

Visit Report on NUMed visit 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 this provision.

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.

Education provider	Newcastle University Medicine Malaysia (NUMed)
Sites visited	Newcastle University Medicine Malaysia Hospital Enche' Besar Hajjah Kalsom, Kluang Hospital Sultanah Aminah, Johor Bahru

	Hospital Sultan Ismail, Johor Bahru
Programmes	MB BS programme
Date of visit	19 -23 September 2016
Key Findings	<ul style="list-style-type: none"> • NUMed completed our new school/programme QA process in 2014. At the close of this process there were six outstanding requirements and ten outstanding recommendations from this period of QA activity. As a result of updates from the school in the 2015 Medical School Annual Return (MSAR) we agreed to close the majority of these, and at the time of our visit there remain two outstanding requirements and four recommendations. Good progress has been made with these. • The visit team were impressed by the quality of the school, the faculty and the medical students. The team consider that NUMed graduates are equivalent to the graduates in the UK, and we have no concerns over whether GMC outcomes are achievable. The student's professionalism and communications skills appear to be particularly commended and recognized by the hospitals in which they work. NUMed is an established campus that is working well and we were very impressed with the setup.

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	R3.2	The Assistant Dean for Student Affairs is universally commended for the support that she provides for medical students.
2	R3.2	We commend the personal tutor system and the support provided by these tutors for the students.
3	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.
4	R4.1	We commend the opportunities for professional development offered to their faculty by NUMed, and their efforts to provide training to non NUMed LEP staff.

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	R4.6	NUMed and GMC must consider how to meet the recognition and approval of trainer's requirements.

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		No recommendations were identified on this visit.

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, R1.2)

- 1 Medical students and staff we met with at both the campus and LEPs were clear on the process for escalating concerns over patient safety, standards of care or of education and training. This would primarily be through their NUMed contacts either at the campus or the LEP, who would then escalate through the NUMed or Malaysian process as appropriate.

Seeking and responding to feedback (R1.5)

- 2 We heard of opportunities for medical students to provide feedback to the school either as individual students, or through student representatives via the student staff committee. Medical students were able to provide a number of examples of the school responding to their feedback, in terms of the programme and campus facilities. We heard that the school had increased the number of LEPs an individual

student would attend during their nine- week Stage 3 clinical placements as a direct result of feedback.

Appropriate capacity for clinical supervision (R1.7),

- 3 Supervision for medical students on clinical placements is provided by NUMed staff based at each LEP. We had no concerns over the ratio of suitably qualified staff members to students, and those we spoke with on this visit at both the campus and LEPs were satisfied with the accessibility and quality of supervision available.

Capacity, resources and facilities (R1.19)

- 4 The school is well resourced and we heard examples of the school responding to student feedback about the facilities. Medical students commended the access to and quality of Wi-Fi, the use of electronic timetabling (iCalender) and the 24 hour access they had to campus facilities. We heard that lectures are streamed online, and could be accessed online alongside lectures from Newcastle. This was appreciated by the students as a way of adapting the learning to their individual learning styles.
- 5 The teaching staff we met with at the campus, a number of who were on secondments from Newcastle, told us that the facilities compared favourably to those at Newcastle although room organisation and allocation could sometimes be an issue. We also heard about some of the adaptations made to the teaching so as to be able to deliver a UK curriculum in a Malaysian system.

Theme 2: Education governance and leadership

Standards
S2.1 <i>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.</i>
S2.2 <i>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.</i>
S2.3 <i>The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</i>

Quality management/control systems and processes (R2.1)

- 6 NUMed's undergraduate quality management framework appears established and robust, and is identical and parallel to that used in Newcastle. We heard examples of strong links between the two campuses, for example both the Assistant Dean of Clinical Affairs and the Assistant Dean of Academic Affairs sit on the board of studies, and annual quality meetings conducted via dedicated video -conferencing. We also

heard examples of innovations developed at NUMed being introduced in Newcastle, for example changes made to Stage 3 OSCE and Stage 5 MOSLER. Arrangements for the quality management of clinical placements also appear robust, aided by NUMed staff being on site at LEPs. From our visits to LEPs we heard there were regular meetings between the NUMed and the LEP senior team which focussed on the quality of the undergraduate provision.

- 7 We receive routine quality management updates from NUMed via the Newcastle Medical School MSAR which is submitted annually. The MSAR provides demographic data on student admission and progression at both campuses, as well as updates on managing any identified concerns and on requirements and recommendations from previous GMC QA activity. As a result of updates provided by the school in the MSAR we have closed the majority of outstanding requirements and recommendations from the new school programme of QA activity.

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

- 8 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)

- 9 We receive updates from NUMed through their MSAR, and arrangements are in place with the GMC's Registration team for the provisional registration of NUMed graduates.

Sharing information of learners between organisations (R2.17)

- 10 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. There is no formal mechanism for LEPs and NUMed to share concerns about individual house officers (although house officers may share this information when they meet with the Programme Director for House Officer training).

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>

Good Medical Practice and ethical concerns (R3.1)

11 Medical students we met with were aware of professional standards as set out in *Good medical practice*, and the staff we met with at the LEPs we visited commended the professionalism and communication skills of both students and graduates. We found them to be engaged, aware and exceptionally articulate. We heard from the educators we met with at the campus that professionalism was embedded within the curriculum, and any concerns are identified and addressed quickly.

Learner's health and wellbeing; educational and pastoral support (R3.2)

12 The Assistant Dean for Student Affairs and the Assistant Dean of Academic Affairs lead on the provision of educational and pastoral support for medical students. This area was identified on previous QA visits as requiring improvement and it was clear that much work had been undertaken since then. Students were aware of and greatly appreciated the support offered by the school and highlighted the student affairs role in particular. Furthermore, students valued the longitudinal support provided by the personal tutor system. NUMed staff we met with were all aware of the support systems in place for medical students and how students are able to access them.

13 The majority of medical students are Malaysian and their career progression is clearly mapped out. The pathway for international students is less clear and varies according to whether there are formal agreements between Malaysia and the parent country. Careers advice for international students was identified as an area requiring improvement at a previous visit. The international students we met with felt supported by NUMed, even those whose career path had become more uncertain due to recent changes in Malaysian regulations which affected their eligibility to continue their training in Malaysia after graduation. We acknowledge that these regulations are out with the scope of NUMed, and that NUMed has worked to provide guidance but this remains an area of concern for some students, particularly those nearing graduation.

Undermining and bullying (R3.3)

14 NUMed has an established raising concerns policy, and staff and students we met with were aware of this process. We heard from the senior NUMed team that two issues had been managed through this process in the past two years.

Information on reasonable adjustments (R3.4)

15 We heard from NUMed educators that reasonable adjustments are managed at each site by NUMed staff.

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)

16 The NUMed educators we met with at both campus and LEPs confirmed they had been selected for their roles received feedback and were appraised. As the faculty is a diverse one requirements for continuing professional development vary from one country to another, however all confirmed there were opportunities for development and at the time of our visit there were 44 staff members with a certificate in medical education, and others pursuing diplomas and masters. This was identified as an area of good practice in the 2014 visit report and we commend the continued development in this area as 'an area working well'. We also heard that 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.

Recognition of approval of educators (R4.6)

17 The GMC requirements for the recognition and approval of trainers, which require the two undergraduate and two postgraduate 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. We acknowledge this will be a challenge for all overseas programmes.

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

18 Newcastle medical school has undertaken an extensive review of its undergraduate curriculum and a new curriculum will be rolled out to both NUMed and Newcastle campuses in 2017. Staff we met confirmed they had been able to feed into the review.

- 19** Student selected components was an area requiring improvements identified on a previous visit, and we heard that obtaining ethic approvals for an audit from the LEPs was a variable and sometimes lengthy process.
- 20** We heard of efforts to teach the framework in which medicine is practised in the UK so as to meet our outcomes for graduates, but also equip students to learn and work in a Malaysian system. Those we spoke with were clear on the differences, but we heard from some educators of adaptations they were required to make so as to cover the curriculum delivered in the UK, for example mental health, and of differences in the equipment used on campus and in the hospital. This was not perceived by those we spoke with to be a significant concern.

Undergraduate clinical placements (R5.4)

- 21** We heard of efforts to provide opportunities for students to work and learn with other health and social care professionals and students, and we acknowledge the challenge in replicating the UK model. We also heard that NUMed has more opportunities to take direct control in arranging this than in the UK.
- 22** We had no concerns over the organisation or management of undergraduate clinical placements at any of the LEPs we visited.

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25/04/2017

Dear Robin and Martin,

Re: Newcastle University Medicine Malaysia: Wrap-up meeting and Action Plan

Thank you for the Wrap-up meeting on Tuesday 21st March. We discussed some wide-ranging issues and some very broad high level principles in addition to the specific Requirements and Recommendations.

Undergraduates

We have demonstrated that students on our undergraduate programme can meet the requirements in ***Outcomes for Graduates***, and you have confirmed this after a 9 year period of intense scrutiny by more than one team of Visitors and in collaboration and discussion with senior GMC staff throughout.

House Officer Programme

We also believe that our graduates can meet the requirements in *Outcomes for Provisionally registered Doctors with a license to Practise*.

The main hurdle for the House Officer Programme will be in achieving full adherence to the standards outlined in *Promoting Excellence*, which was published long after the initiation of this transnational educational project in Malaysia, aimed at improving standards of medical practise and healthcare. Our understanding is that the GMC do accept that *Promoting Excellence* is very specifically contextualised to the UK. This is clear on Page 4, paragraph 2 (our underlining):

About these standards

Promoting excellence: standards for medical education and training sets out ten standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet.



The language and terminology throughout *Promoting Excellence* re-emphasize this, viz, *Local education providers (LEPs) –postgraduate deaneries, local education and training boards (LETBs), Foundation doctors.*

The UK system linking medical education with the NHS, which facilitates the successful application of standards, e.g.

R2.20 *Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent....*

...does not exist in Malaysia and other countries. Whilst we are able to apply these standards to our own staff, we do not have the same mechanism or leverage to do so with the local health service.

Promoting Excellence also acknowledges that there must be local interpretation, as demonstrated by **R3.4**, where the Equality Act 2010 does not apply in Northern Ireland for example.

Within *Promoting Excellence*, the main hurdle is around one of the four roles outlined in the GMC *Recognition and Approval of Trainers*, the Named Clinical Supervisor, since the principle is that these practitioners directly supervise the Foundation Doctors. Again, no mechanism currently exists to permit this. If interpreted literally, this would mandate that all of the trainers in the Malaysian Health Service (who are in effect the clinical supervisors of the graduates) must themselves be registered with the GMC and have a UK GMC license to practise.

We agree with you that this is not a Foundation Programme, and note that a significant proportion of both *Promoting Excellence* and the *Recognition and Approval of Trainers* is process driven. We believe that, in taking forward the agenda of improving global medical education and healthcare, it would be very helpful to develop standards which can acknowledge context. The aim would be to permit the development of relevant local processes which do not stifle progress by imposing a UK context in an international setting.

From your recent report 'Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training', it would appear that some of the rigidity experienced by UK juniors may be due to the regulatory climate. Two of your conclusions are that 1) training will be organised by outcomes and 2) there will be a move to reduce the burden of approval. It would therefore be at odds with the UK direction of travel to rigidly apply current requirements rigidly out with the UK, and as articulated within the action plan.

We believe that by setting aspirational yet achievable standards, that progress can be made by evolution which would not be achievable by revolution. The UK GMC are uniquely positioned to do this, if minded to do so.

We look forward to a continuing discussion with the GMC on these matters.

Yours



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Action Plan for NUMed (Newcastle University Medicine Malaysia) Medical School and Health Education England North East, April 2017

Requirements

Report Ref	Due date	Description	Lead organisation – NUMed, HEE NE, GMC	Lead person	Action taken to date	Further action planned
NUMed Req.1		NUMed/HEE NE and GMC must consider how to meet the recognition and approval of trainers requirements	All	RB NK		<p>NUMed and HEE NE welcome the opportunity to work with the GMC in this challenging area of international accreditation. The challenges will be different for NUMed's own clinical academic staff and the staff of the Malaysian Ministry of Health (MoH).</p> <p>We believe that we can meet the standards for the medical school roles for trainers, and with some work, the role of the educational supervisor. The role of the clinical supervisor raises the broader issue of the applicability of the UK focussed 'Promoting Excellence' to the international context.</p> <p>In the first instance we will clarify the issues for these groups.</p>

Report Ref	Due date	Description	Lead organisation – NUMed, HEE NE, GMC	Lead person	Action taken to date	Further action planned
						<p>We will then liaise with the MoH and the LEPs involved, and discuss the range of options available.</p> <p>This will be discussed with all parties in May 2017 in Malaysia.</p> <p>An update will be provided as a result of this meeting. Timelines will be available once the information is available.</p>
HEE NE Req.1.		HEE NE and GMC must formalise arrangements for routine quality management updates via the online dean's report.	HEE NE/GMC	NK	<p>There have been several discussions already involving David Turner at HEE NE. The GMC has also changed the format of ADR .</p>	<p>The jointly appointed Lead for House Officer Training will supply information to the Northern Foundation School Quality Management Committee. We will work with HEE NE to make this explicit within the report.</p> <p>HEE NE will set out clear SOPs to ensure data is considered and entered as all other QM processes managed by the PG dean. Structure and format of the DR for this program will further be discussed with the GMC.</p> <p>The SOPs will be available for use by October 2017.</p> <p>HEE NE will ensure the ADR report is completed.</p> <p>A revised job description for the HO lead will be further developed to ensure there is adequate time to meet all requirements of the role, for the next appointment.</p>

Report Ref	Due date	Description	Lead organisation – NUMed, HEE NE, GMC	Lead person	Action taken to date	Further action planned
HEE NE Req.2.		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.	HEE NE	RB NK	NUMed is already working with the National lead for House Officer Training in Medicine, and are aware that the MoH is moving towards designating clinical and educational supervisors.	NUMed will lead the joint work required with HEE NE, the MoH and LEPs to look at options to resolve this. There are ways to, train, develop and support CS and ES for the programme, including honorary appointments with access to educational and CPD materials, and professional development. We look forward to discussing with the GMC how CS and ES in Malaysia could be recognised as per the point below?
HEE NE Req.3.		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.	HEE NE	NK	Agreed regional policy for trainers exists and this will be adapted as able.	HEE NE has a clear policy in this area. Discussions will be required with the MoH and LEPs to see how this could be best adapted within the context of the Malaysian system, this will be done in partnership. This will be discussed in May 2017 and a position available by October 2017. Please see the accompanying letter.

Report Ref	Due date	Description	Lead organisation – NUMed, HEE NE, GMC	Lead person	Action taken to date	Further action planned
HEE NE Req.4.		NUMed/HEE NE and GMC must consider how to meet the recognition and approval of trainers requirements.	All	NK	Agreed regional policy for trainers exists and this will be adapted as able.	HEE NE has a clear policy in this area. The agreed joint policy will be used as the basis of this work stream. We welcome the opportunity to work with the GMC in this challenging area of international accreditation. Please see the accompanying letter
HEE NE Req.5.		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.	HEE NE	NK	The MoH proposals around Fast Track House officer programme state that they would consider this if there was exceptional performance in three of the four compulsory attachments, and at the very least four rotations. Thus it is envisaged that a small number of graduates might complete HO training after 16 or 20 months following experience in General Internal Medicine, General Surgery, Obstetrics & Gynaecology, and one other area as an absolute minimum.	The fast track programme would still have the same core posts. In addition the time served element would not change for suitability of assessment for the HO programme, which is a minimum of 12 months. Therefore the curriculum requirements should be met and would be assessed at ARCP. HEE NE has begun the work mapping the delivery of the HO programme onto the 'Promoting Excellence' standards. This will be available by October 2017. This will allow us to ensure we are meeting requirements, This work will be part of routine QM and would incorporate any changes to the Malaysian programme and indeed GMC standards and requirements. This would be considered on an annual basis as part of the normal QM cycle for both the Foundation School and HEE NE.

Recommendations

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Action lead	Medical school/ deanery lead
HEE NE Rec.1.		NUMed/HEE NE should consider how best to use house officer feedback to inform and drive change at LEP level.	<p>NUMed/HEE NE</p> <p>Operational guide submitted to the GMC in 2014 outlined the process; which has occurred as specified.</p> <p>The Your School, Your Say survey (YSYS) has occurred with results available and all LEPs visited and meetings with senior medical staff.</p>	<p>NUMed and HEE NE will continue work together to deliver this as part of routine QM. The visits will also be the medium by which the feedback from the YSYS is transmitted.</p> <p>The documentation will be strengthened and formalised so it is more visible. This will include a clear summary of required action and date required.</p>		JS	HEE NE
HEE NE Rec.2.		HEE NE should review structures and support for house officers, particularly pastoral.	HEE NE	<p>NUMed and HEE NE will continue to work together to strengthen this. We will further emphasise that the lead for HO Training is the named contact for HOs, should issues arise which are not soluble locally.</p> <p>Using the system of regular teleconferences already established the FSD will ensure this is occurring as</p>		JS	HEE NE

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Action lead	Medical school/ deanery lead
				required.			
HEE NE Rec.3.		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.		As per all its QM, HEE NE has undertaken a review of the process and is planning revising documents after the next ARCP process. NUMed would be pleased to assist HE NE with this in any way possible.	12 months as part of routine QM	NK	HEE NE