

## Visit Report on programme for provisionally registered doctors leading to full GMC registration 2016

This visit was to ensure organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). The focus of the visit was the programme leading to full GMC registration for those who had achieved provisional registration through the NUMed programme; however we also used the visit to review the undergraduate provision last visited in 2014. This visit report focuses on the former programme.

### Organisation's roles and responsibilities

1. The standards and requirements we expect organisations responsible for educating and training medical students and doctors in the UK to meet are set out in *Promoting Excellence: Standards for medical education and training*. *Promoting Excellence* replaces the 'standards for delivery of teaching, learning and assessment for undergraduate medical education' in *Tomorrow's Doctors* (2009) and the 'standards for postgraduate training' in *The Trainee Doctor* (2011). This visit was to provide assurance that organisations are complying with these standards and requirements.
2. Newcastle University Medicine Malaysia (NUMed) is an international branch campus of the University of Newcastle, a body approved by the GMC to award a UK primary medical qualification (PMQ). The undergraduate degree (MB BS) delivered at the campus is identical to that delivered by the medical school in Newcastle, and leads to the same degree. NUMed completed the GMC new school quality assurance (QA) process in 2014 when the first cohort of students graduated. *Promoting Excellence* applies to both UK and Malaysia provision as the PMQ is awarded by an approved UK institution.
3. Medical students who are awarded a UK PMQ are eligible to seek provisional registration with the GMC. In order for those doctors who wish to seek full GMC registration, the University of Newcastle and Health Education England North East (HEE NE) jointly proposed a programme intended to meet GMC requirements for the signing of the Certificate of Experience (CofE). This programme comprises the Malaysian House Officer Programme under the responsibility of the Postgraduate Dean for HEE NE but with local supervision from a lead for house officer training (the Programme

Director for House Officer Training), appointed jointly by HEE NE and NUMed. We prospectively approved this programme in 2013 following a paper based evaluation of the outcomes of the House Officer programme mapped to the GMC outcomes for provisionally registered doctors. *Promoting Excellence* applies to this programme as it is overseen by both the University of Newcastle and HEE NE and is intended to meet GMC requirements for full registration.

4. The Malaysian House Office programme falls under the jurisdiction of the Malaysian Medical Council, and the local education providers (LEPs) that the programme is delivered in fall under the Malaysian Ministry of Health. Under our standards LEPs are responsible for the learning environment and culture in which training takes place, however as these standards relate to UK organisations, and we are a UK regulator, these organisations are not bound by the standards in *Promoting Excellence*. This also presents a challenge to the school and HEE NE, for whom these standards do apply, as they work with the LEPs.
5. This visit was timed so that the visit team could observe the first Annual Review of Competence Progression (ARCP) panel, led by the Postgraduate Dean for HEE NE, to consider whether the GMC requirements for the signing of the CofE had been met by the 2014 graduates who had chosen to undertake this programme. We also used the visit as an opportunity to meet with 2014 and 2015 graduates who are undertaking the House Officer programme at the LEPs they were based at, to meet with the LEP senior teams as well as senior representatives from NUMed and HEE NE, and NUMed staff and students from the campus.
6. The requirements and recommendations in this report should not be interpreted as a judgement on the Malaysian House Officer programme, rather how the programme delivers GMC requirements for the CofE and meets our standards.

## Summary

<b>Education provider</b>	Health Education England North East (HEE NE) Newcastle University Medicine Malaysia (NUMed)
<b>Sites visited</b>	Queen Elizabeth Hospital, Kota Kinabalu Hospital Enche' Besar Hajjah Kalsom, Kluang Hospital Sultanah Aminah, Johor Bahru Hospital Sultan Ismail, Johor Bahru
<b>Programmes</b>	House Officer programme leading to full GMC registration

<b>Date of visit</b>	19 -23 September 2016
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>We acknowledge the considerable efforts by HEE NE to develop a programme intended to meet GMC requirements for the signing of the Certificate of Experience (CofE). This has largely been done by adapting UK processes (e.g. the ARCP process, the HEE NE quality management framework) to the Malaysian House Officer Programme.</li> <li>Despite these efforts we have concerns over the ability of the programme to meet our standards and requirements for training.</li> </ul>

### Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Theme	Good practice
1		No good practice was identified on the visit.

### Areas that are working well

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

Number	Theme	Areas that are working well
1	R2.20	We commend the efforts taken by NUMed to provide refresher training to graduates who experience a delay between graduating and starting House Officer training.
2	R4.1	We commend the efforts of NUMed to provide faculty training to non NUMed LEP staff, to benefit house officers.

### Requirements

We set requirements where we have found that our standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped

to evidence we gathered during the course of the visit. We will monitor each organisation's response to requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	R2.9	HEE NE and GMC must formalise arrangements for routine quality management updates via the online dean's report.
2	R2.14, R2.15	HEE NE must consider how to meet the GMC requirements for house officers to have named educational and clinical supervisors and for the responsibilities of these roles to be fulfilled within the Malaysian system.
3	R4.1	HEE NE must consider how to best meet the GMC standards for the selection, recruitment, training and appraisal of educators involved in the house officer training.
4	R4.6	NUMed/HEE NE and GMC must consider how to meet the recognition and approval of trainers requirements.
5	R5.9	HEE NE must continue to monitor the ability of the Houseman programme to deliver all the required competences for GMC full registration, in the light of proposed changes to the programme.

## Recommendations

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

Number	Theme	Recommendations
1	R1.5, 2.1	NUMed/HEE NE should consider how best to use house officer feedback to inform and drive change at LEP level.

2	R3.2	HEE NE should review structures and support for house officers, particularly pastoral.
3	R5.10	We acknowledge this was the first running of a modified ARCP process; however HEE NE should continue to review the process for any learning to shape future panels.

## 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** *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.*

**S1.2** *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.*

#### *Raising concerns (R1.1, R1.2)*

- House officers we met with told us that any concerns over patient safety, standards of care or of education and training were managed within the Malaysian system, for example by heads of departments or the house officer training committee, and that they could also raise concerns with the lead for House Officer Training during their meetings. House officers at one LEP we visited however told us that they wouldn't report a patient safety issue as there is no formal process for doing so, neither are there educational or clinical supervisors as in the UK to whom they might report such an issue.

#### *Learning from mistakes (R1.3)*

- Mistakes, incidents and near misses are managed by LEPs within the Malaysian medical health care system, and we heard examples from house officers of learning from mistakes that fed into their training, for example through morbidity meetings and monthly reviews of near misses.

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

- 3** While there were mechanisms in place for seeking feedback from house officers, for example regular meetings with the lead for House Officer Training and a trainee survey ('Your School Your Say'); we were unclear how this feedback could be used to effect change if this feedback suggested change was required at an LEP. The results of the first survey were published shortly before our visit, and though we acknowledge the low numbers of house officers, we would be keen to see how this feedback is used as numbers increase.

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

- 4** Clinical supervision for house officers is provided through the Malaysian House Officer programme, with direct supervision coming from medical officers and specialists. The ratio of house officers to those with a supervisory role varied from LEP to LEP, for example at the time of our visit the Queen Elizabeth Hospital, Kota Kinabalu, 465 house officers were supported by 410 medical officers and 92 specialists and in Hospital Enche' Besar Hajjah Kalsom, Kluang 65 house officers were supported by 96 medical officers and 22 specialists. The LEP senior teams we met with confirmed that house officers were training rather than service focussed, and the house officers we met with all acknowledged the learning opportunities available to them.

### *Induction (R1.13)*

- 5** Once admitted onto the House Officer programme, house officers first undergo a civil service induction followed by a two week LEP induction and then a written test. This 'tagging period' can be extended if this test is failed, and is department specific and repeated when they move between specialties. All house officers we met with had completed their induction.

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

- 6** Facilities for house officers across the LEPs were variable. We heard of difficulties with technology for example accessing Wi-Fi or printers that worked and access to electronic and paper patient records.

### *Access to educational supervision (R1.21)*

- 7** Educational supervision for house officers is provided through the Malaysian House Officer Programme, and as such is structured differently to supervision arrangements in the UK. House officers do not have a named supervisor, but are supervised by medical officers and specialists who are overseen by heads of departments. Heads of departments may oversee 60-70 house officers.

## 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 management/control systems and processes (R2.1)*

- 8** The full registration programme overseen by HEE NE uses an adapted version of the HEE NE postgraduate quality management framework. Prospective approval for the programme was given based on these plans for managing the quality and safety of the programme.
- 9** As part of this framework there are routine and minuted hospital visits and meetings with house officers, carried out by the lead for House Officer Training, and trainee surveys. We were provided with minutes of these meetings and survey results ahead of the visit. We would be keen to see how any resulting actions from these activities were followed up. We were also provided with minutes of HEE NE quality meetings where the programme was discussed.
- 10** We receive routine quality management updates from HEE NE through the online dean's report system (ODR) although there are currently no open concerns that relate to the House Officer programme. Informal discussions have been had with HEE NE on using the ODR for this programme, and these discussions will be developed once this report has been completed.

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

- 11** NUMed routinely collects and monitors data on equality and diversity for medical students. Once students' progress beyond graduation and enter the House Officer training then using this information will prove difficult as such information is not widely used in the Malaysian system, and if used then such information may not be readily available to NUMed who have no formal role in this system.

### *Collecting, managing and sharing data with the GMC (R2.9)*

- 12** We have approved the programme for provisionally registered doctors in training leading to full registration; however we do not approve posts and training locations in Malaysia as we do in the UK. Rather, the Postgraduate Dean in conjunction with the

Malaysian Ministry of Health agrees which sites the programme can be delivered at. These sites are also sites approved for the delivery of the Malaysian House Officer programme.

- 13** Arrangements for the routine reporting on the quality and safety of doctors in training will be developed following the publication of this report. NUMed graduates are not included in our National Training Survey.

*Clinical supervisors for doctors in training (R2.14), Educational supervisors for doctors in training (R2.15)*

- 14** Supervision is delivered within the Malaysian system, which does not recognise a formal educational or clinical supervisor role. As such there are no named educational or clinical supervisors, and there appears to be no learning agreements or regular meetings with those in a supervisory role to discuss progress in completing the logbooks.
- 15** House officers are issued with a logbook which indicates what must be achieved in order to complete the rotation. Progression through the houseman programme is signed off by the houseman training committee at each LEP. It is this committee that confirms – through the logbooks and other end of placement assessments – that the house officer is fit to progress to the next rotation.

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

- 16** House officers may have their rotation extended if they require additional time to achieve the required progress, for example due to concerns over performance, conduct or competence. Although there is no direct notification of extensions by the LEP to HEE NE, we understand that the information is collated by the Programme Director for House Officer training when meeting with house officers.

*Sharing information of learners between organisations (R2.17)*

- 17** We note, with some concern, that there is no formal transfer of information process in place in Malaysia, and LEPs receive no information on house officers prior to arrival other than the medical school they graduated from.
- 18** We also note there appears no formal mechanism for LEPs and HEE NE to share immediate concerns about individual house officers, although house officers may share this information when they meet with the programme lead.

*Recruitment, selection and appointment of learners and educators (R2.20)*

- 19** Recruitment into house officer training is managed by the Malaysian Medical Council using an online system (e-houseman). NUMed graduates can apply to any of the LEPs approved for house officer training, but only five are approved for the purposes of

achieving GMC full registration. As numbers of NUMed graduates increases it is important that capacity in the system is monitored, however we were assured by those that we met with that there was room in the system (in Kluang there were 60 house officer posts- and we heard that they would welcome more – and in Kota Kinabalu there were 465 house officer posts).

- 20** We heard from those we spoke with that there were delays in getting into GMC approved hospitals, and we heard examples of delays between graduation and commencing houseman training of up to nine months. NUMed has offered those affected by these delays the option of refresher training prior to returning to clinical practice, and will continue to monitor. House officers we met with who had undertaken this were appreciative.

### Theme 3: Supporting learners

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

- 21** Educational and pastoral support for house officers is available within the Malaysian system. We heard from house officers that should additional support be required then they would speak to their supervisor or mentor who would help them access appropriate support, for example occupational health or counselling. The level of support varied from one LEP to another, and at one site we heard that there is no pastoral support and that house officers relied on their families for such support.
- 22** Documentation provided ahead of the visit indicated that house officers were encouraged to raise any support issues with the programme director, who would support the house officer to seek a local solution. We were unclear what support HEE NE would be able to provide if local resolution was not effective or available. The house officers we met with clearly valued the support provided by the programme director, but were unclear what follow up actions could be offered.
- 23** We heard that support for house officers came from 'mentors', who are specialists in the department. From our meeting with house officers we learned that the availability of mentors varied from department to department, and LEP to LEP.

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

- 24** House officers we spoke with offered varied experiences. At Kota Kinabalu we heard that house officers have monthly meetings with the senior LEP team where they can feedback any concerns, but at another site we heard from house officers that they

would not necessarily report concerns as they perceived that this was not how things worked there.

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

- 25** We also heard that information on any such adjustments required by house officers is not shared ahead of their arrival at the LEP, but that any adjustments required would be dealt with on a case by case basis by the LEP.

#### *Supporting less than full-time training (R3.10)*

- 26** Less than full-time training is not supported in the Malaysian House Officer programme.

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

- 27** Feedback on performance is delivered within the context of the Malaysian system, and is variable from LEP to LEP. NUMed and HEE NE do not have an active role in providing feedback to house officers on their progress in achieving the outcomes required for full registration with the GMC until preparation for the ARCP.

### **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)*

- 28** NUMed has a memorandum of understanding with the Malaysian Ministry of Health and the Royal College of Physicians to provide faculty development in Malaysia. At a number of sites we visited we heard evidence of this.
- 29** Supervision for house officers is provided by medical officers and specialists, all of whom fall under the Malaysian system. HEE NE has no role in the selection, induction and appraisal of those with a supervisory role, although NUMed has provided some training to LEPs. LEPs provide this function.

#### *Recognition of approval of educators (R4.6)*

- 30** The GMC requirements for the recognition and approval of trainers, which require the roles to be performed only by trainers who are registered medical practitioners holding a license to practise, cannot currently be met in all four roles.

## 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.*

#### *Training programme delivery (R5.9)*

- 31** The postgraduate training programme being used to gain full registration, including the assessment systems, is the Malaysian House Officer Training programme, and as such is out with the scope and direct influence of HEE NE. HEE NE approve LEPs that are used for this programme, but not posts.
- 32** There are more than 40 LEPs approved for the House Officer programme, five of which are currently approved for the purposes of pursuing full GMC registration. LEPs for this purpose are agreed with the Ministry of Health who propose sites (at the time of our visit the Postgraduate Dean attended a visit to a proposed new site in Penang). All five sites proposed by the ministry had been agreed as suitable by HEE NE, and we would be keen to see what would happen should a site not be deemed suitable, or if changes were required to make it so.
- 33** Prospective approval of this programme was given based on the mapping of the programme to the FY1 competences and the GMC outcomes for provisionally registered doctors. It is essential that this mapping be maintained to reflect any changes to both the house officer and the UK Foundation programme, for example at the time of our visit we heard of plans by the ministry to introduce a fast track House Officer programme rather the current two year model. HEE NE would need to consider whether the shortened programme still allowed outcomes and competencies to be achieved.

#### *Mapping assessments against curricula (R5.10)*

- 34** HEE NE do not receive updates on progress of house officers as they move through the programme except if raised through meetings between individual house officers and the Programme Director for House Officer Training. HEE NE is not routinely informed by LEPs if house officers are given extensions or the reasons for an extension.
- 35** HEE NE contact house officers prior to their ARCP and are provided with information on the ARCP process and what is required of them. House officers we met with confirmed this; even those who failed to submit their documentation in time and were unable to sit the ARCP.

- 36** We acknowledge that this was the first running of the ARCP panel, and that HEE NE had made a number of adaptations to the UK process and documentation to reflect differences between the UK and Malaysia, for example there is no ePortfolio or an educational supervisor report. We note that the outcomes for provisionally registered doctors, normally included in the ePortfolio, had been added to the paper ARCP checklist, and that house officers were asked to submit three pieces of reflection designed to cover areas of the curriculum not covered by the House Officer programme.
- 37** In order to reach a decision on whether competence had been achieved the panel considered copies of house officer logbooks, and the three reflective essays. However it was unclear what the marking criteria was for the essays. We also observed that some of the logbooks had not been signed by a supervisor, but noted that in such instances the panel were able to check against a separate list provided by the hospital director of those who had been signed off. This list also helped minimise the risk of house officers submitting copies of pages from other house officers' log book in place of their own.
- 38** We also observed examples where there was no direct evidence of a house officer's competence for certain core procedures provided in the logbooks; however the panel felt that this procedure would have been covered in the undergraduate curriculum. GMC outcomes for provisionally registered doctors do state that evidence of this should come from this programme and should demonstrate progression from the competence of a medical student.
- 39** We are concerned that four of the eleven candidates did not provide documentation for their ARCP review, three from the same site. However, we met with these house officers and they had been briefed on what was required, they just didn't have the time to do prepare for this, and we understand from HEE NE that the reason for this will be investigated.

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