3 November 2011

Undergraduate Board

General Medical Council

Regulating doctors
Ensuring good medical practice

9

To consider

Newcastle Medical School in Malaysia – Quality Assurance

Issue

1. Report to the Undergraduate Board on the Newcastle Medical School Campus in Malaysia visit process for the 2010/11 academic year.

2. How the standards within *Tomorrows Doctors 2009* (TD09) can be delivered outside of the context of the UK health care system.

Recommendations

3. To approve the report of the visit to Newcastle Medical School's campus in Malaysia including the requirements in paragraphs 7-9 of the report attached at Annex A to agree the proposed visiting schedule for 2011-12 (paragraphs 12-19 and Annex A).

4. To note that the quality assurance activity of Newcastle Medical School Campus in Malaysia has brought to light a number of challenges, relating to issues of equality and diversity and the application of the standards in TD09, within programmes delivered overseas (paragraphs 20-32 and Annex B).

5. To agree that the Chair should write to the Vice Chancellor of Newcastle University to highlight the challenges identified in this paper and to indicate the areas which the team will be investigating further in 2011/12 (paragraphs 12-32).

Further information

6. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602.

Background

7. The GMC is responsible for promoting high standards of medical education and co-ordinating all stages of medical education under the Medical Act 1983. The GMC oversees the delivery of undergraduate medical education leading to a United Kingdom primary medical qualification (UK PMQ) awarded by universities and other bodies on the list held by the GMC. The Medical Act does not at present preclude universities or other listed bodies providing some or all of their undergraduate courses outside the UK. Nor does the Act currently enable the GMC to distinguish, for approval purposes, between programmes provided at particular sites: approval (or indeed withdrawals of approval) applies to institutions as a whole, including any overseas campus.

8. In 2008, the GMC issued *Guidance on UK medical education delivered outside the UK*, in which it accepted responsibility for ensuring that medical education leading to a UK PMQ, wherever delivered, accords with the standards it sets.

9. Newcastle University is developing a medical school campus (NUMed) in Malaysia where it plans to deliver an undergraduate medical programme. The development of a new campus and undergraduate medical programme in Malaysia constitutes a major change to the undergraduate medical education currently provided by Newcastle University. Consequently Newcastle University is required to notify the GMC of the proposed arrangements and to confirm how the UK PMQ delivered in Malaysia will meet the standards and outcomes of *Tomorrow's Doctors 2009* (TD09).

10. The first two cohorts of NUMed students will spend the first two years of their programmes in Newcastle before moving to Malaysia for their third year. From 2011 all students accepted for the NUMed UK PMQ will begin studying the Newcastle curriculum on the campus in Malaysia. The 24 students in the first cohort of the NUMed UK PMQ began the programme in September 2009 and will study on the Malaysian campus with the third cohort from September 2011. The second cohort of 41 students will complete their second year in Newcastle before transferring to Malaysia in September 2012.

11. In June 2009 the Undergraduate Board agreed a multi-cycle quality assurance model for Newcastle University's medical school campus in Malaysia that will follow the first cohort of students through to graduation. Each year the visit team will provide a report on the School's progress and the visit report for 2010/11 is attached at Annex A.

Discussion

2010/11 NUMed Annual Report

12. The Undergraduate Board is invited to comment on and endorse the final report, subject to any queries or changes.

13. Following endorsement by the Undergraduate Board, the report will be sent to Newcastle Medical School to provide a response within 28 days. The School's response will be published alongside the report on the GMC website.

Summary of the QABME process for Newcastle/NUMed in 2010/11

14. In the 2010/11 cycle the team visited the School three times, twice in Newcastle and once in Malaysia. QA activities included:

a. Meetings with members of the School responsible for:

i. Curriculum delivery in Stages 1 and 2, plans for Stage 3.

ii. Assessment system.

b. Meetings with NUMed students in Newcastle.

c. Meetings with newly recruited staff in Malaysia.

d. Analysis of assessment reliability and validity data, and observation of Stage 2 Objective Structured Clinical Examination.

Summary of findings 2010/11

Requirements, recommendations and good practice

15. The team found that the School is progressing appropriately to introduce Year 1 of its medical degree in Malaysia in 2011/12. The team set three requirements:

a. The School must review and improve its approach to Objective Structured Clinical Examinations (OSCEs). Since the Stage 2 OSCE is a summative assessment, the number of stations must be increased to improve reliability and fairness (see Annex A, paragraph 103).

b. The School must review and improve its marking schemes and its processes for measuring reliability of the Stage 2 OSCE, particularly how data are amalgamated across stations to inform reliability (see Annex A, paragraphs 100 and 101).

c. The School must ensure that robust student support is available, and must provide reassurance of this by: clarifying the roles of counsellors, providing an update on the training of all staff with regards to awareness of processes for accessing mentoring and counselling, and providing any policies and support documentation for staff in dealing with the support of students (see Annex A, paragraph 118).

16. To enhance the quality of the programme, the team recommended:

a. The School should review and simplify its method of combining component scores to produce an overall grade (see Annex A, paragraph 107).

b. The School should amend its examiner training and briefing to incorporate further guidance on criteria for the marking of items within each station, e.g. by having an examiner assigned to each station for provision of the station-specific briefing (see Annex A, paragraph 99).

c. The School should continue the strategy of accelerating recruitment for future appointments, as the time required for training new staff is potentially greater than was available to some of the first round of appointees (see Annex A, paragraph 136).

d. The School should only place students in community clinics where there is adequate supervision from senior medical staff (see Annex A, paragraph 92).

e. The School should ensure that locally appropriate careers advice is available to students at NUMed. (see Annex A, paragraph 127).

f. The School should continue to manage student expectations around the likelihood of their undertaking specialty training within the UK (see Annex A, paragraph 128).

g. The School should take the same approach to planning for the succession of senior staff within Malaysia as they have in Newcastle (see Annex A, paragraph 131).

h. The School should appoint a Dean of Student Affairs as soon as possible (see Annex A, paragraph 137).

i. The School should monitor the delivery of communication skills and the impact of not having a communication skills lead at NUMed (see Annex A, paragraph 138).

j. The School should comply with best practice in its approach to standard setting and the design of their written examinations (see Annex A, paragraph 106).

17. The team identified six areas of good practice for the 2010/11 cycle:

a. The proactive support provided to non-Malaysian students by the School with respect to training post graduation, which should be continued (see Annex A, paragraph 129).

b. The development of an interactive curriculum mind-map, which is available to students and teachers through the virtual support environments (see Annex A, paragraph 75).

c. The proactive and widespread approach that has been taken to contingency planning for the faculty in Newcastle (see Annex A, paragraph 131).

d. The willingness of the School to use identified amendments to the NUMed programme as an opportunity to improve the training within Newcastle (see Annex A, paragraph 71).

e. The educational facilities and infrastructure established at the NUMed campus at EduCity which are of a high standard and fit for purpose (see Annex A, paragraph 131, 132 and 133).

f. The engagement of the School with the Malaysian healthcare system to provide clinical learning opportunities (see Annex A, paragraph 54, 55, 53, 82 and 83).

QA activities for the 2011/12 cycle

18. The priorities that the team have identified for the 2011/12 QA cycle are to review:

a. Delivery of Stage 3 in Malaysia, including the ability to deliver end of year 3 assessment in Malaysia to the same standard as in the UK.

b. Development of clinical placements.

c. Extent of modification required to deliver the programme in Malaysia.

d. Blueprinting of assessments.

e. Modification to Stage 2 OSCE in light of the requirements within this report.

f. Student support services.

g. Capacity of School resources as recruitment continues.

h. Staff development for new faculty in Malaysia.

i. Issues around equality and diversity.

19. Quality assurance activities to assess the quality of content and delivery of Stage 3 during 2011/12 will include:

a. Meetings with members of the School responsible for: the content and delivery of Stage 3, assessments, inter-professional learning, student support, planning for delivery of the curriculum and assessment systems for Stage 4.

b. Discussions with students and teachers for Stage 1 and 3.

c. Discussions with the clinical placement providers.

d. Discussion with Malaysian authorities, such as the Malaysian Medical Council (MMC) and Malaysian Ministry of Health (MMH).

e. Observation of the Stage 3 assessments.

f. Analysis of assessment blueprint documentation.

Recommendation: To approve the report of the visit to Newcastle Medical School's campus in Malaysia including the requirements in paragraphs 7-9 of the report attached at Annex A to agree the proposed visiting schedule for 2011-12.

Quality Assurance of Undergraduate Medical Education Leading to a UK PMQ Delivered Overseas

20. TD09 was written for the context of the UK and the National Heath Service (NHS). However good the programme in Malaysia is, it is delivered within a different cultural, clinical and legislative context. For example, the assumed definition of professionalism relates to the standards of professionalism within the UK, and therefore has implications for delivering the standards outside of the UK.

21. The school proposes to meet the outcomes of TD09 in the context of the Malaysian health system, with comparative studies on the UK models for health service undertaken alongside. With this model students will be taught about differences between the two health systems, this will add a significant burden and time to their undergraduate studies.

22. The visit team appointed to undertake this quality assurance activity on behalf of the GMC have been monitoring the development of the programme since September 2009 and have visited Newcastle University and the NUMed campus. The strengths of the programme include: strong leadership; a proactive approach to contingency planning; engagement of the Malaysian healthcare system to provide clinical learning opportunities and the strong support of the Malaysian Medical Council (MMC).

23. There are a number of areas, set out in this paper and Annex B, that appear to be challenging. However it is important to emphasise that the team has not yet been able to investigate these areas as the programme is only just beginning to be delivered in Malaysia and these will form part of the 2011-12 visit/s. There is a key policy decision to be made about how the quality assurance process is applied to the Newcastle programme in Malaysia, whether we require the standards and their detailed requirements and context to be met literally or whether there can be a degree of flexibility in their interpretation because of the different context for delivery.

Challenges

24. In order to explore how the standards of TD09 can be met in Malaysia an understanding of the country's social, legal and healthcare context and the similarities and differences to the UK is important. Some background information on the population of Malaysia by ethnicity, gender and religion is provided in Annex B. A description of aspects of the Malaysian health care system is also provided, along with some examples of differences and similarities to the UK. A summary of some of the areas of challenge identified in quality assuring undergraduate medical education overseas are outlined below.

Equality and Diversity

25. Malaysia is a multi-cultural country with a range of ethnicities, religions and cultures not dissimilar to the cultural diversity found in the UK. The national language of Malaysia is Bahasa Malay, although English is widely spoken. There are some notable differences between the UK and Malaysia with regards to cultural differences, including some legal differences and issues pertaining to communication, and these are outlined in Annex B. The visit team have not yet explored all issues of equality and diversity, and issues around reasonable adjustments for students and applicants with a disability, in detail with the School. This will need to be a focus of quality assurance activity in 2011/12.

Good Medical Practice

26. TD09 requires that students will comply with the ethical guidance and standards within *Good Medical Practice* (GMP). Students at NUMed will also be expected to act in accordance with the ethical guidelines of the MMC[1]. The question of whether it is possible for students to comply with both sets of guidance is important. As part of the 2011-12 visit activity a detailed mapping of GMP and the Code of Professional Conduct will be undertaken. This mapping will include the revised version of GMP which is currently open for consultation and expected to be agreed by late 2012.

[1] Code of Professional Conduct

The NHS and the UK Health Departments

27. There are a small number of paragraphs within the detailed requirements and context of TD09 that refer specifically to the NHS and/or the four UK Health Departments. Outcome 23c refers to gaining an understanding of the framework in which medicine is practised in the UK. In this case and others, we will need to be clear as to whether we require students studying at NUMed to meet this as stated, and/or whether we require students to gain the same understanding for the practice of medicine in the Malaysian healthcare system.

Clinical practice

28. The GMC visit team had the opportunity when they were in Malaysia in July 2011, to visit some of the sites at which students will be undertaking clinical placements, and to speak to staff at these sites. The team were in many cases reassured that the delivery of education and training, and the experience of the students is likely to be sufficient to meet the outcomes of TD09.

29. Some significant differences in health beliefs and practices do exist however between Malaysia and the UK and relate to a range of issues, covering areas such as: differences in clinical practice; an increased delivery of care by other healthcare professionals rather than doctors; the structure of and access routes to services; the level of experience and training of medical staff; the level of supervision; clinical case-mix and population demographics. Examples of these differences have been identified within primary care, obstetrics and gynaecology and psychiatry, and are covered in more detail in Annex B of this paper. The team will continue to investigate how the outcomes will be met as the programme develops and this will form part of quality assurance activities during the 2011-12 visit/s.

Professionalism

30. Fundamentally we need to consider whether the TD09 outcomes around professionalism can or cannot be met by the NUMed graduates, when what is meant by ‘professionalism’ is in some respects very different. The School’s approach to addressing this is not only to teach the UK approach to professionalism, but to try to internalise the UK approach within the Malaysian system. The School’s plans to train the clinical workforce surrounding students in new ways of working similar to those used in the UK appear ambitious, and the team are wary of the time that this will take to be established.

Preparation for the next stage of training

31. TD09 refers to preparing students for their transition into Foundation training, however Malaysian students will instead undertake housemanship training. It should be noted that the Outcomes are designed specifically to ensure graduates are prepared for the transition into Foundation training[2]. However the School has indicated that the expectations of housemanship trainees may be greater than of UK Foundation doctors in terms of the level of involvement and responsibility of graduates.

Potential barriers to full registration

32. NUMed graduates will hold a UK PMQ and will therefore be entitled to provisional registration with the GMC if their fitness to practise is not impaired. As holders of a UK PMQ graduates will not be eligible to sit the GMC Professional and Linguistic Assessments Board (PLAB) examination. Therefore graduates will only be able to progress from provisional to full registration if they undertake an approved programme for provisionally registered doctors, the F1 year within the UK. Changes to immigration rules have made it more difficult for overseas doctors to get visas to work and study in the UK. Taken together these restrictions mean a NUMed graduate who had not undertaken F1 in the UK would never be able to work as a doctor in the UK. Despite the efforts of the School to communicate this, the students have repeatedly enquired about their eligibility to practise in the UK. This will be more acute if the GMC develops proposals to limit the time doctors can remain provisional registered and these doctors may never receive recognition of their professional standing.

> **Recommendation:** To note that the quality assurance activity of Newcastle Medical School Campus in Malaysia has brought to light a number of challenges, relating to issues of equality and diversity and the application of the standards in TD09, within programmes delivered overseas.
>
> **Recommendation**: To agree that the Chair should write to the Vice Chancellor of Newcastle University to highlight the challenges identified in this paper and to indicate the areas which the team will be investigating further in 2011/12.

[2] TD09 Domain 1 paragraph 37 - 'By awarding a medical degree, the awarding body is confirming that the medical graduate is fit to practise as a Foundation Year One doctor to the high standards that we have set in our guidance to the medical profession, Good Medical Practice.'

Resource implications

33. Planning of activity for the 2011/12 visiting cycle for the quality assurance of NUMed is still underway, but is likely to include a visit to Malaysia in March 2012 and the observation of the year three objective structured clinical examination (OSCE) in July 2012. The priorities for the NUMed visit team for the 2011/12 cycle include exploration of: the delivery of year three of the programme in Malaysia; the development of clinical placements; extent of modification required to deliver the programme in Malaysia; student support services; staff development of new faculty in Malaysia; capacity of the School resources in line with the expansion of the student body; blueprinting of assessments; and modifications to the year two OSCE.

Equality

34. Equality and diversity implications are considered in some detail in Annex B, and will form part of the focus of the 2011-12 visit activities.

Communications

35. Subject to the endorsement of the Undergraduate Board, the 2010/11 annual medical school report for Newcastle Medical School's campus in Malaysia will be published on the GMC website with the School's response by 3 December 2011. The School's response should be read in conjunction with this paper because the response will set out how the School intends to respond to the requirements and recommendations in the report.

36. This paper, including Annex B, will therefore be published on the GMC website at the same time as the School's visit report and response.

General Medical Council

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9 - Newcastle Medical School in Malaysia – Quality Assurance
Annex A

Undergraduate Quality Assurance Visit

Report on Newcastle University Medicine Malaysia (NUMed)

November 2011

General Medical Council

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Contents

Visit overview

School	Newcastle University Medicine Malaysia (NUMed)	
Dates of visit/s	8 and 9 March, 24 May and 18 and 19 July 2011	
Programmes	Five-year MB BS	
Lead Visitor	Professor Peter McCrorie	
Visitors	Professor Richard Hays	Dr Gillian King
	Dr Raisha Nurani	Professor Robert Peveler
	Professor Janice Rymer	
GMC Staff	Sarah Beattie	Kirsty White
Observers	Dr Milton Lum	Professor Abdul Razzak
Focus of 2010/11 activity	• Assessment reliability • Readiness of School to accept Stage 1 and 3 students in Malaysia from September 2011 • Malaysian student experience in Newcastle • progress towards full implementation of *Tomorrow's Doctors 2009*	
2010/11 visit activity	Meetings with School in Malaysia and Newcastle to discuss curriculum delivery in Stages 1 and 2, plans for Stage 3, and assessment system; meetings with NUMed students in Newcastle; meetings with newly recruited staff in Malaysia; analysis of assessment reliability and validity data, and observation of Stage 2 Objective Structured Clinical Examination.	
Evidence Base for 2010/11		
• Student evaluation from 2009/10 cohort • Policy on staff training in equality and diversity • Demographic information on the new cohort for 2010/11 • Mental Health review from June 2010 • Information on assessment at Stage 2 • Assessment blueprint for Stage 2 • An updated plan for Student Selected Component blocks • Study handbooks for each stage of the programme • Portfolio/logbook samples • Adapted key cases for learning for use in Malaysia • Information about examiner training • School technical report on assessment (e.g. standard setting, reliability coefficients, exam question data) • Exam blueprinting for Stage 2 • Update on arrangements for student support services in Malaysia • Guidance for the training of local faculty in Malaysia • 'Standard clinical teacher' induction pack • Quality management process for selection, training and appraisal of teachers • Updated timeline on teaching and support staff appointments in Malaysia • Updated timeline for the building programme of the NUMed campus • First NUMed cohort student assessment results • Additional evidence collected during the visits to the School.		

Summary of key findings

1. In 2010/11 the quality assurance activities of the visit team covered: evaluation by the School of Stage (Year) 1; implementation by the School of Stage 2; a review of Stage three implementation plans; and a review of the NUMed campus in Malaysia.

2. Subject to the requirements in paragraphs 5-9 the School is on track to deliver Stages 1 and 3 of its medical degree in Malaysia in 2011/12.

3. The outcomes will be met in the context of the Malaysian health system, with comparative studies on the UK models for health service undertaken alongside. Professionalism appears to be the most challenging area for the School to ensure students meet the outcomes required within *Tomorrows' Doctors 2009*.

4. Where there are requirements, the School is requested to respond to the requirement with the timelines for action within the 28 day right of reply to the report.

Were any Patient Safety concerns identified during the visit?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Were any significant educational concerns identified?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Has a triggered visit been requested?	
Yes ☐	No ☒
Please describe below the subsequent action that has been taken by the GMC and/or deanery/School following the identification of any issues acknowledged above. If no action has been taken, please provide the reasons for this below.	

Requirements for change

5.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must review and improve its approach to Objective Structured Clinical Examinations (OSCEs). Since the Stage 2 OSCE is a summative assessment, the number of stations must be increased to improve reliability and fairness (see paragraph 101). (*TD 86*)
	School Action Plan	
6.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must review and improve its marking schemes and its processes for measuring reliability of the Stage 2 OSCE, particularly how data are amalgamated across stations to inform reliability (see paragraph 98 and 99). (TD 86, 89 and 117)

	School Action Plan	
7.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must ensure that robust student support is available, and must provide reassurance of this by: clarifying the roles of counsellors, providing an update on the training of all staff with regards to awareness of processes for accessing mentoring and counselling, and providing any policies and support documentation for staff in dealing with the support of students (see paragraph 116). (*TD 114, 115 and 116*)
	School Action Plan	

Requirements for further information

8.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must provide a timeline for the review and delivery of the complete suite of assessment blueprints, in line with the requirement set in the 2009/10 report, and must provide the assessment blueprints for Stages 1, 2 and 3 as delivered in Malaysia as a part of the document submission for the 2011/12 visit cycle (see paragraph 94). (TD112)
	School Action Plan	
9.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must provide a detailed analysis of student evaluation, including comparative analysis of the results from Malaysian and Newcastle students for 2010/11, and consideration of anomalies in results (see paragraph 56). (TD 43 and 44)
	School Action Plan	
10.	Requirement *(Tomorrow's Doctors Reference - TD)*	The School must provide analysis of the results from the Stage 2 OSCE, particularly with respect to inter-rater reliability (see paragraph 98). (*TD 89 and 113*)
	School Action Plan	

Recommendations

11.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should review and simplify its method of combining component scores to produce an overall grade (see paragraph 105). (*TD 87*)
	School Action Plan	

12.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should amend its examiner training and briefing to incorporate further guidance on criteria for the marking of items within each station, e.g. by having an examiner assigned to each station for provision of the station-specific briefing. (see paragraph 97). (*TD88 and 115*)
	School Action Plan	
13.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should continue the strategy of accelerating recruitment for future appointments, as the time required for training new staff is potentially greater than was available to some of the first round of appointees (see paragraph 134). (*TD 128*)
	School Action Plan	
14.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should only place students in community clinics where there is adequate supervision from senior medical staff (see paragraph 90). (TD162)
	School Action Plan	
15.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should ensure that locally appropriate careers advice is available to students at NUMed. (see paragraph 125). (*TD 162*)
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16.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should continue to manage student expectations around the likelihood of their undertaking specialty training within the UK (see paragraph 126). (*TD 125*)
	School Action Plan	
17.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should take the same approach to planning for the succession of senior staff within Malaysia as they have in Newcastle (see paragraph 129). (*TD 162*)
	School Action Plan	
18.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should appoint a Dean of Student Affairs as soon as possible (see paragraph 135). (*TD 162*)
	School Action Plan	
19.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should monitor the delivery of communication skills and the impact of not having a communication skills lead at NUMed (see paragraph 136). (TD162)

	School Action Plan	
20.	Recommendation *(Tomorrow's Doctors Reference - TD)*	The School should comply with best practice in its approach to standard setting and the design of their written examinations (see paragraph 104). (TD 120)
	School Action Plan	

Good practice

21.	Good practice	The proactive support provided to non-Malaysian students by the School with respect to training post graduation, which should be continued (see paragraph 127). (TD 125)
22.	Good practice	The development of an interactive curriculum mind-map, which is available to students and teachers through the virtual support environments (see paragraph 73). (TD 82)
23.	Good practice	The proactive and widespread approach that has been taken to contingency planning for the faculty in Newcastle (see paragraph 129). (*TD 162*)
24.	Good practice	The willingness of the School to use identified amendments to the NUMed programme as an opportunity to improve the training within Newcastle (see paragraph 69). (*TD 42*)
25.	Good practice	The educational facilities and infrastructure established at the NUMed campus at EduCity which are of a high standard and fit for purpose (see paragraph 129, 130 and 131). (TD 160, 164)
26.	Good practice	The engagement of the School with the Malaysian healthcare system to provide clinical learning opportunities (see paragraph 52, 53, 51, 80 and 81). (TD)

Context

The GMC's role in medical education

27. The GMC protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for licensed doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.

28. The GMC sets the knowledge, skills and behaviours that medical students learn at UK medical schools; these are the outcomes that new UK graduates must be able to demonstrate. The GMC also sets standards for teaching, learning and assessment. These outcomes and standards are laid down in *Tomorrow's Doctors*. The GMC visits medical schools to share good practice, review management of concerns and investigate any other areas of risk indicated by the GMC's evidence base, to ensure that medical schools are complying with the standards in *Tomorrow's Doctors*.

29. Visit reports make requirements of medical schools for change which must be achieved in order for the schools to meet the standards. Reports also make recommendations where schools are meeting the standards but improvements could be made to develop the quality of provision and highlight good practice observed in provision.

30. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries.

31. This report will be presented to the GMC Undergraduate Board for endorsement.

The Newcastle University Medicine Malaysia Programme

32. This is a report on the quality assurance programme for Newcastle University Medicine Malaysia (the School) for 2010/11.

33. Newcastle University is developing a medical school campus (NUMed) in Malaysia where it plans to deliver an undergraduate medical programme. The development of a new campus and undergraduate medical programme in Malaysia constitutes a major change to the undergraduate medical education currently provided by Newcastle University. Consequently Newcastle University is required to notify the GMC of the proposed arrangements and to confirm how the UK primary medical qualification (PMQ) delivered in Malaysia will meet the standards and outcomes of *Tomorrow's Doctors*.

34. The first two cohorts of NUMed students will spend the first two years of their programmes in Newcastle before moving to Malaysia for their third year. From 2011 all students accepted for the NUMed UK PMQ will begin studying the Newcastle curriculum on the campus in Malaysia. The 24 students in the first cohort of the NUMed UK PMQ began the programme in September 2009, and will transfer to Malaysia at the beginning of the 2011/12 academic year. The second cohort of 40 students will complete their second year in Newcastle and transfer to Malaysia for their third year in 2012/13. The third cohort of approximately 100 students will begin training in Malaysia at the beginning of the 2011/12 year.

35. In June 2009 the Undergraduate Board agreed a multi-cycle quality assurance (QA) model for Newcastle University's medical school campus in Malaysia that will follow the first cohort of students through to graduation. The visit team submitted a report to the Undergraduate Board on 21 January 2010, following their initial consideration of the application submitted by NUMed regarding the plans for the Malaysia campus, with a further report submitted at the end of the first year of the QA cycle in October 2010.

36. The School plans to deliver the same programme in Malaysia as is delivered in the UK, with some changes to the structure of and content of the course to reflect the different health system in Malaysia. Newcastle University delivers a five-year programme divided into two Phases and five Stages which correspond to the academic years. Broadly, Phase 1 deals with normal and abnormal structure, function and behaviour, and Phase 2 with clinical practice. The School operates a spiral curriculum, with each topic covered in Phase 1, being covered again in Phase 2 but with a change in emphasis befitting the student's stage of development. Learning outcomes for students are grouped within three 'essential domains'; clinical and communication skills, knowledge and critical thought, and professional behaviour. Students are assessed against these domains, with high level outcomes mapped to the outcomes of *Tomorrow's Doctors.*

Quality assurance activity 2010/11

37. The team conducted a quality assurance visit to Newcastle on 8 and 9 March 2011, observed the Stage 2 Objective Structured Clinical Examination (OSCE) held on 24 May and conducted a site visit to the NUMed campus in Malaysia on 18 and 19 July 2011.

38. The findings of the team have been reached by reviewing documentary evidence submitted by the School and undertaking a range of activities. All UK medical schools are asked to self-assess progress towards full implementation of Tomorrow's *Doctors* (2009). The report submitted to the GMC on an annual basis is currently called an Enhanced Annual Return (EAR) and all responses are published on our website. The School's response was used by the team to inform the visit and relevant areas were explored as part of the 2010/11 visit cycle.

Priorities for 2011/12

39. The focus of activity in 2011/12 will be on the following key areas:

a. delivery of Stage 3 in Malaysia, including the ability to deliver end of year 3 assessment in Malaysia to the same standard as in the UK

b. development of clinical placements

c. extent of modification required to deliver the programme in Malaysia

d. blueprinting of assessments

e. modification to Stage 2 OSCE in light of the requirements within this report

f. student support services

g. capacity of School resources as recruitment continues

h. staff development for new faculty in Malaysia

40. Quality assurance activities to assess the quality of content and delivery of Stage 3 during 2011/12 will include:

a. meetings with members of the School responsible for: the content and delivery of Stage 3, assessments, inter-professional learning, student support, planning for delivery of the curriculum and assessment systems for Stage 4.

b. discussions with students and teachers for Stage 1 and 3

c. discussions with the clinical placement providers.

d. discussion with Malaysian authorities, such as the Malaysian Medical Council (MMC) and Malaysian Ministry of Health (MMH).

e. observation of the Stage 3 assessments.

f. analysis of assessment blueprint documentation

The Report

Domain 1: Patient safety

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

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

Student Fitness to Practise (FtP)

41. The School reported that discussions with partners in Malaysia to identify the likely issues around student fitness to practise when the programme transfers from Newcastle to Malaysia had taken place, and indicated that student fitness to practise issues were likely to be similar to those within the UK. The GMC met representatives of the MMC and discussion of the main categories of fitness to practise concerns within Malaysia supported the School's view that the issues were comparable. The MMC informed the GMC that their equivalent guidance to *Good Medical Practice* did not include any requirement for students in relation to fitness to practise.

42. The School's policy on FtP has been amended for the Malaysian context, so that one policy covers both Newcastle and NUMed. The School has thresholds in place to allow more minor issues to be dealt with informally. For example if students get a grade below satisfactory, they have to meet with their tutor and one of the School counsellors to explore the reasons for this. These triggers and early diagnostic measures are aided and monitored through the Medical School Administration System (MedSAS) computer system. The use of MedSAS allows the School to log all issues and identify where a student continually has minor issues raised. A number of minor issues would trigger the threshold, and cases would then be referred to the Pro-Vice Chancellor in Newcastle for a decision on whether to instigate an FtP investigation. Where a formal FtP investigation is required, an experienced representative from Newcastle could be sent to Malaysia in order to provide externality to the process.

43. The School indicated that the Hospital Director would be delivering a lecture to the students at the beginning of the 2011/12 year, to emphasis the Malaysian expectations of students and doctors. Teaching from the School on FtP will be staged and delivered as appropriate throughout the course, so initial teaching will only cover what students need to know for their first years of teaching.

44. The team noted that professional conduct was different in the UK for example approach to confidentiality, and the team will need to monitor the FtP process and how the School works with clinical teachers to ensure that students comply with FtP guidance and outcomes related to professionalism in *Tomorrow's Doctors*.

Joint working with the Malaysian authorities

45. The School continues to work closely with the Malaysian authorities. The Deputy Director General of Health of the MMH visited Newcastle in the 2010/11 academic year, and the School is mandated to invite the MMC to visit NUMed, but are waiting for training to begin in Malaysia before a date is agreed for this. The School meets regularly with the Malaysian Ministry of Higher Education.

46. Two MMC observers joined the GMC team during the visit to the NUMed campus in Malaysia in July 2011. Following the visit, at a meeting between the GMC and MMC, the MMC observers reported to the other attendant MMC members their views on the compatibility of the two QA models, and indicated that they believed joint working would be possible and beneficial. Following the GMC visit to Malaysia in July, the MMC conducted their own visit to NUMed, and the School reported that they were also given the impression that joint visits would be feasible.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

Quality Management

47. The quality management (QM) of support services will be by logging access to support services, monitoring uptake, and evaluation by students who access the services. The systems described to the team for the QM of support services appeared basic, and their effectiveness will need to be reviewed next year once students have begun training in Malaysia and the support services are operational.

Patient and Public Involvement

48. Progress towards full compliance with *Tomorrows' Doctors* (2009) is continuing, and the team explored with the School areas of *Tomorrows' Doctors* they had indicated in their EAR to the GMC with which they were not yet compliant. In particular the team explored the School's progress with patient and public involvement (PPI) and inter-professional learning (IPL). The School indicated that establishment of the necessary networks to facilitate PPI and IPL had proved a challenge until staff transferred to Malaysia and this work is still in development.

49. The School discussed ways in which it is trying to include a patient contribution, and gave three examples of how this was being achieved in Newcastle: quality management through feedback from patients following the family study module; the Foundations of Clinical Practice module and feedback from simulated patients through the OSCE. The School reported in July that some positive progress was

being made towards beginning to establish networks for the facilitation of PPI initiatives.

50. The School is, as with other schools, finding that PPI in curriculum and teaching development is proving problematic. The School confirmed that one way it is trying to achieve this is through the involvement of lay representatives on curriculum and assessment committees and working groups. The School is seeking to recruit an academic with assessment expertise from within the University, but from a non-medical discipline, to sit on the new Examinations Sub-Committee. The School indicated that it had begun recruiting role-players in Malaysia and the School plans to involve them in providing feedback on students' performance, as they do in the UK.

Agreements with clinical placement providers

51. A detailed memorandum of understanding is in place with the MMH, covering the provision of placements and costs for the training of students. The organisation of the placements is done through the Johor State Health Departments, and the School meets regularly with them. The Hospital Sultan Ismail and Hospital Permai are to be used in 2011/12, and will be the main sites, with a number of other, smaller, centres to be used additionally in future. There are six community clinics, to which the School has access, and of these, Gelang Patah and Sultan Ismail clinics will be used for the 2011/12 academic year.

52. The School is funding necessary improvements to clinical placement sites, for example the building of two new meeting rooms at the Gelang Patah Clinic to facilitate teaching for students. Hospital Permai will be moving into brand new purpose built premises for the 2011/12 academic year funded by the Malaysian Ministry of Health. This site has been built with students in mind.

53. The team considered that the sites visited had the potential to provide good learning opportunities to students.

54. The School confirmed that there is a small annual placement fee for each student to cover the costs of training, and that this money is kept separate from the funds for the Newcastle programme. The NUMed programme is self-funding, as the students' fees cover the costs of the build, as well as the running costs and staff wages. The NUMed Board reports into the existing governance structures within Newcastle around their finances.

55. MMC observers noted that Newcastle had engaged well with local health providers.

Student evaluation

56. Analysis of the students' evaluation of Stage 1 showed that overall the Malaysian students reported greater satisfaction with their teaching than Newcastle students.

There were some aspects with which the Malaysian cohort appeared to be less content than the Newcastle students, such as feeling part of the community and induction. The School has identified these as an issue, and has already changed the group constitution, integrating NUMed students in the current Stage 1 (2010-2011 cohort) with Newcastle students. Nevertheless, the team was concerned that other outlier results for the NUMed cohort had not been fully addressed. As well as continuing to evaluate the NUMed student's experience of the course, the School must provide a detailed analysis of student evaluation for 2010/11, including comparative analysis of the results from Malaysian and home students, and consideration of anomalies in results.

57. Student involvement in QM has been achieved through student representation on School committees. The NUMed students in Newcastle had representation on both the Stage 1 and 2 committees, and the NUMed specific committee. The School reported that NUMed student representatives on committees reported similar issues to those reported by the Newcastle student representatives. The School is required to have a student committee within the NUMed programme, and this will be set up once the students are in place in 2011/12.

58. The School reported that Malaysian students on School committees in the UK showed a slight reluctance to offer evaluation but that this improved over time with continued opportunity and staff encouragement. The School indicated that students entering Stage 3 in NUMed, with experience of working in the UK, will provide role-modelling to Stage 1 students on providing evaluation. Additional opportunities for Stage 3 students to evaluate their clinical placement experience will be provided through the half-day reflection period on Fridays which will begin in 2011/12. This session will include a group discussion on their experiences, as well as the use of interactive audience response tools to gather anonymous opinions from all students for immediate display to the entire group.

59. Student evaluation of early patient contact has prompted the School to initiate plans to increase early patient contact in both Newcastle and Malaysia. One example of such an initiative in Newcastle is the development of a clinical experience bank, which links a group of volunteer students to a list of community, hospital and radiology clinical facilities in which consultants and General Practitioners have offered students the opportunity to attend and gain experience. The School believes this will be easier to roll out in Malaysia, as more placements are available for students and the initiative will be taken on for development by the senior team in NUMed.

Domain 3: Equality, diversity and opportunity

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

60. Demographic information is collected by the School about the NUMed students, for the Malaysian government. The Malaysian government requires country of origin and religion to be reported. The team noted that only a small proportion of the

students provided information regarding their religion and the School indicated that this was because students were not accustomed to being asked about this. The Malaysian government is particularly keen to collect data on the country of origin of students, because of the effect this might have on where students might undertake their postgraduate work; one of the aims of the NUMed campus is to increase the Malaysian medical workforce. The agreement with the Malaysian government also has a requirement for a certain quota of international and Newcastle staff within the NUMed faculty. Some basic demographic data will therefore be collected and recorded on staff members. At full capacity the programme will have approximately124 staff, of which at least 10% will be from Newcastle University, and the other 90% will be Malaysian nationals or international.

61. The School sees the opening of the NUMed campus as a positive opportunity as all staff will be newly recruited and will need to undertake equality and diversity training on taking up their appointment. The recording of this training should provide a complete record of training upon which to build. Equality and diversity training provided will be based on, and comparable with, that provided in Newcastle. Equality and diversity training for new staff was scheduled but had not taken place at the time of the July 2011 visit, as the School indicated that it was waiting until it had a more complete cohort of staff, in order to minimise the duplication of training sessions.

62. Malaysia's population is made up of three main ethnicities, with a range of languages, and a number of religions, and students are therefore used to living with a diverse range of cultures and ethnicities. In the context of the health service interpreters are commonplace for example, and at least one member of staff has had experience of working in a similar situation in London. The School reported that one of the key challenges with regards to the UK approach to equality and diversity has been with respect to social status. The School indicated that they were enforcing a policy of respect for all staff, and that this was to be enforced with zero tolerance for non-compliance. The team will investigate the effectiveness of this policy once students are in place.

Domain 4: Student selection

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

63. The recruitment processes for Newcastle and NUMed Malaysia are the same, but the applications for NUMed Malaysia are received, and the recruitment activity dealt with, in Malaysia. The NUMed admissions policy is based on the Newcastle admissions policy, and was ratified by the Newcastle University Board of Studies. Selection criteria includes interview scores, and A-Level, international baccalaureate, and equivalent grades; UK Clinical Aptitude Test (UKCAT) scores are not a primary requirement for selection, but these scores are considered in cases where candidates fall just short of the accepted grade or score for selection from A-Levels or the international baccalaureate.

64. The School indicated that the qualities it is looking for in students are the same in both Newcastle and Malaysia, but adapted to the Malaysian context as appropriate. For example, interviewers are looking for an understanding of health services in general, and therefore in Malaysia the candidate is not expected to discuss the UK health system, and it would be expected instead that they would talk about their own health service. The interview panel consists of two members, and there is a schedule of nine domain areas that must be covered during the interview. An element of variation is present within the interview, as some of the questions are varied to the specifics of the candidates experience, for example whether they studied A-Levels or the international baccalaureate. The team was reassured that the variation was limited to enable discussion of the different academic programmes of students but not to affect the consistency and fairness of the process.

65. Stage 1 students met by the team expressed some concerns about the standards for recruitment when the programme transfers to NUMed. Students appeared confused by the selection criteria, and indicated that some students had undertaken UKCAT whilst others had not, and a variation in the minimum A-Level grades required for entry was also reported. The team fed back these concerns to the School, and recommended that clarity was provided to students on the requirements. The team will continue to monitor the required standard for entry to the NUMed programme in future years, including reviewing any recruitment data analysis undertaken by the School.

66. Recruitment and training of interviewers within Malaysia will have to be undertaken, but the School plans to balance panels with new and experienced interviewers, as they do in Newcastle Interviews for the 2011/12 academic year were carried out by members of the NUMed senior team. The School has started to introduce new staff into the recruitment processes, by mentoring new staff and having them sit on interview panels in a supernumerary capacity. The School intends to continue the mentoring role with new staff for the first couple of years, and will supplement this with the training materials as used in Newcastle.

67. Recruitment for the new cohort of students entering Stage 1 in 2011/12 was still on-going when the team visited Malaysia, but the School indicated that to date 90 offers had been accepted. The total target cohort size for admission for the 2011/12 year is 100 students, and of these accepted offers, the majority were still conditional as students' results were still awaited. UK and European Union residents are ineligible to apply to the NUMed programme.

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

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

Curriculum design and structure

68. Some minor adaptations to the delivery and structure of the curriculum have been made to fit with the Malaysian context. For example, the delivery of cases in Malaysia and the UK will be slightly out of synchrony for operational reasons, but the same curriculum will be covered during the programme, and both courses will meet the same outcomes. Stage 1 in Malaysia will commence with a case on pregnancy, rather than Cystic Fibrosis as in Newcastle, as Cystic Fibrosis is less common in Malaysia than in the UK. Stage 3 will begin with the Foundations of Clinical Practice module as it does in the UK, but the order of placements will be amended to accommodate the smaller number of community placements available within Malaysia. The rearrangement also reflects an earlier integration of infectious diseases than in the UK.

69. The School ensures that improvements identified in the process of reviewing the Newcastle programme in Malaysia are fed back into the Newcastle programme. For example, Dengue Fever was identified as a necessary addition for teaching in NUMed, because of the high prevalence of this disease in Malaysia. The Board of Studies subsequently identified this as a useful topic for the teaching of infectious diseases for Newcastle students too, and has approved this amendment to the Newcastle course. The team commend the School for the willingness to use identified amendments to the NUMed programme as an opportunity to improve the training within Newcastle.

70. The School has a three phase approach to reviewing curriculum content: review by Newcastle based teacher with Malaysian experience, a focus group involving Malaysian students, and third phase of review by Malaysian course directors. The key change for stage 1 was for the pregnancy case study around the timing of care in Malaysia compared to the UK.

71. The key cases for Stage 2 will be considered over the coming year, ready for the start of Stage 2 teaching in Malaysia in 2012/13.

72. The formulary for use by NUMed students will also need some amendments to fit clinical practice and prescribing within Malaysia. The School confirmed that there were some differences in the preferred drug options between the UK and Malaysia. The formulary is currently being revised by the School in preparation for the first cohort starting Stage 3 of the programme in Malaysia in September 2011, and the team will want to see the amended formulary, with the changes for Malaysia clearly marked, ready for the 2011/12 visit cycle.

73. The School has developed an interactive curriculum mind-map, which is available to students and teachers though the virtual support environments. For each outcome the curriculum map shows where it sits in the programme, the strands and courses where it is covered, how it links to clinical and professional skills, and which case histories and assessments relate to it. Teachers met by the team valued the

tool. The team was encouraged by this development, and will be interested to review this in more detail when the curriculum map is finished, as well as to gauge students' opinions of the tool.

Student Selected Component (SSC)

74. Although the School has decided not to make a SSC in community or primary care within the UK compulsory for NUMed students, the School has reviewed the ratio of students to the number of available SSCs and there is capacity for all Malaysian students to undertake an SSC in the UK if they chose to. Quality control of SSCs in Malaysia will be undertaken using the same process currently in place in Newcastle. Data on the quality of the placements is collated through student evaluations and there is also guidance for supervisors on what they should be doing and how often they should be seeing students. Standards for SSCs will be applicable to delivery in Malaysia and will include the training and induction of all supervisors, as well as the calibration of assessments.

75. The School's EAR indicated that the School was still struggling to deliver the *Tomorrow's Doctors* outcome for the formulation of relevant research questions and the design of appropriate studies or experiments to address this. In Stage 1 'Methods of Enquiry' the students learn about critical appraisal and searching, and this leads into their first SSC and literature reviews. In addition the public health module in Stage 1 also provides an introduction to the broad principles of research and enquiry. Research is then addressed in more detail in the SSCs in Stage 4, the first of which is an audit or research project. The School reported that although the vast majority of students complete an audit rather than a research project, this prepares students sufficiently for practice.

Teaching and Learning of Stage 2 students

76. Students confirmed that they have sufficient time for self-study, and the School confirmed that the timetable for teaching in Malaysia also provided time for this. Students may be required to take three compulsory subjects (Islamic or Moral Studies, Malaysian History and Bahasa Malay) once they begin training in Malaysia. ,The only language requirement for teachers at NUMed is English, which is in keeping with the requirements for the teaching on the NUMed course.

77. During the previous visit in 2009/10 the students indicated that they wanted to be integrated with the Newcastle students, rather than being taught as a separate cohort. This year there are 14 groups within the Newcastle programme, with approximately two Malaysian students per group. Students reported positively on the integration. An added benefit of the reorganisation is that the Malaysian students feel the increased need to converse in English. The students felt that this had improved their standard of spoken English.

78. A blended approach to curriculum delivery has been taken by the School, with around 70% to 80% of the curriculum integrated into the key cases. The School

indicated that the areas which are less integrated include the ‘Medicine in the Community’ and ‘Personal and Professional Development’ strands; these strands are constantly reviewed to ensure that the outcomes for these modules are being delivered effectively. The School stressed that although teaching for these modules is not always integrated, lectures link back to the key cases wherever possible, to ensure that students can put the teaching back into context.

79. Anatomy teaching in Malaysia will differ in approach from that delivered in Newcastle, as students will not use cadavers. NUMed students will instead use a combination of plastic models, imaging, and body painting for their anatomy teaching. No cultural barriers to teaching using body painting have been identified for Malaysia. The School intends to use imaging teaching for anatomy within Newcastle as an accompaniment to cadavers, once the teaching method has been applied in Malaysia.

Inter-professional learning

80. The School has been meeting with nursing colleges and a nursing and physiotherapy college in Malaysia in order to try and establish opportunities for IPL. Initial discussions on a proposal have taken place, but the detail of exactly how and when this IPL will be delivered has not yet been agreed. A number of the sites visited by the team in Malaysia (Hospital Sultan Ismail and Galang Patah Clinic) also had nursing students training within them.

81. Some examples of opportunities for learning from other professionals were identified in obstetrics and gynaecology, where medical students work alongside nurses and midwives. The School also indicated that Hospital Sultan Ismail has a large rehabilitation facility, ensuring that in Stage 3 students will learn from other professionals. It is less clear what opportunity will exist for learning with nursing and physiotherapy students to enhance clinical learning but communication has been opened between the School and local health professional training colleges to explore this further.

Clinical placements and experience

82. Prior to the transfer of staff to Malaysia both the School and team shared some concerns about cultural differences in patients’ engagement with their treatment between the UK and Malaysia. The School has looked at ways in which the Family Study module in Stage 1 could be adapted, as required, to fit the Malaysian context. The Family Study module involves students meeting a patient, both at the clinic and at their patient’s home, through the course of, and post pregnancy. In the Malaysian healthcare model, the location of patients’ treatment is far more flexible, and patients do not need to register with and attend any one particular clinic. Prior to the transfer of staff concerns had been raised as to whether students following a patient throughout their pregnancy would be possible, but a recent survey undertaken by the School indicated that the majority of patients would be willing to see students in their home. This feedback indicates that it may be possible for the Family Study module to

be undertaken in Malaysia as it is in the UK, and negates some of the concern about the differences in the healthcare models, and the effect of this upon training. The School is currently recruiting patients for the family study module and the team will want to review how effectively this module works in practice in Malaysia.

83. The team was impressed with the openness with which the School expressed potential discrepancies in practice in clinical, primary care, community and mental health in comparison with the UK, and constructive approaches the School was taking of working with the health service in Malaysia. The team noted the extensive engagement with mental health care, primary & community care, and secondary care services, and considered that it was likely the range of placements would provide learning opportunities to allow students to meet the outcomes of *Tomorrow's Doctors*. However it was clear that a number of the outcomes would be met in very different health service constructs than in the UK. For example in Malaysia community care does not provide the same gateway to healthcare as in the UK, for example many chronic conditions would be seen in the outpatients of secondary care centres rather than primary care. Similarly mental health issues which may be treated by general practitioners in the UK, for example depression, are more likely to be experienced by students in the outpatients clinic of a mental health hospital.

84. The School's report on the obstetrics and gynaecology service, and the team's tour of the Hospital Sultan Ismail demonstrated that an appropriate amount of experience was available. Issues were highlighted around the taking of consent and maintaining confidentiality within wards, as well as potential cultural sensitivity around the termination of pregnancy. The School is considering ways to address these issues through teaching delivered in Malaysia that highlights discrepancies in practice between the UK and Malaysia. The Course Director for obstetrics and gynaecology has been working in the UK for 10 years; one as a Consultant and so has extensive experience of UK practice.

85. The 2010 report on the delivery of mental health within Malaysia highlighted issues around:

a. a lack of training/resources for teaching;

b. lack of skills in staff, and time pressures for provision of teaching;

c. stigmatisation of mental illness;

d. prescribing practice, for example the overuse of antipsychotic drugs and Electroconvulsive Therapy;

e. lack of psychotherapy;

f. less investigation than appropriate to UK practice;

g. poor record keeping;

h. differences in the legislative framework.

86. Despite the issues identified, the School is confident following the review that training in mental health is deliverable, and believe that the available case-mix is conducive to the delivery of basic medical education. Additionally the School indicated that they felt some of the issues might be a problem for postgraduate training but should not impact on undergraduate education. The team was particularly concerned about differences in prescribing practice within Mental Health in Malaysia, with specific concerns, for example, on the dosages used in treatment. The team will need to review the effectiveness of clinical teaching when this is operational within Malaysia.

87. Attitudes towards mental health are different in Malaysia, and the School has plans to address these differing attitudes within the programme. The School considers the new Mental Health Act in Malaysia to be bringing mental health treatment in Malaysia much more in-line with the UK. Legal issues, such as patient autonomy and care in the community were indicated to be much more enshrined in this act, although the School indicated that practice may still not be in line with standards within the UK. Patients' rights are now stated within the Malaysian Mental Health Act, including a requirement to treat patients with dignity and to ensure confidentiality. The School and the MMC indicated that currently these rights are aspirational. The MMC supported the School in working with local faculty and clinical sites to move towards this as is expected of all Malaysian health services.

88. The lead teacher for psychiatry within NUMed trained and practised in the UK, and has experience in both Newcastle, and London health care contexts where there is notable diversity in language and culture. The appointment of the UK lead will facilitate the teaching of psychiatry; helping to address the concerns regarding the lack of psychiatry training and access within Malaysia. The first psychiatry placements are not until January 2012, allowing time for the NUMed faculty to be trained in the requirements for teaching.

89. Primary care services are delivered in a different format in Malaysia in comparison to the UK. Experience in community medicine placements will be gained within Community Clinics, and outpatient clinics in mental health at local hospitals, including the Hospital Permai. Overall across community clinics and outpatient clinics students would gain an appropriate variety of experience. Community clinics in Malaysia have more immediate access to diagnostic equipment and results, with laboratory facilities and x-ray equipment at some sites. Experience of continuity of care is different from that in the UK, due to patients not being registered with any one specific clinic, however chronic illness clinics take place, as in the UK, for conditions such as asthma and diabetes. The team will need to monitor the experience of students training in community medicine, particularly whether the lack of experience of UK systems allows students to meet the standards and outcomes of *Tomorrow's Doctors*. Despite the differences between the UK and Malaysian health systems

however, it appears at this stage that achievement of the outcomes of *Tomorrow's Doctors* will be possible in Malaysia; however the health system in which the students are learning is clearly very different from that in the UK.

90. The School indicated that clinics were staffed by Assistant Medical Officers and nursing staff. Family Medicine Specialists were attendant at the clinics once every two weeks. The team was concerned about the level of seniority and the day to day supervision of students within the community clinics. The School should only place students in community clinics where there is adequate supervision from senior medical staff.

Student feedback on assessment

91. Provision of feedback to students following assessment will be delivered in Malaysia, as in the UK, through individual written feedback (including data interpretation), access to their exam scripts, and group talks on the trends and areas for group development. Further formative feedback is provided by examiners at the end of each station during the Stage 1 OSCE. The School acknowledged that student feedback was still work in development and being refined as at many schools across the UK. The School highlighted that a pilot was introduced this year, in which students received individual feedback on each item of the Stage 1 OSCE. This pilot feedback included information broken down by where the students sit within the quartiles and a breakdown of the information by domains (such as professionalism). The Learning Support Environment (LSE) has full guidance on this data for students and the information is feeding into piloted personal learning plans, so that the students can discuss their performance in the assessment with their personal tutor.

92. Students who achieve a borderline mark are invited to meet with a curriculum lead. The School sees this less as a form of feedback, and more as a development tool to try to identify why the student is under-performing, and to direct the student towards any necessary support. The same process will be adopted for the NUMed programme, although the School is working on how some of the areas of support, such as study skills, can be provided. The School indicated that most areas of support will be provided locally, with the exception of disability support, for which NUMed will seek advice and guidance from the Newcastle Student Wellbeing Service,.

Assessment

93. As with the teaching of the programme, the assessments in Newcastle and Malaysia will be the same, with minor adjustments for context in Malaysia as required. Examinations will be run concurrently in the UK and Malaysia to prevent cross-contamination.

94. Assessment blueprinting was identified as an area for improvement during the last visit cycle and although some progress has been made it remains an issue. A

new Examinations Sub-Committee has been set-up by the School, and one of the topics which this group will consider is the production of an over-arching blueprint for each stage of the assessment system, matched to each stage of the curriculum. The School has also set-up an Assessment Working Group to carry out a wider review of assessment. Details of both the membership of the Assessment Working Group, and the planned areas of work for 2011, were provided to the team. Following the visit to Newcastle in March 2011 the School provided the team with the assessment blueprint for the Stage 2 written exams, which the team considered satisfactory, and a blueprint for the OSCE at the end of Stage 2, which the team considered lacked detail and required further development. The School was unable to provide a fully revised assessment blueprint for the whole course, as this work was still being undertaken by the Assessment Working Group. The School must provide a timeline for the review and delivery of the complete suite of assessment blueprints, in line with the requirement set in the 2009/10 report, and must provide the assessment blueprints for Stages 1, 2 and 3 as delivered in Malaysia as a part of the document submission for the 2011/12 visit cycle.

95. The School assesses its students against three domains: clinical and communication skills; knowledge and critical thought; and professional behaviour. These align broadly with the Outcomes of *Tomorrow's Doctors*. The Stage 2 OSCE is one of three assessments for the skills domain at Stage 2, alongside assignments for the SSC and Patient Study modules, and has the heaviest weighing of the three assessments. The team observed the Stage 2 OSCE, which consists of seven stations. There were four identical OSCE circuits running simultaneously and each circuit was run eight times, of which the visiting team observed three. The OSCE circuit included five clinical skills stations and two stations testing communication skills.

96. Observation of the OSCE demonstrated that overall the implementation of the OSCE by the School was adequate, and that the assessments appeared to be delivered in a uniform manner. Each station was six minutes in duration, with a one minute warning provided towards the end of the station, and 30 seconds turnaround in between each station. All students receive a briefing immediately prior to the start of the OSCE. The team observed one of these student briefings, which they felt was robust and helpful.

97. Foundation Year Two (F2) doctors were used as the examiners for all stations, which the team considered an interesting approach. This was the first time that F2's had been used as examiners, but the School has been using year four students as examiners in the December formative mock-OSCE for Stage 1 for three years. The examiner briefing the team observed on the morning of the visit only provided a recap on the overall process and the generic requirements of the examiners, and did not cover in detail the checklist of marks for each station. A further briefing followed for the F2 doctors on the specific station they would be examining, however this was very short and again did not appear to sufficiently cover the marking of each station. The School is confident that all of the examiners had attended training prior to the OSCE, although some had attended training much earlier in the year (training for the

Stage 1 OSCE) The lack of guidance provided to examiners on the criteria for marking each item on the checklist for the station created a potential for inconsistency in the marking by F2 doctors. The School should amend its examiner training and briefing to incorporate further guidance on criteria for the marking of items within each station, perhaps by involving other examiners in the station-specific briefing.

98. The marking scheme for each OSCE station includes a checklist of items to be marked during the assessment, but there is variability in the range of marks provided for each individual item on the checklists for the stations. For example some items had a choice of two potential marks, whilst others had three, four or five marks for the examiner to choose from. It was this aspect of marking that the team considered may require more careful training. The team was concerned that the complexity of the marking scheme, and limited training provided to the examiners, created the potential for inconsistency in marking. The School must carefully analyse the results from the Stage 2 OSCE, particularly with respect to inter-rater reliability, and provide the results to the team.

99. The team met the School's psychometrician and assessment leads in response to concerns highlighted by the team, regarding the unusually high reliability scores for the Stage 2 OSCE in relation to the number of stations. The team discussed the results of the reliability measure (Cronbach's alpha, 0.777) for the OSCE with the School. The School explained that they used the raw data from the checklists for each station to discern the reliability scores for the OSCE, rather than using an overall mark from each station, and acknowledged that the high number of skills tested on each station, could have had an advantageous impact on the reliability score. The team has concerns regarding the appropriateness of amalgamating and comparing the raw data in this way, and does not perceive this to be a robust way of measuring reliability. The School must review its marking schemes and its processes for measuring reliability of the Stage 2 OSCE, particularly with regards to how data are amalgamated across stations to inform this.

100. The team has previously raised concerns with the School about the reliability of a seven station OSCE and had indicated that if the Stage 2 OSCE was to continue to be used as a summative OSCE, the number of stations should be increased to improve reliability and fairness. Assessment leads within the School argued that while the Stage 2 OSCE is a summative assessment which students have to pass, it is an assessment of generic skills tested across a number of stations, and that skills were therefore being tested more than once within the seven stations. In addition the School indicated that they believed the assessment to be appropriate to the stage of training, as students undertook a further three OSCE assessments during the course of their training, the final OSCE in Stage 5 having 15 stations.

101. The team remains unconvinced that the sampling of skills in the Stage 2 OSCE is robust, and note that this approach does not fit with the School's philosophy of a spiral curriculum. If the Stage 2 OSCE is to continue to be used as a summative OSCE, the number of stations must be increased to improve reliability and fairness.

102. The School's Stage 2 data interpretation paper consists of 145 multiple choice questions, however the team consider that the examination actually bundles several extended matching questions under relatively few clinical contexts. The team were concerned that having five extended matching question items per clinical scenario meant that the sampling for this exam is in effect quite narrow, sampling across 29 areas rather than 145 areas, and does not comply with best practice. The team will review the examinations data from the School's internal question bank for each of the cases to ensure that the exam appropriately assesses the necessary outcomes.

103. The School has QM processes in place to ensure consistency in the marking of assessments. The mark awarded by each assessor and the feedback of role-players, is monitored for consistency by the School; if any examiner appears to be applying the marking criteria inconsistently, the School can identify this and provide remedial training or guidance as required. The data collected by the School is also used for quality improvement of the assessment tools, and to ensure consistency across the base units, and the same processes will be established for NUMed.

104. The School uses a standard-setting tool for their written assessments, based loosely on the Angoff model, however questions are not individually considered by the percentage of borderline students likely to get each question right. Each question is categorised in terms of its difficulty and awarded a cipher mark. The pass mark for the paper is then calculated by adding up these weighted marks. This method of standard setting is not validated and may not prove robust enough to withstand challenge. The School should comply with best practice in its approach to standard setting and the design of its written examinations.

105. The School combines the overall grade from a range of assessments, including the OSCE, Multiple Objective Structured Long Examination Records, and in course clinical assessments, to provide an overall pass rate for each phase of the programme. Each assessment is given a different weighting, and the School acknowledged that the students found this marking scheme complicated. Students and assessors have additionally expressed dissatisfaction with the School's use of grades to reflect the final marks, in particular at the wide spectrum that the 'satisfactory' grade covers. The School should review and simplify its method of combining component scores to produce an overall grade.

Assessment of Professionalism

106. The MedSAS system records all interactions with students, which includes any issues on professionalism. All students with recent concerns can be identified through the system and are reviewed monthly. In addition there is a course on professionalism in Stage 3, and a review of flags for all students at this stage. Assessment of professionalism in Stage 1 focuses on the monitoring of a range of behaviours such as: attendance at compulsory sessions; adhering to word counts; students' attitude in class; and submitting assignments on time. Meetings are held with any student who is assessed as unacceptable in three or more of these behaviours. If students are not marked as acceptable at their reassessment, then a

formal action plan is put into place, and the students must remediate in order to pass the professionalism element. The School highlighted the clear involvement of support services for students as an integral part of the assessment of professionalism.

107. The assessment of professionalism is carried out as a separate part of both formative and summative assessments. A separate report is completed by assessors where an issue with a student's professionalism is observed. Individual incidents will not necessarily result in any action, but if the student receives a number of reports this may result in a referral to meet with the Dean of Academic Affairs or the Dean of Clinical Affairs. In addition, where a student's professionalism is deemed to be seriously in breach, a meeting may be called immediately by the School to discuss their conduct.

108. The School has identified the role-modelling of professionalism as an important part of the Malaysian programme, as they are aware that potential discrepancies in norms of practice between the UK and Malaysia may mean that students are not always subject to the observation best practice. Staff and teachers are keen to address this by teaching and role-modelling expected behaviour, and to invite discussion of any practice they might observe that does not conform with this.

Assessor training

109. Some of the current external examiners will be extended for an additional year at the end of their three year term, in order to act as external examiners for NUMed next year and provide consistency. The School also indicated that they are sending UK external and internal examiners to Malaysia to further ensure consistency. There was only one external examiner in place for Stage 2 at the time of the visit, but the School indicated that they normally have two external examiners in place for each stage of training. The School informed the team that it would be appointing a second external to assist with Stage 2 next year.

110. Individual external examiners for the School only review assessment for one Stage. The external examiner met by the visit team reported that the School's provision of information, and responsiveness to the external examiners comments, was adequate. The external examiner attends the examination meeting with the School to discuss and review the marks of all students, and is also involved in making recommendations for the development of a strategy to deal with any failing students.

111. Training for examiners and role-players in Malaysia is a priority for the School, as the Stage 3 OSCE is scheduled for December 2011. The School assured the team that all new examiners will be trained prior to undertaking assessments in Malaysia. Training for the assessments will be based on that delivered in Newcastle, and will use the same materials to aid standardisation. The School is also developing Assessment training guides, and will be making video clips available via the teaching support environment (TSE). As in Newcastle a briefing will take place for examiners

and role-players on the day as a reminder of the key issues. Further support for assessors around the giving of feedback will be delivered through a full day programme developed by the School.

Student assistantships

112. Student assistantships within the UK often make significant use of Foundation doctors, for the supervision of medical students, and for shadowing opportunities. Within Malaysia there is a 2 year period of housemanship training that all graduates must take up immediately following completion of their medical degree. The School indicated that there are more than sufficient numbers of housemanship trainees available within Hospitals to support students undertaking assistantships.

The 'shadowing' period

113. It is unclear currently what, if any, shadowing opportunities exist within Malaysia for medical students prior to them taking up their first housemanship post. The School will be working with the Malaysian Ministry of Health to ensure that suitable shadowing opportunities are delivered. There may be a discrepancy in the required standards of clinical practice at completion of medical school between the UK and Malaysia. Students qualifying in Malaysia could potentially be expected to perform with less direct supervision and to a higher clinical standard on the first day of their housemanship. Students' placement into housemanship posts is dictated by the Malaysian government. This lack of student choice should provide an advantage to the School and the students as they will know well in advance which posts each individual has been allocated to, and can prepare each student accordingly. The team will need to monitor the preparation of students as the course progresses.

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

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

Academic and pastoral support and guidance

114. Staff recruited to provide and manage the support services for students had generally been recruited towards the end of the 2010/11 academic year. It was difficult for the team to evaluate the preparedness of the services and staff during this cycle, and this is therefore an area which the team will need to evaluate in more detail during the 2011/12 academic year. All support staff are in touch with their UK counterparts, and support and guidance is available through this contact.

115. All of the teaching staff at the School have been trained as personal tutors and will be expected to fulfil this role. Training for the tutor role was based on a range of scenarios, and on the different approaches and action to be taken

depending on the issue raised by the student. This may require the tutor to signpost the student for further specialised support. The team did not consider staff to be adequately prepared for this aspect of their tutoring role, and the School acknowledged that continued training would need to be provided as the staff develop experience within the role.

116. The School has appointed two counsellors to provide support to the students in Malaysia. Counsellors in Malaysia have to be professionally qualified and registered, and the School indicated that they have appointed two individuals with complementary specialisms to offer a broader spectrum of support to students. The School described the route of referral for student concerns, with staff's referral route being to the counsellors, and the counsellors referring to one of the Deans and/or occupational health depending upon the particular issue and its severity. The team was not confident that support staff were clear on their individual role and remit in mentoring and counselling; there is a lack of clarity from staff on the triggers for escalating students concerns. Whilst students in Newcastle have access to the full range of support services provided by the University, students in Malaysia have a more limited range of support services available to them within NUMed. The School must ensure that robust student support is available, comparable to that provided in the UK, and must provide reassurance of this by: demonstrating that counsellors are competent in dealing with student problems, providing an update on the training of staff with regards to mentoring and counselling, and providing any policies and support documentation for staff in dealing with the support of students.

117. A TSE has been developed by the School, and was launched in August 2010. This software is the equivalent to the LSE for teachers, and offers support and induction tailored to each specific user. Some of the features of the TSE include quick access to information on the students taught by each teacher, access to course materials and study guides, upcoming staff development opportunities, and the individuals' timetable. The software is still under development, and in future the School hopes to include online development courses. The team noted the TSE as a positive development for the support of educators.

118. Student support tools in Malaysia are the same as in the UK, and training for staff on the LSE had already begun, with training for support staff on the TSE scheduled for August on the sections required for each individual. MedSAS has not yet transferred to Malaysia, but this is planned and relevant staff will be trained in the use of this when it transfers. The LSE in Malaysia is tailored to the NUMed programme, although the majority of the content is the same as the Newcastle version. The version of the LSE in Malaysia is a mirror-site of the one in Newcastle, with data held on local servers to prevent any delay when accessing software or downloading resources. Updated information from Newcastle is uploaded overnight. If there are connectivity problems the LSE in NUMed can continue to operate independent to the parent site in Newcastle.

119. Development of library services are on target, with a small batch of books to be in place for the first year, targeted to the level of training and number of students

who will be in place initially. The librarian spent a few months in the UK, training in the relevant systems and reviewing the reading lists in place for the Newcastle programme. The School indicated that the librarian will also have a role in teaching information literacy skills to students. Occupational health services for NUMed students will be provided through a specialist provider that supports a number of organisations within Malaysia.

120. The School indicated that the whistle-blowing policy is available via the LSE, and that this is covered in induction. Students advised that the effectiveness of a whistle-blowing policy in Malaysia was doubtful, and that issues were unlikely to be reported in Malaysia. The School indicated that similar issues are faced within the UK, and that the effectiveness of the policy will have to be judged when the programme transfers. The team acknowledges the challenges around whistle-blowing, and encourages the School to closely monitor this, and continue to emphasise the importance of this policy with students.

Support for educators

121. A training programme for new staff is in place, and is delivered by members of the senior team on secondment from Newcastle. The training lead has attended all of the development sessions in Newcastle, and was using existing materials and courses to transplant the teaching and development sessions to Malaysia. The team was provided with a schedule for the induction programme, and this included topics such as; the curriculum, cultural differences in communication, assessment, teaching styles, question writing, student policies, pastoral care, professionalism, delivering feedback and equality and diversity. The School confirmed that induction in Malaysia will also include training for local staff in the use of the adapted key cases for learning. Specific training in the OSCE process will use an out of sync OSCE, for a student that missed their OSCE in the UK, as a training opportunity. Delivery of training on the OSCE process will take place nearer the time of the OSCE event. In addition to the induction programme, staff development meetings will be scheduled for Friday afternoons, when students have time out of teaching for self-directed learning.

122. The School has indicated that all staff who will be teaching or supervising NUMed students will be encouraged to complete a clinical teaching qualification, and will have compulsory peer review. All of the newly recruited non-clinical staff in Malaysia will be required to undertake and obtain the certificate of academic practice as a minimum. Staff from local hospitals who will be involved in the clinical supervision of students will also be trained, although to a different level targeted to their role. The School plans to use a version of the Royal College of Physicians, ‘Doctors as Educators’ programme, merged with the Newcastle training programme for these staff, and will agree minimum criteria for this training.

123. The standard of teaching expected will be emphasised through guidance, induction and role-modelling. Visiting faculty will also help role model the style of teaching expected, which will help to ensure consistency in the standard of teaching

delivered. Appraisal was reported by the School to be a fairly new concept within Malaysian appointees, but the requirement for this was made clear during the interviews. Newly recruited staff were not generally aware of appraisal processes, but the School indicated that the process had not yet been finalised for NUMed and that training on this had not yet occurred. The appraisal system will mirror the UK system, and will use the same materials. The School is not foreseeing any cultural challenges with the introduction of appraisal, and indicated that the introduction and development of Continuing Professional Development is a current priority for the MMH.

124. An on-line tool is currently being piloted by the School for evaluation of clinical teachers. The tool requires teachers to complete a self-assessment, with students then asked the same questions about the teacher. Once the students have completed the assessment teachers can compare their own scores with those attributed by students, as well as any anonymised free-text comments provided by students, and can also see their score in comparison to other teachers. In addition to the use of this tool for the teachers' personal development the School also plans to review this data through the appraisal process. The School plans to roll the tool out to NUMed, and use this data as an additional quality management tool.

Careers support

125. There is a central careers group, made up of tutors and senior clinicians, for both Newcastle and NUMed. There has been a careers lead, Dr Richard Price, in Newcastle for the last six years and a careers lead, Dr Mustafa Mubeen, has been appointed at NUMed. The School indicated that the resources in Newcastle would be drawn on for Malaysia, and that these would be accessed through information on the intranet, existing paper resources, and through face to face contact.

126. The School confirmed that careers advice would outline the options open to students: the expectations of the Malaysian authorities; and the limitations with regards to UK training, including immigration restrictions. In meetings with the team, NUMed students in Newcastle indicated that they were not clear of the format of postgraduate training, or of career opportunities within Malaysia beyond the two year housemanship programme. The team is cognisant that the students are still at an early stage of their training, and look forward to seeing the development of careers advice within the programme in Malaysia. Students continue to enquire about the potential for specialty training in the UK, despite the School previously confirming this had been discussed with the students. The School should continue to manage student expectations around the likelihood of their undertaking specialty training within the UK.

127. The School has researched the requirements of students' countries of origin with respect to training post graduation, to ensure that they can advise students appropriately with regards to their options post graduation. The School is also working closely with the Malaysian authorities, and the authorities of students' country of origin, to ensure that opportunities for completing housemanship training

within Malaysia are identified where possible. The team was pleased with the proactive support being provided by the School, and would encourage them to continue to provide this.

Domain 7: Management of teaching, learning and assessment

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

128. Course Directors have been designated as the leads for their clinical areas in line with the standards and outcomes of *Tomorrow's Doctors*, and assessment has been added as a requirement within their job plans. Each Course Director will be blueprinting their area of responsibility back to the required outcomes within *Tomorrow's Doctors*, and they will be supported in this work by the newly established Assessment Working Group, on which all Course Directors have a place.

129. The team was reassured that the School has implemented changes to the senior management team organisational structure to ensure stability and support to the School in Newcastle when some of the senior staff relocate to Malaysia. Significant expansion and re-organisation of the senior team has taken place over the course of the last 18 months, and some of the operational roles of staff have been backfilled, freeing up more time for the individuals concerned. The School has also been working to professionalise management support roles, such as course directors, by formalising funding arrangements, and including appraisal of educational roles as a mandatory part of consultants' annual appraisal. The team was impressed with the proactive and widespread approach that has been taken to contingency planning for the faculty in Newcastle, and would encourage the School to take the same approach in planning for the succession of senior staff within Malaysia on fixed term contracts.

Domain 8: Educational resources and capacity

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

130. The building of the NUMed campus in Malaysia, with the exception of the student accommodation block, has been completed in time for the students to begin training there for the 2011/12 academic year. Stage 3 students are scheduled to move out to the campus and begin training in August 2011, and the new Stage 1 cohort are due to start in September 2011. All of the necessary facilities, both with regards to physical teaching space and teaching materials, for the training of Stage 1 and 3 students will be in place as required. The educational facilities and infrastructure established at the NUMed campus at EduCity which are of a high standard and fit for purpose. The accommodation block being constructed by Iskander is scheduled for completion in December 2011. In the meantime a

contingency plan has been put in place whereby the students are being accommodated in a housing development adjoining the campus.

131. The clinical skills laboratory was scheduled for completion in August 2011, and was to be stocked with the equipment necessary for teaching in the 2011/12 year. The School will continue to develop the clinical skills laboratory and other resources over the coming years as and when required. A member of senior laboratory staff from Newcastle was scheduled to visit Malaysia for two weeks on completion of the laboratory in August 2011 to help train the newly recruited laboratory technicians. (TD159, 160)

132. Sports facilities for students will be available through the EduCity complex, a development independent of Newcastle University, which is scheduled for completion in summer 2012. There is an agreement in place with the University of Technology Malaysia to allow NUMed students to access their sports facilities in the interim. The School has also built some 5-a-side football pitches on complex which are scheduled to be complete for the students' arrival.

133. Recruitment of staff for the Malaysian campus is almost complete, with four senior officers appointed and seconded from Newcastle, and 17 clinical and non-clinical appointments offered, the vast majority of whom have a medical degree. Although not all of the staff are practising doctors, the fact that most of the staff have a medical degree provides an opportunity for all of the staff to help in the teaching of basic clinical sciences if required. The School plans to use some visiting lecturers from Newcastle to deliver specific modules within Stage 1, but Stage 3 of the course is deliverable entirely by the staff within Malaysia. Two of the new senior appointments who had never practised in the UK have had a period of induction in Newcastle prior to the start of the 2011/12 academic year.

134. The School indicated that the processes for immigration and obtaining a teaching permit took a substantial amount of time. In response to this, and in order to ensure that key appointments can input to the development of plans for the delivery of the curriculum, the School is accelerating their future recruitment drives for additional appointments. For example the Senior Anatomy Lecturer must be in place ready for the start of Stage 2 in 2012/13, but is scheduled for appointment in December 2011, so that the candidate can be involved in planning the curriculum. The School should continue the strategy of accelerating recruitment for future appointments, as the time required for training of new staff is potentially greater than was available to some of the first round of appointments.

135. One senior appointment remains unfilled: the Dean of Student Affairs. The School reported that they are now looking to train one of the Malaysian appointees for the role of Dean of Student Affairs, and will fill this responsibility in one of the later recruitment rounds. The School stressed that there is no equivalent post in Newcastle, but that student affairs is seen as an important function that would benefit from a specific post in Malaysia. For the first year, the School plans to cover this role through the skills of a number of other senior staff. The team is concerned that in a

department where all of the staff have been newly recruited, and many have not yet completed the induction programme, the lack of a lead is a potential risk, and would encourage the School to appoint a Dean of Student Affairs as a matter of urgency.

136. The School has decided that as communication skills are such an integral part of training, they do not want a separate lead for this. In order for communication skills to be integrated across teaching, all staff will need to be involved in its teaching, and will require specific induction and training for this. The School has co-communication skills leads in Newcastle, and these individuals will act as communication skills leads at a distance, with the Dean of Clinical Affairs taking responsibility for this in Malaysia. Following the visit, the School indicated that a potential future Communications skills lead in Malaysia has been identified. There is a potential gap that the lack of a communication skills lead might leave, and the dispersal of responsibility may potentially be a detriment rather than an aid. The School should monitor the delivery of communication skills and the impact of not having a communication skills lead at NUMed.

Domain 9: Outcomes

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

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

137. The team queried the assessment outcomes for the first cohort of NUMed students in 2009/10, and the apparent higher fail rate of NUMed students for written assessments. The School indicated that language skills had been identified as an issue, and that they were hoping that the merging of the NUMed cohort with the Newcastle students would improve this, as students had reported that they had appreciated the opportunity to practise their English skills. The team and the School are aware that this introduces a potential risk for the third cohort, as they will not have any experience of integrating with students in the UK. The team will need to monitor the outcomes of NUMed students in the third cohort in future years; particularly in comparison to their Newcastle equivalents, and to the first and second cohorts who had experience of training within Newcastle.

138. Recruitment of the first cohort was done differently from those that followed,, and the disparity in assessment outcomes may therefore be restricted to the first cohort. The School will monitor the assessment outcomes of future cohorts, but as the second cohort of NUMed students was integrated with the Newcastle students from the start, the School may not know for certain what the cause of the assessment outcomes discrepancy is until the results of the third cohort become available.

139. The School uses the demographic data they collect during recruitment within their quality management processes. The performance of every cohort of students is analysed against this data, for example the School looks at the results of the main programme in comparison to the four year graduate entry group, the partners group (students with a lower grade entry), as well as the NUMed cohort.

Acknowledgement

140. The GMC would like to thank staff of the School, both in Malaysia and Newcastle, and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Annex A

Glossary

EAR	Enhanced Annual Return
F2	Foundation Year 2 Doctor
FtP	Fitness to Practice
GMC	General Medical Council
IPL	Inter-Professional Learning
LSE	Learning Support Environment
MMC	Malaysian Medical Council
MMH	Malaysian Ministry of Health
MedSAS	Medical School Administration System
NUMed	Newcastle University Medicine Malaysia
OSCE	Objective Structured Clinical Examination
PPI	Patient and Public Involvement
PMQ	Primary Medical Qualification
QA	Quality Assurance
QIF	Quality Improvement Framework
QM	Quality Management
SSC	Student Selected Component
TSE	Teaching Support Environment
UK	United Kingdom
UKCAT	UK Clinical Aptitude Test

9 – Newcastle Medical School in Malaysia – Quality Assurance - Annex B

Challenges to the delivery of the standards within *Tomorrows Doctors 2009* (TD09) outside of the context of the UK health care system

1. In order to explore how the standards of TD09 can be met in Malaysia an understanding of the country's social, legal and healthcare context and the similarities and differences to the UK is important. Some background information on the population of Malaysia by ethnicity, gender and religion is provided below. A description of aspects of the Malaysian health care system is provided, along with some examples of differences and similarities to the UK. Some of the most challenging areas for the School in ensuring that students meet the outcomes required within TD09 in a Malaysian context are also outlined.

2. Malaysia is a multi-cultural country with three main ethnic groups, and a number of religions. The 2010 Malaysian Census[1], indicated a population of 28.3 million, of which 91.8% were Malaysian citizens. The ethnic grouping of the Malaysian citizens was defined as 67.4% Malay (Bumiputra[2]), 24.6% Chinese, 7.3% Indian, and 0.7% Other. Although Islam (61.3%) is the national and predominate religion, the population distribution by religion demonstrates the religious freedom of Malaysia: Buddhism (19.8%), Christianity (9.2%), Hinduism (6.3%), with other/unknown/no religion making up the rest of the population (3.4%).

3. The range of ethnicities, religions and cultures within Malaysia is not dissimilar to the cultural diversity found in the UK. Tensions have existed in the past regarding the economic and political strengths of the various ethnic groups, with historical issues around the relative economic power of the Chinese Malaysian community in comparison to other ethnic groups. A form of affirmative action has been in place for Malays (Malaysian New Economic Policy) for a number of years to address the perceived economic imbalance.

1http://www.statistics.gov.my/portal/download_Population/files/census2010/Taburan_Penduduk_dan_Ciri-ciri_Asas_Demografi.pdf

2 Bumiputra is a term used to incorporate indigenous Muslims who practice Malay customs and culture, as well as certain non-Malay indigenous peoples. The term is defined in the Malaysian Constitution, but is subject to some variation between states. The Bumiputra definition allows a distinction between this group and, for example, Malaysian Citizens of Chinese descent.

4. The national language of Malaysia is Bahasa Malay, although English is widely spoken. In addition, Tamil and Chinese dialects are also spoken by significant proportions of the population. The course in Malaysia will be taught in English, in line with the requirements of the GMC[3]. The School indicated during our visit to Malaysia in July 2011, that students studying at NUMed may have to take additional compulsory courses in Islamic or Moral Studies, Malaysian History and Bahasa Malay. These requirements are set out by the Malaysian government, but the School was trying to negotiate with the authorities in Malaysia to gain exemption from these requirements.

5. The legal framework of Malaysia is mainly based on the common law legal system, although Muslims in Malaysia may be subject to local Sharia law in respect to some issues. A couple of key differences between the UK and Malaysia are that homosexual acts are illegal in Malaysia, and that termination of pregnancy is legal only in certain cases where the health of the mother or foetus is at risk[4]. Required experience within obstetrics and gynaecology is not detailed in TD09, and so no specific requirement exists that students should have exposure to termination of pregnancy. Also the illegality of elective termination, does not preclude students from gaining experience, as terminations for health reasons do still occur. A further point of interest is that that contraception in Malaysia, although available, is reported as having a poor uptake.

6. The School is clearly trying to ensure staff awareness of the cultural differences between the UK and Malaysia, and to ensure the programme and their approach is sensitive to these differences. For example, the School has reviewed case studies and amended them for a Malaysian context. Malaysian nationals in the UK have been contributed to these amendments. Changes have been kept to a minimum, but include, for example, changing the names of the fictional patients within the case studies where alcohol is involved. As a multi-cultural country, the sale and consumption of alcohol is not illegal in Malaysia, but as Islam prohibits drinking alcohol, the names provided in case-studies are not Islamic names. The School's sensitivity in this context appears appropriate.

Equality and Diversity

7. In 2010/11 the GMC received demographic data on the second cohort of 41 students from the School which indicated age, gender, race, marital status, nationality, and disability status of students. Some limited data was provided for the first cohort of 24 students in 2009/10, which only indicated the nationality and gender of students.

8. The gender split of the first two cohorts of students included more female than male students (63% in 2009, and 76% in 2010).The gender split of the population in Malaysia is similar to that of the UK, with a male to female ratio of 1.01 for Malaysia,

[3] Guidance on UK medical education delivered outside the UK, 25 September 2009 http://www.gmc-uk.org/UK_medical_education_delivered_overseas_FINAL.pdf_28119232.pdf

[4] www.un.org/esa/population/publications/**abortion**/doc/**malaysia**.doc

and 0.98 in the UK[5]. No barriers to examining patients of the opposite gender have been identified in discussion with the School or the students.

9. The information provided about nationality indicated that the vast majority of students were Malaysian (96% of cohort one, and 85% of cohort two). It should be noted that 83% of students in cohort one and 64% of students in cohort two were on Majlis Amaah Rakyat (MARA) sponsorships[6]. MARA sponsorships are provided only to Bumiputra students, and the University has an agreement with MARA to provide students to the course, subject to them meeting the selection criteria.

10. In line with data protection, the ages of the students were not provided in the information provided to the GMC. Information pertaining to the religion of the individuals was missing form the demographic data set, and it appears that this was not provided to the School. The marital status of all of the students in cohort two was single.

11. The visit team have not yet explored equality and diversity and reasonable adjustments for students and applicants with a disability in detail with the School. All students in cohort two were reported as having no known disability. It is not clear what the approach to disability within Malaysia is, and whether the same legal protection is afforded to individuals with a disability. The MMC standards[7] refer to disability in a similar vein to TD09, in that it states that 'physical disability should not preclude a student from consideration for admission'. It is not clear whether any applicants to NUMed had a disability, or whether there are any barriers to accessing medical school for individuals with a disability. The School has generally used the same policies for NUMed as it does for its UK programme, with minor amendments made where necessary. The admissions policy for NUMed is based on that used in the UK, and commits the School to abiding by the principles of the UK's Equality Act 2010. This is an area which the team will be exploring further with the School during the 2011/12 visit cycle.

12. Detailed requirement and context 67 of TD09 states that 'Medical Schools should have clear guidance on any areas where a student's culture or religion may conflict with usual practice or rules, including when on placements, for example dress codes or the scheduling of classes and examinations'. NUMed has had to give a lot of thought to this from the outset. The School has a number of different religious and cultural holidays that it must take account of when planning teaching and examinations. Where necessary, religious and cultural holidays in Malaysia will also impact upon the exam dates in the UK.

13. Staff from Newcastle University who are working at the campus in Malaysia have been familiarising themselves with Malaysian culture, for example by celebrating the various holidays with their Malaysian colleagues. The School acknowledges the importance of the cultural differences, and is ensuring that Malaysian students will have access to support from Malaysian staff, as well as from

[5] https://www.cia.gov/library/publications/the-world-factbook/index.html

6 Majlis Amanah Rakyat (MARA) is a Malaysian government agency, translated as Malay for Indigenous People's Trust Council.

7 Guidelines on criteria and standards for accreditation of medical degree programmes in Malaysia

staff from the UK. The support systems in Malaysia were new and evolving during the team visit to Malaysia in July 2010, and the students were not yet training in Malaysia, so the team are unable to make a judgement on the effectiveness of support. This will be followed up during the 2011/12 visit/s.

Communication

14. Bahasa Malay is the national language in Malaysia, but a number of other languages are used by large sections of the population. The use of interpreters within clinical settings is common in Malaysia to account for this. UK students will experience similar consultations though less frequently.

15. Although the Outcomes of TD09 require students to be able to communicate effectively with the relatives of patients (Outcomes: 15a and 15b), it should be noted that in Malaysia consultations will frequently be with a family as a whole, rather than as is more common in the UK, with an individual.

16. The School has indicated that the relationship between medical professionals and other healthcare professions is more hierarchical in Malaysia, than is commonly found within the UK. It should be noted that although the relationships between healthcare professionals within the UK has generally advanced in recent years, this can also be variable in the UK. Opportunities for students to learn with and from other professionals (TD Outcomes: 22a-22d) in Malaysia have been discussed with the School, although the learning opportunities will not begin to be taken up until this academic year. The visit team observed nursing students training in the community clinic visited in July 2011, and were informed that nursing students also rotated through one of the main hospital sites taking NUMed students.

Good Medical Practice (GMP)

17. TD09 requires through Outcomes 7, 20a, and the inclusion of 'The duties of a doctor registered with the General Medical Council', that students will comply with the ethical guidance and standards within GMP.

18. Students at NUMed will also be expected to act in accordance with the ethical guidelines of the MMC[8]. Although the guidance of the UK and Malaysia are largely compatible, there are more guidance and expectations within GMP and a significant difference does exist in relation to induced non-therapeutic abortion. This is considered 'a serious infamous conduct and if proved to the satisfaction of the Council, a practitioner is liable to disciplinary action'.

19. The question of whether it is possible for students to comply with both sets of guidance is important. As part of the 2011-12 visit activity a detailed mapping of GMP and the Code of Professional Conduct will be undertaken. This mapping will include the revised version of GMP which is currently open for consultation and expected to be agreed by late 2012.

[8] Code of Professional Conduct - http://mmc.gov.my/v1/docs/Code_of_Professional_Conduct.pdf

The NHS and the UK Health Departments

20. There are a small number of paragraphs within the detailed requirements and context of TD09 that refer specifically to the NHS and/or the four UK Health Departments. Some of these, such as the statements at paragraphs 158 and 165, provide a more contextual view on the role of the NHS. In other instances however, such as in the 'Outcomes of the Doctor as a Professional', the reference is a specific requirement for students. Outcome 23c refers to gaining an understanding of the framework in which medicine is practised in the UK. In this case and others, we will need to be clear as to whether we require students studying at NUMed to meet this as stated, and/or whether we require students to gain the same understanding for the practice of medicine in the Malaysian healthcare system.

21. TD09 includes detailed requirement and context for students and Schools to be aware of the 'four UK Health departments' guidance on exposure-prone procedures', at paragraph 142. The teaching of Malaysian guidance on exposure-prone procedures is necessary in this instance, as this is likely to have an effect on students' practice in due course. Under Domain 1 of TD09 (paragraph 32) 'students are responsible for following guidance issued by the UK health departments and other organisations about their access to patients in NHS hospitals and community settings' and also need to be aware of 'departmental guidance…which may have an effect on their practice in due course'. This is one of a number of references within TD09 that raise the issue of other ethical, legal and clinical guidance with which the School and students will need to comply[9].

Clinical practice

22. The GMC visit team had the opportunity when they were in Malaysia in July 2011, to visit some of the sites at which students will be undertaking clinical placements, and to speak to staff at these sites. The team were in many cases reassured that the delivery of education and training, and the experience of the students is likely to be sufficient to meet the outcomes of TD09. However the team will continue to investigate how the outcomes will be met as the programme develops and this will form part of quality assurance activities during the 2011-12 visit/s. Outlined below are some of the differences identified between clinical practice in Malaysia and the UK.

23. Some very different health beliefs and practices were noted in relation to obstetrics and gynaecology. The antenatal care screening programmes and visits in Malaysia are not the same as in the UK, and there is more emphasis on seeing health care assistants rather than doctors, women may go through their entire pregnancy without seeing a doctor. Alternative and complementary medicine is

[9] Specific guidance and legislation referred to includes: 13e 'the assessment of a patient's capacity to make a particular decision in accordance with legal requirements'; 14j 'Contribute to the care of patients and their families at the end of life, including…practical issues of law and certification'; 19c refers to data protection legislation; 64 refers to the requirement Schools have to take into account Gateways and 'other relevant legislation' for dealing with students with disabilities; and paragraphs 138-144 refer to students' responsibilities and rights with regards to their own health

generally very popular in Malaysia, and as an example medical humoural theory[10] is particularly strong throughout pregnancy and postpartum. The team have not yet been able to investigate the detail of the delivery of care throughout pregnancy fully, but one further example of difference, is that access to epidurals in labour wards is quite poor. Despite these differences between healthcare systems in the UK and Malaysia however, the hospital visit undertaken by the team revealed fairly similar management of labour practices. A number of the medical staff on the ward had trained in the UK, and it appeared that the experience that the students received would be good.

24. There are many similarities between the primary care systems of Malaysia and the UK. Both systems are a substantial part of the whole health care system; they both include a majority of the patient interactions that take place in their respective countries and both systems manage relatively undifferentiated patients. The Malaysian health care system does appear to offer a plentiful supply of patient interactions for students.

25. There are also a number of differences between the systems that should be noted. The organisation of care; the level of experience and training of medical staff; the level of supervision and the clinical experience, in terms of clinical case-mix and population demographics. Again, TD09 do not appear to explicitly mandate what students will experience in UK primary care, but the assumption that GMC approved courses would be delivered in the UK can perhaps be seen in the reference to experience of general practice and in general practices in TD106, 'Clinical placements must be planned and structured to give each student experience across a range of specialties, rather than relying entirely upon this arising by chance. These specialties must include medicine, obstetrics and gynaecology, paediatrics, surgery, psychiatry and general practice. Placements should reflect the changing patterns of healthcare and must provide experience in a variety of environments including hospitals, general practices and community medical services. Within each placement there must be a plan of which outcomes will be covered, how this will be delivered, and the ways in which students' performance will be assessed and students given feedback'.

26. There are two pathways for postgraduate vocational training to be a family doctor in Malaysia. The first, a public sector pathway, is to study a Masters of Family Medicine course through a consortium of Malaysian medical school universities[11]. This is a structured, part-time, four year long course, with an entry point following the mandatory housemanship training and compulsory medical service in the health care system. Successful completion provides recognition as a Family medicine Specialist within the public health system. The second pathway is a four year training programme offered in the private sector by the Academy of Family Physicians of Malaysia[12]. The entry point depends on prior experience and learning, but must include a minimum of two years practice.

10 This theory which has been largely discredited in Western Medicine held that the human body was filled with four basic substances, called four humors, which are in balance when a person is healthy. All diseases and disabilities resulted from an excess or deficit of one of these four humors. The four humors were black bile,yellow bile, phlegm, and blood.

11 http://fms-malaysia.org/home/?page_id=2

12 http://www.afpm.org.my/omni/omni

27. The Malaysian primary health care system is much less medically-oriented than the UK system, with two primary care systems running in parallel. While there is substantial variation in services between clinics, they tend to be extremely busy, and the style of care appears to be more likely to be episodic rather than continuing, comprehensive care. The private system is paid for through fees for use of the service, and services may be provided by any medical practitioner. The public system is heavily taxpayer-subsidised (with a small co-payment), in which primary care clinics are staffed by mostly non-medical staff; a range of assistants and paramedics, nurses, midwives, and junior medical officers in their mandatory service period.

28. Being a family medicine specialist is not a mandatory requirement for working in Malaysian family medicine. The majority of services are provided by non-vocationally trained doctors who work in rural clinics, hospital outpatients and emergency departments, public health clinics and armed forces clinics. This means that supervision by doctors, in particular family medicine specialists is less easily achieved. Only a minority of services in clinics are provided by Family Medicine Specialists.

29. The clinical case mix in Malaysia is also different. There is for example a much greater prevalence of infectious diseases, including many that do not occur in the UK such as yellow fever and Japanese encephalitis, and different rates of chronic diseases with a higher rate of chronic obstructive pulmonary disease in Malaysia and some forms of cancer more prevalent in the UK and elderly care as life expectancy in Malaysia is 72 while in the UK it is 79 years[13].

30. A report produced by the School, and shared with the visit team for the 2010/11 cycle highlighted a number of differences in the experience of psychiatry for students in Malaysia compared to those in the UK. These included: a lack of training and resources for teaching; a lack of time and skills to deliver teaching; stigmatisation of mental illness; differences in prescribing practice, for example a greater use of antipsychotic drugs and Electroconvulsive Therapy in Malaysia; lack of psychological therapy; less investigation than appropriate to UK practice; poor record keeping; and differences in the legislative framework.

31. The school indicated that they were confident that students would be able to gain adequate experience in psychiatry, but that due to the way in which service is delivered in Malaysia, the majority of this experience would be gained through the mental health hospital placements. From the information provided by the School and the observation of the team during their visit in July 2011, it appeared that much of the clinical caseload dealt with in the outpatients' clinic at the mental health hospital was equivalent to what would be managed in primary care in the UK. There is a lack of psychological therapy available within Malaysia, and although there is an issue in the UK in access to psychological therapies, unlike in the UK there is no support

[13] http://www.who.int/quantifying_ehimpacts/national/countryprofile/malaysia.pdf; http://www.who.int/gho/countries/gbr.pdf; http://www.who.int/countries/gbr/en/

from a non-medical workforce trained in psychological therapies to assist in the delivery of this.

32. The School has appointed a UK trained individual as the lead teacher for psychiatry, and hope that this will facilitate teaching and help to address some of the concerns regarding the lack of training for teaching. The Hospital Director (clinical lead) for the Mental Health Hospital expressed a commitment to developing teaching resources, and the new hospital site had spaces identified for teaching.

33. A new Mental Health Act has recently been introduced in Malaysia, in part to address stigmatisation of mental illness. Legal issues, such as patient autonomy and care in the community, were indicated to be much more enshrined in this act. Patients' rights are also now stated within the Malaysian Mental Health Act, including a requirement to treat patients with dignity and to ensure confidentiality, although the School and the MMC indicated that currently these rights are aspirational. While it should be acknowledged that the stigmatisation of mental health is also an issue in the UK, the team are concerned that this appears to be more pronounced in Malaysia.

Preparation for the next stage of training

34. The Malaysian government requires all Malaysian students to undertake a period of further training and service within Malaysia, in the form of a two year housemanship training programme and a further two years in service in a government hospital. These requirements are in part a response to issues in Malaysia with regards to retention of doctors. The school is liaising with other countries such as Sri Lanka to develop housemanship opportunities for students of other nationalities in their country of origin.

35. TD09 refers to preparing students for their transition into Foundation training, however Malaysian students will instead undertake housemanship training. It should be noted that the Outcomes are designed specifically to ensure graduates are prepared for the transition into Foundation training. (TD09 Domain 1 paragraph 37)

> 'By awarding a medical degree, the awarding body is confirming that the medical graduate is fit to practise as a Foundation Year One doctor to the high standards that we have set in our guidance to the medical profession, Good Medical Practice.'

36. However the School has indicated that the expectations of housemanship trainees may be greater than of UK Foundation doctors in terms of the level of involvement and responsibility of graduates.

37. Paragraphs 109 and 110, in reference to the student assistantship, again refer to preparing the student for their role as and F1 doctor, and require the student to be under the supervision of an F1 doctor. Reasonable adjustments are required here to account for the different training structure the NUMed trainees will move into on completion of their PMQ. The School believe that organisation of the 'shadowing' period should be possible, and indicate that they would hope to be able to find out further in advance than is currently possible in the UK, into which placement each student will be moving. As such the School plan to use the student assistantships to

help prepare students specifically for the placement into which they will be moving, and to help provide the additional training and support the students may need in order to begin their housemanship role.

Professionalism

38. Fundamentally we need to consider whether the TD09 outcomes around professionalism can or can not be met by the NUMed graduates, when what is meant by 'professionalism' is in some respects very different. The School's approach to addressing this is not only to teach the UK approach to professionalism, but to try to internalise the UK approach within the Malaysian system. The School has indicated that they intend to work with trainers and supervisors to introduce them to a UK style of teaching and practice. Staff working at the clinical sites, particularly the Hospital Directors are keen to learn and train in new ways of working.

39. Some specific examples have been described to the team by the School, of practice at odds with the UK understanding of professionalism. For example in obstetrics and gynaecology, consultants were reported to openly discuss the case histories of patients in the middle of wards in front of other patients and their families. The School's plans to train the clinical workforce surrounding students in new ways of working similar to those used in the UK appear ambitious, and the team are wary of the time that this will take to be established.

Potential barriers to full registration

40. The MBBS programme delivered at NUMed Malaysia is not open to nationals of the UK or EU, and it is anticipated that graduates from the NUMed Malaysia programme will hold provisional registration from the Malaysian Medical Council. NUMed graduates will hold a UK PMQ and will therefore be entitled to provisional registration with the GMC if their fitness to practise is not impaired. As holders of a UK PMQ graduates will not be eligible to sit the GMC Professional and Linguistic Assessments Board (PLAB) examination.

41. Graduates will only be able to progress from provisional to full registration if they undertake an approved programme for provisionally registered doctors, the F1 year within the UK. Changes to immigration rules have however made it more difficult for overseas doctors to get visas to work and study in the UK. Additionally the Malaysian government requires all Malaysian students to undertake both the two year housemanship training programme, and a further two years in service in a government hospital.

42. Taken together these restrictions mean a NUMed graduate who had not undertaken F1 in the UK would never be able to work as a doctor in the UK. Despite the efforts of the School to communicate this, the students have repeatedly enquired about their eligibility to practise in the UK. This will be more acute if the GMC develops proposals to limit the time doctors can remain provisional registered and these doctors may never receive recognition of their professional standing.

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