

Visit Report on University of Aberdeen Sri Lanka Medical Pathway

This visit is part of our quality assurance of undergraduate medical education and training.

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

Education provider	University of Aberdeen School of Medicine (the School)
Sites visited	<p>University of Aberdeen School of Medicine – 15 May 2019</p> <p>Asiri Central Hospital, Colombo, Sri Lanka - 28 January 2020</p> <p>International Institute of Health Sciences (IIHS), Colombo, Sri Lanka – 29 January 2020</p> <p>Asiri Surgical Hospital, Colombo, Sri Lanka - 29 January 2020</p>
Specialties and programmes	University of Aberdeen Sri Lanka Medical Pathway (SLMP)
Date of visit	<p>15 May 2019 - Aberdeen</p> <p>28 – 29 January 2020 Sri Lanka</p>
Were any serious concerns identified?	No serious concerns 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.

In this report, we have identified a number of areas working well, have set requirements where there is evidence that our standards are not being met, and have set recommendations where we have found areas related to our standards that should be improved. Each of these areas is addressed in turn, below.

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.

Number	Theme	Areas that are working well
1	N/A	<p>There is clear evidence of engagement, joint working and enthusiasm by all partners There is a common vision of the aims of the programme.</p> <p>There is a good level of experience in both the clinical and educational partners in Sri Lanka to deliver the programme, and an awareness of where further work is required.</p> <p>We feel that based on this visit the programme is on track for delivery in Sri Lanka in years four-five.</p>
2	R1.19, 1.20	<p>There are appropriate facilities and support structures in place in the School for years one-three.</p> <p>Asiri Health have the facilities and experience of delivering health education, and an appropriate case mix required to provide the necessary clinical exposure for the students in years four-five, and we heard of an openness to make any required changes.</p>

		IIHS have an experienced leadership team and a record of delivering health care education. Existing facilities look appropriate and there are plans to make any appropriate changes. We heard of plans for a new facility which could be used for the medical students.
	R3.2	The year one students we spoke with were positive about their experience in Aberdeen so far and would all recommend the pathway. They felt well supported and integrated with other students on the MBChB programme.
	R5.2	The involvement of the block leads in developing the programme, including inputting into the Y4 curriculum review, and exploring how to deliver the programme in Sri Lanka, is positive. The School recognises there is further work to be done in this area.
	R5.4	There are also opportunities for multi-disciplinary learning with the other students at both IIHS and Asiri Health.

Requirements

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

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

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

Number	Theme	Requirements
1	R5.3	The School must consider how to deliver assistantships in Sri Lanka where the model of training is different to in the UK.
2	R5.4	The School must consider how the general practice and mental health aspects of the

		curriculum in Sri Lanka are delivered. While the planning for this has progressed, further work is still required to ensure that the experience of students in Sri Lanka is equivalent to that of students in Aberdeen. The School are aware of this and will be focussing on this area this year.
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Recommendations

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

Number	Theme	Recommendations
		No recommendations were identified during this visit.

Background

- 1 The University of Aberdeen is an organisation approved to award a UK primary medical qualification (PMQ). In order to retain this approval Aberdeen is required to demonstrate that any/all programmes that lead to a PMQ meet GMC standards and outcomes for graduates. The University of Aberdeen's School of Medicine's Sri Lanka Medical Pathway (SLMP) is going through our quality assurance process to ensure compliance with this.
- 2 The first cohort of SLMP students began their MBChB programme in September 2019. Students spend the first three years of the programme in Aberdeen, learning alongside the other MBChB students, and will be awarded the Bachelor of Clinical Medical Sciences upon successful completion of years one through three. Students then progress to years four to five of the MBChB degree, which is delivered in Sri Lanka, after the first clinical block in year four of the programme. The curriculum and assessment for both the SLMP and MBChB programmes will be the same, with some local modifications where appropriate.
- 3 The GMC last visited Aberdeen to check on the MBChB programme as part of the National Review of Scotland in 2017, and a visit report and action plan from this is available on our [website](#). We planned to visit Sri Lanka to meet with Aberdeen's partners in the SLMP programme to explore plans for the final two years in May 2019, however the Easter attacks in Sri Lanka and FCO travel advice caused us to alter these plans. Instead we visited Aberdeen in May 2019 and met with both the School

and their partners in Sri Lanka via Skype. As a result of this visit, we identified no concerns about the first three years to be delivered in Aberdeen and we agreed that the school could recruit for a September 2019 start date, in Aberdeen.

- 4 We visited Sri Lanka in January 2020 to explore plans for the final two years of the programme. This visit report is primarily based on this visit, with additional information from the May 2019 visit.

Theme 1: Learning environment and culture

- 5 The School has invested in additional staff, in both teaching and support roles, and in teaching facilities in Aberdeen to accommodate the additional students when they started in September 2019. The first transfer of students to Sri Lanka is scheduled for 2022.
- 6 Students that transfer to Sri Lanka will be based at the International Institute of Health Sciences (IIHS) campus in Colombo. The SLMP Year four-five lead, and administrative support will also be based at the site. We met with the IIHS senior team on this visit and were given a tour of the facilities and an opportunity to meet with current students from a range of courses and staff. IIHS is not currently training medical students but has been delivering training of students from a range of Associated Health Professions for some time. IIHS plan to use the existing facilities at the campus to accommodate the SLMP students, although we also heard of plans to open a new campus which could also be used as an alternative base.
- 7 Students will have access to IIHS' learner management system as well as an online digital library, all on a dedicated internet line. This is in addition to access to the School's virtual learning environment, *My MBChB*. IIHS plan integrate students on the SLMP into the wider student community e.g. the student council, the student sport committee.
- 8 Asiri Health is one of the main providers of private healthcare in Sri Lanka. Asiri Health will provide secondary care placements for the students in Sri Lanka, and we had the opportunity to visit two of the hospitals that will be used – Asiri Central Hospital and Asiri Surgical Hospital, both in Colombo – and meet with the Asiri senior team at each.
- 9 Asiri Health has an established relationship with IIHS as they currently host nursing, physiotherapy and paramedic students from IIHS. SLMP students will be the first medical students to be based at the hospitals, although Asiri Health has some experience of hosting a small number of medical students on electives.
- 10 The Asiri Health senior team we met with had no concerns over capacity for teaching at the hospitals and had already identified learning spaces and common rooms at the hospitals to be used, in addition to existing spaces such as lecture theatres and auditoriums. We heard that although it was likely the Asiri Central and Asiri Surgical Hospitals would be mainly used as both hospitals have the appropriate range of

specialties, other hospitals in the group could be used to ensure that students had sufficient exposure to a range of specialties and patient mix.

- 11** Both IIHS and Asiri Health have an induction process in place for current students. Students are only permitted to undertake clinical placements once they have demonstrated their competence, and every three months they are required to carry out a reflective piece on their practice. Asiri Health also provides induction for students which covers orientation, language and culture. Consent from each patient is also required for a student to be present.

Theme 2: Educational governance and leadership

- 12** We learned about the plans for educational governance when we visited the School in May 2019, that a programme board had been established to oversee the development of the programme. At the January 2020 visit we heard that the programme board had developed into a steering group, and that IIHS and Asiri Health would both be increasingly involved as plans progressed for the first transfer of students to Sri Lanka in 2022.
- 13** We also heard on the visit that there had inevitably been some disruption to plans to develop the programme as a result of the Easter 2019 attacks in Sri Lanka and the resulting FCO travel advice which restricted travel to the island.
- 14** Asiri Health and IIHS have experience of working together, and there are IIHS nursing, physiotherapy and paramedic students undertaking placements in Asiri Health hospitals. This means there is an established way of the two organisations working together, as well as facilities and resources to support education.
- 15** The educators we met with on our visit to Asiri Health had experience of raising concerns over students where there are concerns over performance, safety or professionalism, through their current educational roles, and that they had no concerns over applying this approach to SLMP students. They were also familiar with fitness to practice procedures through their postgraduate roles and were clear on the need to prioritise patient safety in all aspects of their roles. Educators also spoke about their role in quality management, including gathering and responding to feedback from students, and we heard of plans to establish an education committee to monitor the quality once students begin with Asiri Health.
- 16** IIHS has a governance board which meets every six months to monitor academic quality and operations, and the IIHS board meets every four months. We heard that student feedback is a key part of this, for example end of placement/module surveys as well as online satisfaction surveys. IIHS commented on the positive contact that had already been established with the years one-to-three lead based in Aberdeen. IIHS also described their approach to raising concerns over patient safety, how students would raise concerns, and how this would be raised with the clinical team. This is based on an established pattern of working between IIHS and Asiri Health.

Theme 3: Supporting learners

- 17** The School has experience of a dispersed model of learning through the remote and rural attachments offered to students on the MBChB programme. A number of approaches to supporting both learners and educators could be applied to the SLMP, for example the regent scheme - each student is allocated a 'regent', a senior staff member whose role is to provide pastoral and educational support to students. SLMP students have all been allocated a regent, and they will retain the option of maintaining contact with their UK based regent but also be allocated a regent in Sri Lanka once they transfer to Sri Lanka in year four of the programme.
- 18** We also heard that the School's arrangements for transfer of information and fitness to practise will be replicated as far as possible in Sri Lanka, although arrangements for the latter are yet to be finalised - it is envisaged that should an FTP panel be required then this panel would be convened in Aberdeen and the student would either skype or travel to Aberdeen for the hearing. Asiri Health have some experience of fitness to practise through their current educational provision. Asiri Health emphasised that they would be open to adapting their processes as required by Aberdeen to accommodate the SLMP students.
- 19** We heard from the School that careers advice would be tailored according to the needs of the individual students, and the School reiterated the view they had no plans to develop a programme equivalent to foundation year one that would lead to full GMC registration for students.
- 20** Nine SLMP students joined the first year of programme in September 2019, and we heard from the School that they have been integrated into the wider MBChB community at Aberdeen. We met with a group of these students as part of this visit, via video conference, and they felt well supported by the School and part of the wider community. They also provided us with examples of careers advice they had received, admittedly early in the programme, but all stated their aim to become foundation doctors in the UK.
- 21** The School are also exploring how to use year three to support the transfer of students to Sri Lanka, for example providing extra activity to familiarise students with differences in health care structures on the island.
- 22** A further area for exploration on the visit was how potential language barriers would be overcome in terms of patient contact in Sri Lanka. 80% of the patients at Asiri Health speak English, and students will also have access to interpreters if required. IIHS also has experience of international students and communication is not envisaged by those we met with to be a major barrier, and all those we met with on our visit felt there were solutions if communication was to become an issue.
- 23** Students at IIHS will have access to student council, student sports committee, student scientific committee etc. IIHS has experience of working with international students, and can provide support in the area of visas', transport and accommodation

and finance. In terms of accommodation, it is envisaged this will be in central Colombo and privately rented, but IIHS provide a shuttle service from the centre to the campus.

- 24** Students will undergo a 2-3-week orientation period at the start of their period in Sri Lanka, which covers both IIHS and Asiri Health. Both organisations have experience of making reasonable adjustments where required, and IIHS plan to explore how best to conduct occupational health assessments. Students at IIHS currently have access to a range of support services including counselling and access to a psychiatrist. We discussed with Asiri Health their ability to accommodate any requests for reasonable adjustments for students should they be required, and this was not felt to be a difficulty. Asiri Health emphasised that they would be open to adapting their processes as required by Aberdeen to accommodate the SLMP students.

Theme 4: Supporting educators

- 25** At the meeting in May 2019 we heard that a number of block leads at the Asiri Health hospitals had been appointed, and we were able to meet with a number of these leads on our visit in January 2020. We also met with other educators, and we heard about workshops led by the School that they had attended, and that they had honorary status with Aberdeen which gave them access to the School's resources such as libraries. Educators also have access to the School's train the trainer's activities.
- 26** The School are keen that MBChB students who are able to take up an eight-week elective to come to Asiri Health hospitals in Sri Lanka so that educators can become familiar with final year students from the School prior to the first transfer of students in 2022.
- 27** Educators told us that their current appraisal covers their training role, and that they are supported in their roles by access to training. Equality & Diversity is not currently included in this training, but we heard from Asiri Health they were open to providing this if required. The educators we met with were positive about the learning opportunities available for students at the hospitals and were confident they would have time to teach. They told us that as they would be involved in assessing students and would welcome guidance from Aberdeen on this, although most educators had experience of assessment through their work with other students and postgraduate trainees
- 28** There are more than 100 staff members at the IIHS campus, the majority of whom have academic roles. Two Aberdeen staff will be based at the campus – the year four-five lead and admin support, and these will be supported by the nursing team at IIHS. We heard of plans for two nurses to support the Aberdeen staff, and who can also help with translation if required.

- 29** We heard of the support from Aberdeen for the teaching faculty at IIHS, and how they have been working on the year four curriculum review with both the IIHS and colleagues at Asiri Health.

Theme 5: Developing and implementing curriculum and assessment

- 30** The School are undergoing a review of year four of their curriculum and part of this involves lengthening the duration of each clinical block. We heard that learning outcomes for year four will be finalised shortly and shared with block leads at Aberdeen, Inverness and Sri Lanka for feedback and to identify and challenges to delivery.
- 31** We heard on our visit in May 2019 that the School had identified the general practice and mental health elements of the curriculum in Sri Lanka as a challenge, as models of delivery are different in Sri Lanka to that in the UK. However, as students will not transfer to Sri Lanka until after the first block in year four we heard there is the opportunity to address any gaps that cannot be filled in Sri Lanka prior to transfer by using this block, potentially as a combined general practice and mental health block. We have set the School a requirement in this area – see requirement 2, as although progress has been made since the visit in 2019 further work is required in this area.
- 32** In terms of general practice, work on how to address the differences between the models in the two countries to make sure learning objectives are met is ongoing. Work on this was underway when we met last May, and the Aberdeen GP lead had visited Sri Lanka prior to that visit. Progress since then has been limited by the travel restrictions in place, however we heard from Aberdeen that the gaps were less than had previously been thought, and there are some potential solutions. One suggestion we heard was to select a handful of primary care clinics in the private sector, which is closer in nature to the UK model than in the public sector in Sri Lanka, and for a small number of students to be based in each clinic at a time. This is an area for further development so that the Sri Lanka exposure builds upon that in the UK, and it is worth noting that the School would prefer some exposure to general practice in year five to replicate the exposure students in the UK receive in their final year.
- 33** Psychiatry is another area to be further explored, and we heard that while there is some exposure in private hospitals the majority of mental health provision is delivered in the public sector, which SLMP students do not currently have access to. We heard that Asiri Health has some outpatient services that students could access, and Aberdeen are exploring whether they could use the national centre. As with general practice, plans to progress this aspect was affected by the attacks in 2019 but will be progressed this year, and as with general practice, the contingency is that much of this could be covered in the UK prior to transfer.
- 34** The educators we met with were also exploring how to maximise learning opportunities for students, for example accessing other consultant's patients in addition to their own. We heard that students will also have access to surgical

emergency patients, but the educators noted the differences in case mix between Sri Lanka and the UK – e.g. thyroid problems are more prevalent in Sri Lanka than in the UK, and the opposite for cystic fibrosis. No concerns were raised over exposure to medical specialties, anaesthetics or obstetrics & gynaecology, and there were clear opportunities for multidisciplinary teaching at both IIHS and Asiri Health.

- 35** The School are planning to carry out identical assessments in both the UK and Sri Lanka, although timings in Aberdeen would need to be adjusted to preserve exam security. The School plans to deliver OSCEs at the IIHS campus, although we heard from Asiri health that there is the opportunity to deliver them at the hospitals. IIHS has a patient bank that they use for their current students, and they will work with the School to further develop the bank to support the programme. IIHS are also in the process of establishing a clinical skills centre at the campus.
- 36** We heard that there are some skills that are not in the MBChB curriculum that will need to be covered if students are to gain registration with the Sri Lankan Medical Council, e.g. intervention skills in obstetrics, which are not currently required in the curriculum. Aberdeen has some plans as to how support students to fill the gaps so they are able to seek this, but we heard this will be done on an individual basis and done outside of the formal curriculum, e.g. through electives. Similarly, Aberdeen will need to consider how to deliver UK national online assessments, e.g. PSA and MLA in Sri Lanka.
- 37** The School has identified assistantship as an area of challenge as there is no equivalent to foundation training that can replicate the UK model in Sri Lanka. This is an area of work to be progressed, though if the aim of assistantships is to prepare students for their foundation training then this may not be required. This will be progressed in future cycles, but we have set this as a requirement for the School – see requirement 1.

Team leader	Professor Steve Jones
GMC staff	Jessica Lichtenstein Robin Benstead

Acknowledgement

We would like to thank all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

7 July 2020

Robin Benstead
Principal Education QA Programme Manager
Quality Assurance - Monitoring & Improvement
Education & Standards
General Medical Council
3 Hardman Street
Manchester M3 3AW

Dear Robin

Visit Report on SLMP, May 2019 and January 2020

Thank you for the Visit Report on the University Sri Lanka Medical Pathway to its MBChB degree. We found the visits from the team and the feedback provided both helpful and informative.

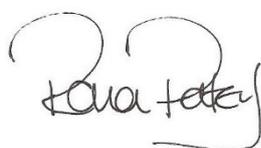
We were pleased that the GMC considered several areas to be working well including our relationships with the support and provision of clinical placement time in Sri Lanka.

Number	Theme	Requirements
1	R5.3	The School must consider how to deliver assistantships in Sri Lanka where the model of training is different to in the UK
2	R5.3	The School must consider how the general practice and mental health aspects of the curriculum in Sri Lanka are delivered. While the planning for this has progressed, further work is still required to ensure that the experience of students in Sri Lanka is equivalent to students in Aberdeen. The School are aware of this and will be focussing on this area this year.

We note the requirements made by the visitors and recognise the importance of these. We can confirm that these are areas we are continuing to actively work on and make progress.

Finally, thank you again for supportive and positive visits. As a school, we continue to find the process thought-provoking and constructive.

Yours sincerely



Professor Rona Patey
Director, Institute of Education for Medical and Dental Sciences