of faculty development workshops – both face to face and online – for clinical educators. The school have developed a system to help them build a teaching portfolio. Clinical educators will attend an annual appraisal where their development and feedback will be discussed, and ongoing development opportunities will be signposted, including pathways to formal qualifications and accreditation. Module convenors and associate deans in Malta have been involved in these plans, and have responded with enthusiasm.</p>		
5	<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>Throughout the Year 3 placements in 19/20 it was possible to identify unexploited areas of the hospital for clinical placements. The school have worked with the UoM to construct timetables that avoid simultaneous placements meaning that clinicians and hospital departments are not overpopulated with students at any one time and therefore the delivery of outcomes is separate from that of the UoM. Analysis of student numbers of both institutions indicates when the school achieve a full cohort of 60 students; they will still not need to share</p>	Open	74

		<p>Year 3 firms with UoM. Year 4 is more complicated and it is likely that the school will need to share some placements, mainly in Paediatrics and O&G. This has been discussed in detail with the clinical chairs who, when the school have shared proposed timetables, have said they are capable of accommodating their students. Meetings with the Joint Committee between Barts and UoM have developed an agreement where the school can communicate with the UoM academic chair so their students can join UoM students on placements. For example, in a five-week O&G placement the school's students are expected to be in GGH for three weeks and MDH for two weeks. This year the school had planned to have only a pair of students at any one time going to the Mater Dei O&G department. However, everything has changed with the current situation and as yet, because the situations are changing on a daily basis the final Year 4 timetable is not yet finalised. The school will be attending a meeting with the UoM Dean for Medicine next week to discuss the current situation. With the current reduction in placements, the school are looking to use</p>	
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		placements in GGH as much as possible.		
6	The school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.	<p>Completed JISC reports are disseminated to the Head of Year, Staff Chair of the SSLCs and Module Leads who collate a report. JISC data is also sent to SSLCs when the response rate is above 20%. This is to ensure skewed data are not reported and to encourage a higher student response rate.</p> <p>Phase 1 (Years 1 and 2) feedback is discussed at Phase 1 meetings and Academic Team meetings where an action plan is developed and reported to the junior SSLC. Wider communications with the students include a 'You said, We Did' campaign, which is a mechanism the school have used to demonstrate how the student voice is being heard.</p> <p>Currently the SSLC minutes are posted on the students' association website and a recent poll demonstrated that many students do not use this facility. Therefore, some of the discussions that the school hold in the meetings are not reaching the wider student body. The school are currently discussing this problem with the committees and have proposed to the students that they have a bespoke</p>	Open	13-19

		<p>area on QMPlus which includes not only the minutes of meetings but also the action plan document which is updated after each SSLC meeting. The school plan to give the SSLC meetings a higher priority next year, adding them to the timetable early in the year, making sure that the meetings are held when all staff and students can attend.</p>		
7	<p>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.</p>	<p>Student support questions do not form part of the official JISC survey, as this feedback is focused on teaching and learning. However, the school have launched an internal survey to students regarding Student Support Services. Responses from this will be reviewed and any suggested improvements implemented. One improvement already implemented is the new Student Support Office in the Medical School building, which has enhanced the privacy and confidentiality for students seeking the use of this service.</p>	Open	55
8	<p>The school should make administrative support equitable across all clinical environments.</p>	<p>The school has a dedicated curriculum team which is the primary administrative support for all clinical environments. Plans are in place to recruit placement administrators (part-time) based in clinical environments to assist the</p>	Open	31-32

		Associate Deans, Module Leads, Clinical Tutors and liaise with the QMUL Curriculum Team.		
9	The school should make extensive efforts to improve their communication with the Maltese Medical Council. We believe it would be beneficial for the school to foster closer relationships with them.	<p>Since the last GMC visit to Malta, the school have met with the leadership of the Maltese Medical Council. A further meeting with the full Council was arranged for late March but had to be cancelled because of the COVID-19 pandemic. However, there have been exchanges of emails with Maltese Medical Council over this period. These revolve around two issues:</p> <p>1) Foundation posts for QMUL Malta graduates. The Maltese Medical Council have asked to see the terms of the school's contract with the Maltese Government on this subject. The school would be happy to share it but the Maltese Government have withheld their permission. The Maltese Government is writing to explain this to the Maltese Medical Council.</p> <p>2) The school have designed a formal qualification in Medical Maltese for their students. The school have written to the National Council for Higher and Further Education of Malta to request accreditation of the course and to the Maltese Medical Council to confirm that it will be an</p>	Open	n/a

		acceptable qualification to them. Despite the passage of significant time, the school have had a reply from neither, presumably reflecting the international pandemic.		
10	The GP/Clinical Tutors should be empowered to allow students to develop clinical skills further during Medicine in Society/EPC placements, including providing opportunities for supervised clinical examinations.	The educational aims of MedSoc/EPC in Years 1 and 2 are to introduce students to patients, and the patient's experience of health and ill-health over the course of their lives. Whilst some tutors may occasionally demonstrate an interesting clinical sign, or some clinical skills, these are not part of the MedSoc/EPC curriculum, and indeed the MedSoc team discourages clinical skills becoming too prominent in this setting, as they are concerned that this may overshadow the core aims which hope to set a foundation view of the patient as a person. In Years 1 and 2 clinical skills are taught in the Skills Centre. Year 1 is primarily about linking underlying sciences to part-task practice. Year 2 is more of a traditional systems-based curriculum, with students learning fluently to practise safely and appropriately with patients. In Year 3, the school start to introduce more reasoning, including a particular focus on using clinical skills to answer a clinical question. GPs have	Closed	81-82

		huge expertise in this area and are heavily involved in both delivering these learning opportunities and producing learning materials.		
11	The school should ensure that student's learning is not limited and repetitive due to excessive exposure to inter-professional learning.	Inter-professional learning is important for future healthcare professionals but challenging to deliver well. Poor learning experiences can result in undesired outcomes. One of the aims of MedSoc2 is to understand the complexity of patient care, and the importance of the inter-professional team. In some placements this learning has been delivered more formally, with talks by the inter-professional team, in other placements it has been learnt by following the patient pathway. Most periods shadowing inter-professional colleagues last no more than one hour, and the popularity of the inter-professional SSCs in Year 1 and 2 suggests that most students do not find this exposure excessive nor repetitive. The school strive to ensure that no learning is limited nor unduly repetitive and give feedback to tutors and course convenors via our evaluation and quality pathway.	Closed	25-26

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	Areas that are working well	Report paragraph
1	R5.4	Whilst the opportunity for clinical skills teaching is variable across the sites, the development of the clinical skills lab on the Gozo site has been really helpful for students to gain clinical skills experience under the supervision of Dr Dason Evans.	81-82

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 2 (R2.2)	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.	41-42

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
S1.1 <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>
S1.2 <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)

- 1** It appears the school demonstrates a culture that allows learners and educators to raise concerns about patient safety, and the standard of care and education, openly and safely without fear of adverse consequences. Prior to our visit, the school provided us with a copy of their Student Raising Concern policy and materials from a lecture titled 'Raising Concerns' delivered in September 2019.
- 2** We heard during meetings with senior management from the school that students tend to be vocal over issues they are not happy with, and they do raise concerns if they have them. The school's raising concerns policy encourages a positive environment for raising concerns, with feedback and educational loops embedded in the process. However, the school has not yet received any concerns that have triggered the school's raising concerns policy. Neither do they have a system for recording all concerns and ensuring patterns and repeated episodes are acted upon, even though as individual episodes they may be low-level.
- 3** During our quality assurance cycle, the visit team expressed concerns that low-level concerns are not effectively recorded centrally. Therefore, if the same low-level concerns are recurring, the school has no mechanism to pick these up. Low-level concerns need to be recorded to ensure repeated concerns, and emerging patterns of concern, are evident and appropriate action taken as a result.
- 4** The quality team in Malta informed us that they are putting in place a scheme called 'report and support' in September. Students will be able to raise concerns via a form, with the option of anonymising their concerns and requesting specific action they

wish to be taken. This will then be collated by the school in a central system and a clear pathway designed to follow. The school also hope to pilot a raising concerns system in Malta that allows students on placement to clearly see the action taken as a result of raising concerns.

- 5** Several of the Associate Deans told us that they like to be proactive and meet with students regularly in an informal manner, to understand any concerns the students may have. The Associate Deans were unable to give us any specific examples of students raising concerns and completion of the loop.
- 6** Students told us that they are not involved with the recording of concerns that are raised. Minutes are taken at the Staff Student Liaison Committee (SSLC) and these are sent to the school for approval. This is one method the school use to record concerns.

Learning from mistakes (R1.3)

- 7** Prior to our visit, the school provided us with various documentation to highlight the action they have taken to address the language issues we have heard about during previous visits. This included a report on the Maltese language as part of the QMUL Malta course, analysis of clinical exposure in 2019/20 term 1 placements, QMUL Malta Student Selected Component Exchange feedback and a copy of the Maltese language requirements on the QMUL MBBS programme in Malta.
- 8** Despite the introduction of the language course provided by the school and the positive impact it has had on students, it became apparent throughout our visit that the Maltese language continues to impact on student experiences in clinical placements. The course is not mandatory and is seen by some as a burden in addition to studying medicine. We heard about various issues relating to language, including difficulty in following Multidisciplinary Team Meetings (MDT) and limited patient access at Gozo General Hospital.
- 9** Discussions with senior management indicated a belief that the school has created a solution to the language issues. They believe, once implemented, students will develop an acceptable grasp of the Maltese language and students in Year 3 will be in a good position when they graduate. Maltese language lessons have been moved from the evenings, which were impacting on student's free time, to the academic day. The school has embedded other activities into the curriculum to encourage the learning of Maltese. The next cohort of students have been sent recognised language applications in preparation for their arrival.
- 10** During our virtual meetings, it became clear that Year 3 students have come to the realisation that they need a basic understanding of the Maltese language. This basic understanding would be beneficial to their learning and students were offered Maltese language lessons towards the end of second year. Students are presented

with the opportunity to attend a language lesson for an hour each week, with the day varying depending on the cohort. These lessons are not compulsory, however we heard from students across various cohorts that there is an understanding and acceptance that these lessons are essential and beneficial for the clinical setting.

- 11** Throughout our discussions with students, we heard that many patients can speak English. However, it appears that in many instances the preference is to speak Maltese. It can also be difficult to find patients who speak English in the smaller hospitals, such as Gozo General. We heard how students on the Gozo site can exhaust patients who are able to speak English. Some clinicians are very willing to translate and aide students with the Maltese language, but others are not as enthusiastic. However, we heard how the clinicians who are pro-active can bridge the language barrier effectively. The school is gathering feedback from students on the clinicians who are willing and happy to help with translation. Students do believe there is a language barrier to overcome, but the school is taking action to address this.
- 12** With regards to language issues and clinical placements, the students told us it depends on the clinician. This is also the case in GP settings, where it depends on circumstances and whether the patient speaks English. When in hospital placements, students must approach patients and ask them if they speak English. In the smaller hospitals, students are more dependent on the trainee doctors to translate for them.
- 13** During our discussions with Associate Deans, we heard about the highly regarded Maltese language teacher the school has hired. The Maltese language course is voluntary for students, although throughout our visit we got the impression that it would be beneficial if this was compulsory. We heard that the course itself does not take up too much time and any additional knowledge of the Maltese language would be beneficial in the clinical setting. Several of the Associate Deans translate from Maltese to English for their students, in addition to asking patients if they would be willing to do consultations in English.

Seeking and responding to feedback (R1.5)

- 14** Prior to our visit, the school provided us with documentation outlining how they seek and respond to feedback. This includes various JISC feedback (a tool that runs student surveys), information on the school's 'you said, we did' campaign, QMUL SSLC (Student Staff Liaison Committee) feedback and minutes from the Year 3 Working Group Committee.
- 15** The school demonstrated a culture that seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, education and training. They use JISC and the SSLC to gather feedback.

- 16** During our visit, we heard how the school has encountered difficulty in getting students to complete their forms and surveys. The school has taken action to encourage students to do so, such as a significant 'you said, we did' campaign to highlight how they respond and react to feedback. They continue to consider what action they can take to improve feedback and increase the response rate. The issue of how to improve JISC feedback is relevant across the whole of Queen Mary's, and the UK in general.
- 17** During our meeting with the quality team, we heard how the school has created a small paragraph outlining how feedback can be effective. They have since added this to every module they have been developing. As a result, they have seen an increase in response rate in JISC feedback.
- 18** We were told during our visit that the SSLC is the most robust and well attended at Queen Mary's. The school has been working hard to encourage students to feel that they are co-creators of the course and become more involved with developments in the future. For example, when discussing plans for Year 4 in Malta we heard how students had good suggestions that will be included in the design of Year 4. The school want to shift towards a more involving and constructive approach from students.
- 19** Students told us that the SSLC is functioning well and they believe the school is receptive to feedback. We heard how the school is perceived as polite and interested when receiving feedback from students, demonstrating a willingness to hear from them and act as a result. Students feel there is a good system of communication in place between staff and students.
- 20** In terms of the school seeking and responding to feedback, we heard from students about some issues when they first entered the Mater Dei hospital. These concerns were raised and then addressed via the SSLC. Students informed us that the school listens to them and takes appropriate action.

Appropriate capacity for clinical supervision (R1.7), Appropriate level of clinical supervision (R1.8)

- 21** Results from the GMC student survey indicate that the school has ensured there are enough staff members who are suitable qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard. The school appear to ensure learners have an appropriate level of clinical supervision.
- 22** Based on the student survey results, the majority of students know who their clinical supervisor is, and they believe they are never supervised by someone who isn't competent to do so. The majority of students have never been asked to cope with clinical problems beyond their level of competency.

Identifying learners at different stages (R1.10)

- 23** Learners are not expected to work beyond their level of competency. We were informed by students during our visit that they felt comfortable and able to speak up if they felt they were being asked to act beyond their level of competency.

Induction (R1.13)

- 24** The school ensures learners have a suitable induction in preparation for each placement, as well as at the start of the programme. During our visit, we heard how the quality team have visited the three hospitals in Malta and discussed the placements. This included reviewing the induction in place for students at those hospitals. Most of the students indicated in the student survey that they received either a 'very good' or 'good' quality induction.
- 25** We heard from one Associate Dean about the risk assessed strategy to get students back to hospital following COVID-19. This includes induction meetings for new students, infection control, data protection and an introduction to hospital policies. Initially, students will attend a two-hour induction meeting.

Multiprofessional teamwork and learning (R1.17)

- 26** The school appears to support learners to become an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions. Most of the students indicated that they received the right amount of multi-professional learning throughout their academic year, although some students did indicate they did not have enough.
- 27** Students told us that they do have opportunities to work with other professions within the healthcare team. This involved the opportunity to shadow other healthcare professionals to gain an understanding of their role and experience a different medical professional perspective.

Capacity, resources and facilities (R1.19)

- 28** Throughout our visit, it became apparent that the medical school has the capacity, resources and facilities to deliver safe and relevant learning opportunities and practical experiences for learners required by their curriculum. The new medical school building has been opened and both students and educators enjoy learning and working there.
- 29** Senior management at the school are very proud of the clinical skills centre they have built in Gozo. The building was designed with self-directed learning rooms. The Life Science Park is open 24 hours a day and this is something the students were very keen to have embedded.

- 30** Students told us during our visit that the clinical skills centre in Gozo is highly rated and an excellent facility. Students feel they can contact staff to arrange using the clinical skills centre. However, students did comment that the clinical skills centre in Mater Dei is not very well equipped and expressed the view that there is not enough there to make it worth the journey.
- 31** Students believe the appointment of a specific lead for clinical skills has helped improve clinical skills teaching. It has created a positive environment in clinical skills teaching and has assisted students with tasks such as booking rooms in the clinical skills centre. Students were very keen to emphasise that the appointment of a permanent clinical skills lead has significantly improved clinical skills learning on the programme.
- 32** Senior management provided an update on the administrative support available for educators. Support was available at Mater Dei hospital but the individual left in February. There are plans to replace the individual as soon as the school can advertise using the same job specification; this has been delayed due to COVID-19. At Gozo General hospital, they have a candidate ready to appoint to an administrative role once restrictions have been lifted.
- 33** During our meetings with the Associate Deans, we heard that the administrative support available for educators is variable. Some Associate Deans still do not have administrative support, although it has been discussed with the school. There is a common belief that this year will be more challenging and therefore further administrative support provided by the school would be highly appreciated.

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

- 34** It appears learners have access to technology enhanced and simulation-based learning opportunities within the programme. The vast majority of students rated the quality of their clinical skills and simulation facilities as either 'very good' or 'good'. Since COVID-19, teaching has been carried out online. This required a period of adjustment, for example the anatomy teachers having to teach virtually. The educators have tried to make this work as much as possible.

Access to educational supervision (R1.21)

- 35** The school encourages students to meet with their educational supervisor on a regular basis. All students have a supervisor assigned to them and they have meetings with them on a regular basis.
- 36** We heard from students during our visit that there can be a lack of feedback from their educational supervisor initially. Once they raised this issue, students were then given further feedback. The student survey results indicate there is significant

variation in how often students receive feedback from their supervisor, ranging from weekly to less than once a month.

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)

- 37** During our visit, we met with the quality team in Malta. It became clear that the school has attempted to further embed effective, transparent and clearly understood educational governance systems and processes to manage and control the quality of medical education.
- 38** The school's quality assurance system has become more integrated with Queen Mary's, meaning it ranges from the higher level of quality assurance such as the annual programme review to the standard questionnaires that are sent to students in addition to their JISC feedback. We heard during our visit that the SSLC is the most robust and well attended at Queen Mary's University.
- 39** We were told during our visit that the school has not received a serious concern or issue yet relating to one of their Local Education Providers (LEPs) and therefore do not have an example of the process being put into action. It appears the school attempts to identify issues, communicate these to the Associate Deans who in turn look to resolve the issues.
- 40** The main forum for monitoring concerns is the SSLC, along with the MedPro system. Each student is allocated a mentor or tutor in this system and they are free to raise concerns or issues via their allocated mentor. Every educator who is assigned to be a MedPro tutor has received training, which includes information on how to deal with concerns. Depending on the concern itself, there are different pathways to follow. The school also have a recognised raising concerns policy for more severe issues.
- 41** The Deputy Dean for Education in Malta has visited the three different hospitals as part of quality assurance of the LEPs. This involved an initial meeting with the hospital CEO, clinical director and other senior management. During these quality assurance visits; discussions took place around how the placements were going. The school reviewed the induction and communication, talked with clinicians who are involved with teaching students and checked on facilities. Despite hearing many

positives, the school also found it beneficial to hear about some issues they had previously not heard about. Most of the quality assurance visits were led by the Associate Deans.

- 42** Despite this, we heard about a perceived lack of transparency and consistency in the Associate Deans' dealings with the school. We believe it would be beneficial for the school to provide further clarity around the Associate Deans' role within the medical school. Discussions with Associate Deans made it apparent that they do not always feel included or their input sought when the school discuss the governance and proposed changes to the course.
- 43** The perceived lack of transparency does appear to worry the Associate Deans and creates an added pressure. This can lead to the Associate Deans feeling isolated in their roles. A more direct involvement with how the course is run, especially with regards to how complicated governance and political issues are addressed, would provide more reassurance to the Associate Deans. Perhaps to embed this, further and formal input into the educational governance structures would be a beneficial development.

Recommendation one: 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.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

- 44** During our visit, we heard how the school evaluate information about learner's performance, progression and outcomes by collecting, analysing and using data on quality and equality and diversity.
- 45** The school follow the Queen Mary's approach and they view equality and diversity as an extremely important matter. They are now able to drill down into data and know about the ethnicity of their students. They are also aware of attainment gaps that exist in the programme. The school emphasised to us that their curriculum and diversity are intertwined.

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

- 46** The medical school must have agreements with LEPs to provide education and training to meet the required standards. Prior to our visit, the school provided us with a copy of their Barts/Malta Contract Service Specifications. These include Service Level Agreements (SLAs) between the medical school and each of the LEPs in Malta. We were also provided with copies of the QMUL Malta Quality Assurance Trust Site Visit Self-Evaluation Reports 2019/20 for Karin Grech, Gozo General and Mater Dei hospitals.

- 47** The school must also have systems and processes in place to monitor the quality of teaching, support, facilities and learning opportunities on placements. During our visit, we heard how the SSLC and monthly Associate Dean meetings act as forums for the school to hear about any potential issues on clinical placements. The school also arrange module meetings, where issues can be raised. Clinical placement concerns are recorded on the Student Experience Action Plan (SEAP) and discussed at MEC and QEC. We heard how the Deputy Dean for Education in Malta has visited the three different hospitals as part of quality assurance of the LEPs, and we have been provided with copies of these reports.
- 48** However, we heard how there is no direct interface with LEP safety reporting systems (Datix or equivalent) and the school recognised it would be beneficial to have a formal system for student reporting of safety concerns in place.

Educators for medical students (R2.13)

- 49** The medical school has an Associate Dean in place at each of their LEPs, whose role is to lead on behalf of the school and support medical students, supervise their activities and make sure these activities are of educational value. They have a meeting once a month, with all the Associate Deans present, to discuss any issues that have arisen within their LEPs. During our visit we heard that these meetings are working well, and the Associate Deans use them as a forum to share information. The Associate Deans informed us that their teaching is currently being carried out virtually, with good student attendance.

Managing concerns about a learner (R2.16)

- 50** The medical school has systems and processes to identify, support and manage students if concerns arise regarding their professionalism, progress, performance, health or conduct. The school use a points-based system, for example a student would receive one point for repeated bad time keeping. Once a student receives three points, this will lead to a discussion with a senior year tutor with a concentration on professionalism. Nine points leads to a referral to the professionalism committee.
- 51** We heard throughout our visit how professionalism is embedded in everything students do, rather than running specific professionalism sessions. Clinical skills, from the first weeks, include discussions about professional relationships and confidentiality. The school hope this empowers students to recognise and raise poor professionalism if and when they see it.
- 52** The school's MedPro system is specifically aimed at developing professionalism and keeps a professionalism portfolio of the students. The school informed us that whilst they have had to award a couple of professionalism points, they have not had severe professionalism issues with regards to student attendance.

Sharing information of learners between organisations (R2.17)

- 53** The medical school has clear processes for sharing information between academic years and other organisations if needed. If the school identify pastoral or academic concerns with students, these students will be discussed at the first Academic Review Group meeting of each year to formulate methods of support for the upcoming year. In Malta there are small cohorts of students, meaning the school are normally aware of those who may be in difficulty.
- 54** During our visit, we heard about excellent communication throughout the different year tutors. The issue of connecting from year to year and out to clinical practice is difficult due to confidentiality, which is seen as important by the school. However, the school attempt to discuss issues or concerns with the students to empower them to share their issues with the clinicians themselves.

Theme 3: Supporting learners

Standard

S3.1 <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)

- 55** During our visit it became clear, as it was last year, that learners have access to resources to support their health and wellbeing, and to educational and pastoral support. Students are encouraged to take responsibility for looking after their own health and wellbeing. This was identified as an area working well during last year's visit.
- 56** We heard from students that the student support team at the medical school provide an excellent service. The team is always willing to provide advice and support to students. If students have academic or pastoral concerns, the school will support them and there are various services available for students to use.

Undermining and bullying (R3.3)

- 57** During our visit, we only heard of one incident relating to students being subjected to behaviour that undermines their professional confidence, performance or self-esteem. Most students indicated in the student survey that they have not been bullied, undermined or harassed on the programme.
- 58** With regards to the specific undermining and bullying example we heard about during the visit, the issue was raised with the student representative and the SSLC. The school responded and addressed this concern immediately, leading to the issue being resolved internally between those involved. The students told us they are happy there are efficient systems in place to quickly resolve any undermining and bullying issues that may be raised.

Supporting transition (R3.5)

- 59** Students receive information and support to help them move between different stages of education and training. Prior to our visit, the school provided us with copies of the MBBS Year 3 and Year 4 2019/20 Module Handbooks.
- 60** We heard from students that the transition from one academic year to the next was straightforward and the school provided support for the students when doing so. The transition from academic work to clinical work was also made easy by the support offered by the school, and the completion of the new medical school building which is seen by students as a positive development.

61 Throughout our visit, we heard how the school has supported the transition to virtual learning caused by COVID-19. The students commented that the GP placements were particularly good, and the school did well to make the successful transition to online teaching.

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

62 Due to COVID-19, placements had to be transferred to online. Before COVID-19, Year 3 students had almost finished two full placements. The third placement was done entirely online. Students were taught how to carry out virtual GP consultations online and they were taught new skills that may be required in a post COVID-19 medical workplace.

63 We heard from students that having a course representative in both Malta and Gozo enabled them to address any issues that arose. Students will be completing their final placement in fifth year, although it will be shorter than normal. The school provided timely and accurate information about student's new clinical placements.

Out of programme support for medical students (R3.9)

64 Students have appropriate support while studying outside medical school, including on electives. For example, students on the Malta course who are intercalating will receive the same support as those students intercalating on the London course. The school will be in regular contact with those students on the Malta programme who intercalate in London. They also plan to offer intercalation opportunities for London students who wish to visit Malta. This will commence in 2022 due to delays caused by COVID-19.

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

65 During our visit, we heard how students receive constructive and meaningful feedback on their performance, development and progress. However, we heard from some students that initially they did not receive enough feedback. Once they raised this with their educators, they were then given further feedback.

66 Students told us that they have meetings with their supervisors, and they can ask them for specific feedback during these meetings. Students receive both verbal and written feedback from GPs and at the end of clinical skills sessions from doctors. Students feel free to ask lecturers individually about any problematic areas they are experiencing in specific modules, especially those relating to anatomy. We heard how there are opportunities to sit down and discuss exam results with their tutors.

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)

- 67** Prior to our visit, the school provided us with job descriptions for various educational roles, including Associate Dean at Mater Dei hospital and Module Lead at Gozo General hospital. They also provided details of their QMUL Malta Undergraduate Education Supervisor Away Day Programme and the QMUL Malta Faculty Development Report.
- 68** Of the educators who completed the educator survey, the majority claimed they have not had an appraisal in the last 12 months. However, most of those educators who have had an appraisal expressed the view that their recent appraisal was effective in reviewing their educational responsibilities.
- 69** During our discussion with the Associate Deans, it became apparent that no formal appraisal against their educational responsibilities has taken place. The Associate Deans are asked to complete a questionnaire; however, this is not seen as formal appraisal. The monthly Associate Dean meetings are very beneficial, and Associate Deans can provide feedback during these meetings.
- 70** In terms of training, every educator who is a MedPro tutor received training. This training includes information on how to deal with concerns. However, the educator survey indicates that some educators feel they do not have access to development or training opportunities through their medical school.

Time in job plans (R4.2)

- 71** The educator survey indicates that the majority of educators feel they have enough time in their job plans to meet their educational responsibilities. They also believe the educational responsibilities expected of them in their undergraduate training role are clearly defined in their job plan. Educators feel able to use the time allocated to them in their role as an educator specifically for that purpose. However, we did note that some of the educators believe they do not have an agreed job plan.

Educators' concerns or difficulties (R4.4)

- 72** During our discussion with the Associate Deans, we were told that they can raise issues, concerns or difficulties with the medical school at the monthly Associate

Deans meetings. The senior management team at the medical school are accessible and ensure representation at the Associate Deans meetings, which are viewed as useful by both educators and the school.

- 73** However, we did hear that the Associate Deans can occasionally feel isolated and left out of significant decisions made by the school regarding the governance of the course. It could be beneficial if educators have a more direct impact upon how the course is run, in particular how complicated governance and political issues are addressed. The occasional lack of transparency can leave educators feeling isolated.

Working with other educators (R4.5)

- 74** The school encourages educators to liaise with each other to make sure they have a consistent approach to education. The Associate Deans attend monthly meetings and are in regular communication with each other.

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)

75 The medical school curriculum shows how students can meet the outcomes for graduates across the whole programme. Prior to our visit, the school provided us with information that highlights where students were on placements for the 2019/20 academic year. This included timetables for Gozo General and Mater Dei hospitals.

Informing curricular development (R5.2), Undergraduate curricular design (R5.3)

76 Prior to our visit, the school submitted a copy of their MBBS 2020/21 Malta Block timetable. They also included minutes from their Year 4 Working Group Committee meeting in November 2019. During this meeting, plans for Year 4 were discussed. This included student evaluation and delivery of Year 4.

77 During our meetings with the quality team, we heard how the school had productive meetings with students in Year 3. The aim of these meetings was to make improvements to the programme, including discussing potential changes to Year 3 and plans for Year 4. The school believe there has been a cultural shift in terms of student involvement and input with regards to shaping and improving the programme.

Undergraduate clinical placements (R5.4)

78 The medical school provides an educational induction to clinical placements for students to make sure they understand the curriculum and how their placement fits within the programme. The student survey indicates that the majority of students view the quality of their induction to placements as 'very good' or 'good'. Most students also believe they receive all the information they need about their clinical placement before they start, although some disagree with this statement.

79 We heard throughout our visit that the school has tried to make the transition from one academic year to the next as easy as possible. The students told us this was particularly beneficial in their preparation for clinical placements.

80 Prior to COVID-19, students in Year 3 had almost finished two full placements. Their third placement was completed virtually and there are plans to complete the

unfinished placement at the start of fifth year. Students told us that the virtual delivery of GP placements worked well. They were taught how to conduct virtual consultations, a skill they value and one that can be used in the medical workplace in the future.

- 81** It became apparent after discussions with students that they still experience language issues when on clinical placement. In their hospital placements, students have to approach patients and ask them if they are willing to speak in English. We heard this is more of an issue at Gozo General hospital, due to the fact it is a smaller hospital. Students can feel dependent on the trainee doctors they work with.
- 82** Throughout our visit, we heard about the positive developments in clinical skills teaching throughout the programme. The clinical skills building in Gozo is highly rated by students and the school has tried to make every room as clinical as possible. Students told us about the positive influence of Dr Dason Evans, who is aware of the skills students are lacking in and communicates regularly to offer his support in improving these skills.
- 83** There is a general feeling that there has been significant improvement in clinical skills teaching since the beginning of the programme. The appointment of a specific lead for clinical skills has contributed to this and improved clinical skills learning.

Area working well one: whilst the opportunity for clinical skills teaching is variable across the sites, the development of the clinical skills lab on the Gozo site has been really helpful for students to gain clinical skills experience under the supervision of Dr Dason Evans.

Fair, reliable and valid assessments (R5.6), Mapping assessments against curricula (R5.7)

- 84** The medical school take various steps to set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates. Assessments appear to be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.
- 85** Based on the student survey prior to our visit, most students feel they received all the information they needed about the curriculum when they started the academic year. The majority of students agree that the level of contact from educators is appropriate to support their educational needs and there are enough educators to support their educational needs.
- 86** The student survey also indicated that most students believe the feedback they received from educators for the student selected component of the programme has been appropriate for their educational needs. The majority felt adequately prepared for the assessments they undertook this year for the student selected component of

the programme. However, it appears that only some students felt adequately prepared for the end of year objective structured clinical examination (OSCE). This is a potential area that the school could make improvements in.

Reasonable adjustments in the assessment and delivery of curricula (R5.12)

- 87** The medical school appears to make reasonable adjustments to help disabled learners meet the standards of competence in line with the Equality Act 2010. The assessment team at the school consider all reasonable adjustment requests made to them. The student survey did suggest that some students do not know how to make a reasonable adjustment request to the medical school.

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