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

This visit is part of the new schools quality assurance annual cycle.

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

Summary

<table>
<thead>
<tr>
<th>Medical school</th>
<th>Barts and the London School of Medicine and Dentistry</th>
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<tbody>
<tr>
<td>University</td>
<td>Queen Mary University of London (QMUL)</td>
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<td>Programmes</td>
<td>MBBS Malta</td>
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<td>Dates of visit</td>
<td>25 March 2019 (London)</td>
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<td></td>
<td>10 &amp; 11 April 2019 (Malta)</td>
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Key Findings

1. Barts and the London School of Medicine and Dentistry accepted its first cohort of students to the Malta programme in August 2017. At the time of visiting the 2017 cohort has 30 students and the 2018 cohort has 27 students.

2. The team visited Barts and the London School of Medicine and Dentistry medical school at both the London and Malta sites as part of the quality assurance process. During the visit to London, the team met with the senior management and quality management teams, the assessment team and the admissions team. During the visit to Malta, the team
met with senior management, key stakeholders, associate deans, the student support team, Year 1 and 2 students, clinicians from Gozo General Hospital (GGH) and Karin Grech with responsibilities for students, and Malta Primary Health.

3 During the visit, the team discovered several areas that are working well in the programme. These include the continued quality of anatomy teaching (including access to the 21st century facility on the GGH campus), the strong leadership offered by the Associate Deans, the creation of a specific role within the pastoral support team that offers psychological support and the attachments in Primary Care.

4 However, the team also identified various areas that could be improved on. These include addressing the language issues that still persist, using the Staff Student Liaison Committee (SSLC) to improve the understanding of student expectations, using feedback from the student survey to improve the school’s student support team and providing equitable administrative support across all clinical environments.

5 In addition to this, the team continue to be concerned about the lack of educational governance systems. We heard about a lack of communication with the Maltese Medical Council and the team believe it would be beneficial for the school to foster closer relationships with them. We also heard how students have not been able to develop clinical skills during Medicine in Society placements. Finally, some students reported that their learning can sometimes be limited due to their early exposure to inter professional learning.

### Update on open requirements and recommendations

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<tr>
<th>Open requirements</th>
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<tr>
<td>The educational culture in the Mater Dei Hospital must align to the Barts and the London School of Medicine</td>
<td>To be discussed at subsequent quality assurance activities. The school must continue to work closely with each local education provider</td>
<td>Open</td>
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<td>and Dentistry arrangements (the students will not be in secondary care placements until the academic year 2019-2020).</td>
<td>(LEP) on a continuing basis to align educational cultures. The University of Malta Joint Committee meeting to discuss the start of Year 3 took place in November 2018. The school have prepared documents to support the recruitment of an Associate Dean for Mater Dei.</td>
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<tr>
<td>2 Quality management mechanisms at Barts and the London School of Medicine and Dentistry and quality control mechanisms with local education providers in Malta and Gozo require further work and detail. This should include: - Identification of an educational leader within each local education provider, including at primary care providers; - More formal links between Barts and the London School of Medicine and Dentistry and the local education providers; - Formal appraisal and feedback mechanisms between organisations and between students and teachers.</td>
<td>The school has recently appointed an Associate Dean of Karin Grech Hospital. The terms of reference for a termly Associate Deans Team meeting have been established and the first meeting took place in in December 2018. A job description for the Associate Dean role in Mater Dei is being finalised and will be advertised shortly. Clinical teaching has been limited so the clinical teaching appraisal system will be implemented as the students start the clinical years.</td>
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<td>3 Paediatrics, mental health and obstetrics and gynaecology are areas requiring more detailed clinical educational capacity mapping as part of Barts and the London School of Medicine and Dentistry’s stress-testing and risk</td>
<td>A detailed timetable for the clinical placements has been formulated. Monitor through Malta Medical School Operations Group.</td>
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<td>mitigation work.</td>
<td>The school must demonstrate a culture that both seeks, and responds to, feedback from students and educators (and indirectly, from patients via the LEP arrangements); this, especially around compliance with standards of patient safety and care, and on education and training. Whilst never binary, these can be viewed as patient/service-facing and student-facing. The school should improve communication with current and future cohorts of students to ensure that they receive timely and accurate information about the concerns they raise, both educational and pastoral.</td>
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<td>4</td>
<td>Patient-facing issues: a) We noted a lack of awareness of the policy of raising concerns. The school must make sure learners know what to do if they have concerns about quality of care, and they should encourage students to engage with these processes. b) The students have continued concerns about the prevalence of the Maltese language in clinical settings and about the future implications for their</td>
<td>The Deputy Dean for Education (Malta) and the Director of Operations (Malta) hold regular meetings with the Gozo Society President in addition to updates provided through the SSLC. The Gozo Society President of BLSA is also represented on the Malta Medical School Operations Group so they are able to participate in discussions regarding the development of the campus, facilities and programme.</td>
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education. The school should be explicit in its expectations in this area and be responsive to any local rulings and legislative changes.

Student-facing issues:

a) The students have continued concerns about progress with regards to their facilities and learning environments (buildings). The school should be as transparent as possible (we understand the constraints of being an intermediary in a complex chain of command) with students when explaining the future timeline for completion of the medical school and other facilities, and seek their feedback regarding how to improve their learning environments and study spaces in the interim period. We recommend that the school involves the students more in decision-making with regards to the non-curricular aspects of their time on Gozo.

b) The school must ensure that the students have access to resources to support their health and wellbeing, and to pastoral support, including confidential counselling services and occupational health services.

| 5 | The school must ensure that students understand the | The school has identified what career support is available to students who | Open |
A careers seminar for all Malta students took place on 21 January.

6 While the school is clear that histology teaching is delivered appropriately and is consistent with the London programme, the students’ perceptions are different. The school should analyse feedback from students on this aspect of teaching and respond.

The school have appointed a new Histology lecturer who started on February 1st 2019. The new lecturer will be updating and redeveloping the on-line histology learning for both London and Malta.

7 The school must provide clarity with regard to plans for, and implementation of, appraisal systems for both students and educators.

The school have commenced the MedPro and Barts Portfolio which is a framework for student knowledge, skills, personal development and professional development. All students have been assigned a Medpro tutor and have had their first of three annual meetings.

8 The role of student support should be completely separate from that of assessment.

The role of student support is now separate from that of assessment. This has been communicated to students verbally and in their Student Support information booklet.

<table>
<thead>
<tr>
<th>Open recommendations</th>
<th>Update</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>1 Barts and the London School of Medicine and Education Supervisor training, mapped to the professional</td>
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</table>
Dentistry will need to show how they are introducing a learning culture that is consistent and clear across all learning environments. A development framework for educators as set out by the GMC concerning the educational standards and domains (Domains 1-7 for Educational Supervisors) has been attended by 9 consultants from GGH and 8 consultants from Karin Grech hospital. This training is for clinical educators who teach students in their secondary care placements, either in student-selected components or Medicine in Society placements. For continued accreditation, plans are in place to provide refresher courses and a three yearly appraisal for educational leadership.

GP tutors are orientated to the teaching methods used at Barts and the London by a series of workshops offered by experienced London-based faculty, which started in July 2017. 23 GPs have attended a compulsory Introduction to the Barts Curriculum and an Introduction to Teaching session, akin to the Introduction to Teaching in Primary Care (ITTPC) course we deliver in the UK.

<p>| 2 | Barts and the London School of Medicine and Dentistry will need to demonstrate their ambitions for inter-professional learning. | The students now in Year 2 have commenced their MedSoc2 module where they shadow and are taught by allied healthcare professionals. An important learning outcome is to understand how the multidisciplinary team works together to contribute to the healthcare of patients. Significant organisation in Gozo General Hospital and Karin Grech Hospital ensures that all students receive a broad and diverse experience across a range of specialties. Students regularly are on placement with students from other disciplines. | Closed |</p>
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<tr>
<th></th>
<th>We would like to see how opportunities for students to use the Mater Dei Hospitals skills centre for learning are being developed.</th>
<th>The school have no plans for their students to use the skills centre in Mater Dei hospital as they have their own centres in Gozo for Clinical Skills teaching and it would be inappropriate for them to appropriate the facilities of another university.</th>
<th>Open</th>
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<tr>
<td>4</td>
<td>Barts and the London School of Medicine and Dentistry will need to demonstrate how they are ensuring clinical teachers meet necessary standards so that students receive a consistent experience with the London students.</td>
<td>For continued accreditation, plans are in place to provide education supervisor refresher courses and a three yearly appraisal for educational leadership. Feedback is collected from students at the end of every module.</td>
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<td>5</td>
<td>Barts and the London School of Medicine and Dentistry will need to demonstrate how they are progressing secondary care educator development, and specifically Education Leads, including how they will work with local education providers to ensure tutors receive adequate training and development.</td>
<td>All clinicians at Mater Dei will be expected to complete the same clinical supervisor training as is expected for tutors at all LEPs. Careful analysis and consideration of the University of Malta timetable will be a very important factor when developing the Barts and the London clinical placement timetable.</td>
<td>Open</td>
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<td>6</td>
<td>The implementation of the Barts and the London School of Medicine and Dentistry curriculum will require further work, particularly with clinical teachers. The need for curriculum alignments between Barts and the London School of Medicine and Dentistry and the University of Malta curriculum, particularly Years 3 to 5, will require</td>
<td>The school have appointed an Associate Dean at Mater Dei Hospital and three module leads in both Gozo General and Mater Dei Hospital. The newly appointed staff are recognising and recruiting local clinical teachers. The school are working with the Mater Dei module leads to reduce the potential impact of additional student numbers. Where clinical teaching is aligned, it has been agreed with the Deans of both medical schools, that the students can be taught together</td>
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<td>you to demonstrate strong collaboration at operational levels.</td>
<td>with University of Malta students on activities such as ward rounds and outpatient clinics. The school will continually monitor that the clinical exposure meets their curriculum needs. Regular student and staff feedback will be discussed at relevant committee meetings, which will inform discussions of the Joint Committee with the University of Malta.</td>
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<td>7</td>
<td>The school should align the expectations of the current student cohort to the reality of what will be delivered and ensure that any future marketing for potential students is explicit.</td>
<td>The school will continue to regularly update and improve the information shared on their website. Updates on the build and any news about the course will be included in emails sent to enquirers. The school can hold more open days as well as virtual online open days, allow continued visits from prospective students and staff in key schools and add new videos and photographs of the new facilities as and when they become available. For current students, a newsletter is distributed to students on a termly basis with additional updates provided where there is a change to expected completion dates or for significant events.</td>
<td>Closed</td>
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<td>8</td>
<td>To prepare students for their application to the foundation programme, the school should share plans for their introduction to situational judgement tests.</td>
<td>The school will highlight the hidden curriculum to the students so they will know when they are being given information which will support their preparation for the SJT. The best exposure to prepare for the SJT is being active on clinical placement therefore the school will ensure students are aware of the opportunities for their personal development. Students will be guided</td>
<td>Closed</td>
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<td>to the UKFPO website and GMC Good medical practice.</td>
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<td>9</td>
<td>We would recommend that the school indicates on the Objective Structured Clinical Examination (OSCE) station instructions the number of stages or questions included in the station so that students are able to pace themselves and successfully complete each station within the required timeframe.</td>
<td>All 5 Objective Structured Clinical Examination (OSCE) blueprinting committees will be informed and will be asked to ensure that the number of questions is clearly identified in the instructions, if there are any. For the majority of stations questions are reserved for the final minute where students may be asked up to 2 questions.</td>
<td>Closed</td>
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<td>10</td>
<td>We recommend that OSCE examiners’ badges should include their name in case students want to provide feedback afterwards.</td>
<td>Yes. The school will do this in the next OSCE.</td>
<td>Closed</td>
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</table>
Areas that are working well

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Areas that are working well</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Theme 1 (R1.20)</td>
<td>We heard about the continued quality of the anatomy teaching, including the access to a 21st century facility on the GGH campus.</td>
<td>36</td>
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<tr>
<td>2</td>
<td>Theme 2 (R2.13)</td>
<td>We heard about the strong leadership offered by the Associate Deans at the active hospital sites.</td>
<td>51</td>
</tr>
<tr>
<td>3</td>
<td>Theme 3 (R3.2)</td>
<td>Learners and educators both praised the creation of a specific role within the pastoral support team that offers psychological support to contribute to student’s wellbeing.</td>
<td>55</td>
</tr>
<tr>
<td>4</td>
<td>Theme 5 (R5.4)</td>
<td>We heard that the attachments in Primary Care (MedSoc &amp; EPC) are working well, with time incorporated for teaching the students. The GP tutors appear to have an enthusiastic approach to teaching.</td>
<td>82</td>
</tr>
</tbody>
</table>

Requirements

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

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

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

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<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Requirements</th>
<th>Report paragraph</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 1 (R1.3)</td>
<td>The school must ensure students of the Malta MBBS programme obtain</td>
<td>7</td>
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www.gmc-uk.org
competence in the Maltese language to a level that allows them to communicate adequately with all patients and staff. To this end the school must establish, after consultation with the students, the level of Maltese language students require by the start of Year 3 and how the school will achieve this.

2  Theme 2 (R2.1)  The school must have effective, transparent and clearly understood educational governance systems and processes to manage and control the quality of medical education and training. This includes having clear thresholds for triggering policies, methods of monitoring low level concerns, demonstrating a use of appraisal and feedback to maintain and improve the quality of systems and also demonstrating how the student experience is captured and valued.  40

**Recommendations**

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Recommendation</th>
<th>Report paragraph</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 1 (R1.5)</td>
<td>The school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Theme 1/ Theme 3 (R1.5/R3.2)</td>
<td>The school should include questions in their own student survey on the use and value of the student support team in Malta. This will help them to continue to improve the service.</td>
<td>16</td>
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<tr>
<td>3</td>
<td>Theme 1 (R1.19)</td>
<td>The school should make administrative support equitable across all clinical</td>
<td>33</td>
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environments.

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<tr>
<td>4</td>
<td>Theme 2 (R2.3)</td>
<td>The school should make extensive efforts to improve their communication with the Maltese Medical Council. We believe it would be beneficial for the school to foster closer relationships with them.</td>
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<tr>
<td>5</td>
<td>Theme 5 (R5.4)</td>
<td>The GP/Clinical Tutors should be empowered to allow students to develop clinical skills further during Medicine in Society/EPC placements, including providing opportunities for supervised clinical examinations.</td>
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<td>6</td>
<td>Theme 5 (R5.4)</td>
<td>The school should ensure that student’s learning is not limited and repetitive due to excessive exposure to inter-professional learning.</td>
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**Findings**

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on ‘exceptions’, e.g. where things are working particularly well or where there is a risk that standards may not be met.
Theme 1: Learning environment and culture

<table>
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<tr>
<th>Standards</th>
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<tr>
<td><strong>S1.1</strong> The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</td>
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<td><strong>S1.2</strong> The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</td>
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Raising concerns (R1.1), Dealing with concerns (R1.2)

1. The school demonstrates a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences. Prior to our visit, we were provided with a copy of the school’s ‘raising concerns form’ and ‘student’s raising concern policy’.

2. The associate deans informed us that they have been notified of the raising concerns policy. They have not had to use the policy yet but they reassured us that they would know how to implement it if they needed to. We were told that if the associate deans have concerns, they would complete the relevant forms and escalate the concerns to the CEO of the hospital.

3. The clinicians at Karin Grech Hospital told us that if they have a concern, they would first report this to the associate dean. There appears to be an enthusiasm for students to initially attempt to resolve concerns with those involved themselves. Then, following this, use the formal incident reporting system mechanisms to report the concern. The clinicians were keen to emphasise that they use such incidents as a learning opportunity for the students involved.

4. The educators at Malta Primary Health also told us that they are aware of the raising concerns policy that is in place; however no one has had to use the policy yet. They are encouraged to discuss any potential concerns they have about a student with their associate dean, who will then seek to address the issue immediately. We were given examples of action that has been taken and issues that have been resolved via this mechanism.

5. However, when talking to the students, the majority of them did not appear to be aware of how they would raise a concern if they encountered one. They appeared to be unaware of the policy but they do know that it is listed in their handbook, which they have access to. If the students needed to raise a concern, they would have access to the relevant policies and information that would enable them to do so.
Learning from mistakes (R1.3)

6 Throughout our visit it became apparent that the school, despite attempts, has not yet managed to find a solution to previous issues raised with regards to the language problems that have been a theme throughout the quality assurance process.

7 Students still reported issues with the use of the Maltese language throughout their clinical placements, both in primary care and secondary settings. Maltese language courses commenced in March 2019 and they were made available to both educators and learners. There is a belief that the issues with language are principally in primary care settings. Consultations often naturally revert to being conducted in Maltese, resulting in translations being required for the students to fully grasp the situation.

8 During our discussions with students, we heard how language barriers existed throughout the programme. Students feel that they need a Maltese speaker in the consultations with them and the patients, and they often communicate with patients via a translator. As a result, the students do not hear directly from the patients and they are sometimes only provided with an overview from the GP in the room with them. We were told that some GPs do make an effort to find patients who speak English.

9 Several students expressed the belief that a basic grasp of the Maltese language should be a requirement to commence the programme. Their lack of Maltese is limiting their clinical skills experience. Some students had meetings with patients’ relatives, who spoke good English. The clinicians at Karin Grech noticed the enjoyment students took from these meetings and commented that if the students had more communication with patients and their relatives, they would feel more included. This in turn would increase their enthusiasm and attendance at such meetings.

10 We heard from the associate deans that they do have patients at their hospitals and practices who are able to speak English. However language becomes an issue when all those involved, such as the patient, doctor and receptionist, default to speaking Maltese.

11 It became clear from discussions, with both educators and learners, that it would be beneficial if students were required to obtain a particular level of Maltese language. This will be defined after the school hold discussions with students and it would greatly enhance their learning experience throughout the programme.

Requirement one: the school must ensure students of the Malta MBBS programme obtain competence in the Maltese language to a level that allows them to communicate adequately with all patients and staff. To this end the school must establish, after consultation with the students, the level of Maltese language students require by the start of Year 3 and how the school will achieve this.
The school demonstrates a culture that seeks and responds to feedback from both learners and educators. They use Jisc (a tool that runs the student surveys) to gather this feedback. The JISC tool had a low response rate and there was a lack of evidence that it was being used to drive quality into the system. Routine collation and analysis seemed lacking, and this links to the teams’ observations around lack of educational governance arrangements.

The School also use the Staff Student Liaison Committee (SSLC) as a form of feedback. Prior to our visit, we were provided with copies of the MBBS Malta SSLC Minutes from various different meetings. Students provide verbal feedback via the SSLC, for example expressing concern over the lack of social space, which the school then sought to address. The student representatives on the SSLC gather feedback from their fellow students by verbal discussions and messaging. As they are relatively small cohorts, the students communicate with each other regularly.

There does appear to be a concern that the majority of the feedback via the SSLC is verbal communication, presented to a group of individuals, rather than being recorded on an established system. It became clear that the SSLC does not always represent the full student view and the school could make better use of it. This would help improve the school’s understanding of student expectation. We also heard concerns that staff commitment to attend the SSLC was variable, and at times poor.

When talking to the associate deans, it became apparent that they appreciate the importance of gathering student feedback. They meet with the students regularly, not only in their roles as clinical tutors but also as associate deans. They listen to the issues students are having and try to address these. During the associate dean meetings, the associate deans then give updates on the feedback they have gathered.

We discovered during our meeting with student support staff that the school does not seek feedback from students on the use and value of their student support services. Despite students discussing support available to them at the SSLC, there are no official questions in the school’s surveys or mention of student support in the Jisc reports. The student support team appears to be functioning well and has improved since last year. We recommend that the school seeks to confirm this impression by adding questions into their student survey on the use and value of the service by students. This will help them to continue to improve the service.

Students are able to provide feedback after lectures and they can submit feedback forms once they have completed the modules. Within these feedback forms they are able to mention specific lectures if they want to. This will help develop the quality of the programme in the future, using student feedback.
Recommendation one: the school should make better use of the JISC, SSLC and other forms of student input to improve their understanding of student expectations.

Recommendation two: the school should include questions in their own student survey on the use and value of the student support team in Malta. This will help them to continue to improve the service.

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

During our visit, it became apparent that the school has plans to ensure there are sufficient educators who are suitably qualified, so that learners have appropriate clinical supervision whilst also creating the required learning opportunities. The associate deans told us that ahead of receiving the Year 3 students, they feel comfortable with the current capacity. They currently have a small cohort so there are no issues with this; however they did express concerns that if the cohort was full, there may potentially be problems.

Identifying learners at different stages (R1.10)

We heard from the Malta Primary Care educators that the competency-requirements of students will be clear, including when there are three cohorts of students. They have been told what the expectations and standards are for each cohort, including those for the Year 3 students next year. This will enable them to ensure that learners are not expected to work beyond their level of competency.

Induction (R1.13)

The school ensures learners have a suitable induction in preparation for each placement, as well as at the start of the programme. Prior to our visit, the school submitted copies of their MBBS Malta Medical School Induction timetable for 2018/19, the Student Welcome Pack 2018/19, Karin Grech Hospital Induction, Gozo General Hospital Induction and various other induction documents and timetables.

There is an overall two week induction at the start of the programme and the students in Year 1 believe that this induction prepared them well for the programme. We heard how the Year 1 students feel that they benefit from having a cohort above them. The Year 2 cohort can assist them with preparation for the programme and provide advice for the upcoming year. Students also confirmed that the induction they received prior to commencing their clinical placement was good.
Multiprofessional teamwork and learning (R1.17)

22 It became apparent during our visit that students are encouraged and supported to become effective members of multiprofessional teams. There is a significant focus on multiprofessional teams in Medicine in Society (MedSoc).

23 The clinical teachers at Karin Grech Hospital informed us that they have assigned students to therapy sessions so that the students can observe the treatment patients are receiving. This in turn enables students to work with ward patients, as well as enhancing their multiprofessional experience.

24 However, whilst a certain degree of exposure to multiprofessional learning is a positive, we did hear that this format of learning can become repetitive and limited.

Adequate time and resources for assessment (R1.18)

25 Some of the students expressed concern that they had not been provided with the adequate resources to complete the assessments required by the curriculum. Year 1 students informed us that they encountered some questions in their assessments that they had not been taught in Malta, yet their fellow students in London had been taught.

26 However, we heard during our meeting with the assessment team in London that the school have been transparent with the students about this issue. They removed these questions from the assessments and told the students about this.

27 In addition to this, students have had some difficulties in accessing lectures that are delivered in London. The difference in lecture content and quality does vary and therefore students have a desire to access the lectures delivered in both London and Malta.

Capacity, resources and facilities (R1.19)

28 Prior to our visit, we were sent the Medical School Build Project timeline, Medical School Build floorplans and the Barts/Malta Sir Refalo agreement. We were also provided with a copy of the school’s latest Construction Bulletin, from December 2018. During our visit we saw the bulletins evident around the sixth form centre, enabling students to be up to date with the progress of the new medical school building.

29 On the visit we were informed that the new medical school building will be completed and ready for use by the start of the 2019/20 academic year. There is a belief that the new acute hospital block being built on Gozo will be completed and successfully functioning by 2022.
Discussions with Year 1 students highlighted persistent concerns with regards to the accommodation provided for them by the school. Issues included utilities not working, internet problems and mould still being evident. The school have made attempts to rectify these problems, such as installing new Wi-Fi routers and making guarantees that in the future they won’t place students in the accommodation that has had mould. Other than bedrooms, the accommodation offers very limited social and study space.

Students also expressed concern over the library facilities, citing a lack of space and accessibility as the library is not open on weekends. The building is open for a limited time in the evenings and the students have to make their own transportation arrangements if they decide to stay past 17:30.

Students in Year 2 suggested there have been slight improvements with regards to the facilities from last year. They have since been given access to a second computer room, a new lecture theatre and seen the construction of the new medical school building progress. The students again expressed concern that the library facilities are only open on the weekend a few weeks before exams rather than all year round. This limits the study space available to them.

Throughout our visit, we heard that the administrative support available to educators can be limited at times. The associate deans feel that further support would be beneficial, especially when dealing with the logistics of having students in their hospitals. At Gozo General Hospital, there is an individual in post whose role is to offer support to students. The other associate deans feel that this would be very beneficial at their sites as well. With regards to Primary Care, they are currently able to deal with the administrative aspects of it. However, they also expressed a belief that this will be stretched once the Year 4 and Year 5 students arrive at the sites.

Recommendation three: the school should make administrative support equitable across all clinical environments.

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

After discussions with students, it appears learners do not have the full access to simulation based learning opportunities or training within the programme. The students received communication training at the beginning of the year but they have not yet had the chance to practise these skills on actors or patients.

Students believe they are being taught the necessary theory but without the opportunity to put it into practice with real patients. A clinical skills room has been made available to students this year, although access to this room varies.

During our visit to the school we were given a tour of the impressive new anatomy building, which is now in use. Students were given access to this building in...
November 2018 and they were keen to stress to us that the anatomy educators at the school are enthusiastic teachers who are willing to go above and beyond with their teaching. The quality of the anatomy teaching is highly rated by the students.

**Area working well one: we heard about the continued quality of the anatomy teaching, including the access to a 21st century facility on the GGH campus.**

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

37 The school encourages learners to meet with their educational supervisor on a regular basis. All students have a supervisor or mentor assigned to them and each academic member of staff has several students whom they supervise. Students meet with their supervisor regularly to discuss academic achievements, any pastoral issues they may have and their general wellbeing.

38 Students can trigger meetings when they want and we were told during our visit that if a supervisor has not heard from their student for a period of time, they would actively pursue a meeting with the student. Students have to meet with their educational supervisor at least once a semester or they are unable to progress in the programme. Records of these meetings are kept and the supervisors would be aware if this requirement was not being met.
Theme 2: Education governance and leadership

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<thead>
<tr>
<th>Standards</th>
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<tr>
<td><strong>S2.1</strong> <em>The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.</em></td>
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<td><strong>S2.2</strong> <em>The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.</em></td>
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<tr>
<td><strong>S2.3</strong> <em>The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</em></td>
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**Quality manage/control systems and processes (R2.1), Accountability for quality (R2.2)**

39 Prior to our visit, the school provided us with copies of their Quality and Assurance Board Meeting minutes, Associate Deans Committee minutes, Malta Medical School Operations Meeting minutes, Malta Project Board Meeting minutes and Malta Steering Committee Meeting minutes.

40 However, it became apparent during our visit that the school does not have an effective, transparent and clearly understood educational governance system and processes to manage or control the quality of medical education. The system appears to have resulted in one key senior team member holding a large amount of the quality information. We have been unable to access this information and as a result find it difficult to understand the system. We also heard that the centralised database and computerised system are not being used in Malta.

41 There appear issues with monitoring low level concerns and the system seems to rely on communication between individuals rather than a process. The threshold for documenting a concern was unclear and there appears to be no clear process as to how and when these are escalated. It seems that this is the responsibility of one individual. The school does not appear to review these low level concerns for patterns and trends or be making the most of appraisal and feedback to maintain and improve their quality systems.

42 We were told that no annual quality report is produced by the school. The Quality and Educational committee meets four times a year and all reports from Jisc are looked at during this meeting. Prior to our visit, the school provided us with documentation highlighting the structure of this committee. Every head of module and year is a member of this committee but no formal report is generated following the committee meetings. The third component of the quality model is the SSLC. We heard how this is an active organisation and the Maltese students skype into the London meetings, as well as hosting their own. Senior members of staff do sit on these committees.
As noted in the previous quality assurance visit, we continue to be concerned about the lack of effective, transparent and understood educational governance system.

**Requirement two: the school must have effective, transparent and clearly understood educational governance systems and processes to manage and control the quality of medical education and training.** This includes having clear thresholds for triggering policies, methods of monitoring low level concerns, demonstrating a use of appraisal and feedback to maintain and improve the quality of systems and also demonstrating how the student experience is captured and valued.

**Considering impact on learners of policies, systems, processes (R2.3)**

Prior to our visit, we were provided with minutes from the Joint Committee Working Group, that meets every two to three months. The University of Malta attend these meetings and it was originally created to ease anxieties about the allocation of students to LEPs. Senior Management told us relationships with the University of Malta continue to grow. They have regular meetings with the dean there.

A key issue appears to be a lack of communication and engagement between the school and the Maltese Medical Council. Discussions with the school throughout our visit resulted in an agreement for a unified effort to improve their relationships with the Maltese Medical Council.

**Recommendation four: the school should make extensive efforts to improve their communication with the Maltese Medical Council. We believe it would be beneficial for the school to foster closer relationships with them.**

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

Prior to our visit, we received the school’s Academic Year 2017-18 Performance Statistics and Data for London and Malta and also its Academic Year 2017-18 Performance Statistics Analysis for London and Malta.

During our discussion with the assessment team in London, we discovered that they do not collect Equality and Diversity data in relation to assessments. However, they do look at historical data in relation to equality and diversity.
Systems and processes to monitor quality on placements (R2.6)

49 Prior to our visit, the school provided copies of its Barts/Malta Contract Service Specifications. This outlines the teaching activities, duty of the provider, duty of the school, training and appraisal of teaching staff and the role and responsibilities of parties. It also outlines the Learning and Teaching facilities and Quality and Monitoring requirements.

50 The school must regularly evaluate and review the placements they are responsible for to make sure standards are being met and to improve the quality of education. We were told during our meeting with the quality management team that no formal site visits have been carried out at the Malta hospitals. This is due to the fact that the majority of Year 1 and 2 students are in Primary Care. However, preliminary site visits have been carried out and these provide a good indication of what happens on the ground and the areas that need attention at these sites. We were provided with copies of Quality Assurance Trust Site Visit Self-Evaluation Reports for Gozo General Hospital and Karin Grech Hospital. The school has conducted Primary Care visits in Gozo and these reports are on the school quality assurance website.

Educators for medical students (R2.13)

51 The school has associate deans in place at each of their education providers, other than at Mater Dei. All other locations where students are taught, including hospitals and clinics, have an associate dean in place. The associate deans have established monthly meetings, the first of which took place in January 2019. This helps them collaborate and communicate as a team.

52 Throughout our visit we heard about the strong leadership provided by the associate deans at the various sites. They have settled into the role and work together to overcome any challenges that they encounter. The associate deans have regular meetings with their clinical tutors, as well as with students, to obtain feedback and provide support.

53 A job description for the Associate Dean role in Mater Dei has been finalised and advertised, with the aim of appointing someone to the role by the end of May 2019. Once this individual is in place, the school will appoint the educator leads.

Area working well two: we heard about the strong leadership offered by the Associate Deans at the hospital sites.

Managing concerns about a learner (R2.16)

54 The school has systems in place to identify, support and manage learners when there are concerns about their professionalism, progress, performance, health or conduct. Prior to our visit, we were provided with copies of the Barts/Malta Student Support Handbook, Barts/Malta Student Support Flow Chart, MedPro Student Handbook, Barts
The Primary Care tutors are informed by their associate dean if they will be working with a student who is experiencing difficulties. The close relationship that exists with the associate dean allows them to communicate effectively and manage the situation. The Primary Care associate dean would also expect the GP tutors to inform him if they discovered students who were experiencing difficulties. The strong two way communication that exists amongst educators enables them to manage potential concerns they have about learners.
Theme 3: Supporting learners

Standard

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.

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

56 During our visit, it became clear that learners have access to resources to support their health and wellbeing, and to educational and pastoral support. Since our last visit, the school has created a specific role within the pastoral support team that offers particular psychological support to students. This role has helped to significantly contribute to student’s wellbeing. It has been well received by the students, who praised the influence this individual has had in pastoral support.

57 The school has built an academic support group room, which provides seating and a private place for students to visit and be provided with pastoral and academic support. In addition to this, there are now three counsellors based in Gozo. It appears the school has both internal and external support in place for students. The school were keen to emphasise to us that they are developing specific, separate academic and pastoral roles within the student support team.

58 The pastoral support team send out a short, focussed monthly newsletter that provides information on mental health. This offers advice and tips for students, including suggestions on how students can deal with stress. The school has made extra effort to emphasise to the students that the pastoral support service they provide is confidential. This is also made clear in the student handbook.

Area working well three: learners and educators both praised the creation of a specific role within the pastoral support team that offers psychological support to contribute to student’s wellbeing.

Information on reasonable adjustments (R3.4)

59 The school appears to make reasonable adjustments for learners who need them whilst also providing information about reasonable adjustments when necessary. They employ an external individual who carries out dyslexic assessments of the students. We heard the individual is efficient and provides detailed reports in a timely manner.

60 The school employ two occupational health doctors; a psychiatrist and a physician. They discuss any reasonable adjustments that have been suggested to them, including those that may be challenging. There is a clear procedure to follow if the proposed reasonable adjustment cannot be made locally in Malta.
Supporting transition (R3.5)

61 The school will provide information and support to students who are moving between different stages of education and training. We were told that the Situational Judgement Test training will commence earlier in Malta than it does in the UK. The school are keen to help those students who want to apply to Foundation training in the UK in the future. There is also a member of staff in Malta who is actively involved with the intercalated degrees.

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

62 Prior to our visit, the school provided us with copies of their MBBS Malta 2019-20 Block Timetable, MBBS Malta Year 2 Module Timetable 2018-19, MBBS Year 2 Module Handbooks 2018-19, Year 3 Module Handbooks 2018-19.

63 Some students expressed concern that they are not receiving timely and accurate information with regards to their assessments. As mentioned previously, students are not always able to access lectures that are delivered in London. As the content of the lectures varies depending on location, students can feel pressured to review both sets of lectures, thus doubling their workload. This creates a degree of uncertainty and anxiety during the assessment period.

64 The students receive a talk from their head of year and the head of assessment at the start of each academic year. This outlines the upcoming assessments the students are expected to undertake. It is the same assessment format and pattern each year so there is a familiarity with the assessment process. When the clinical skills team visit Malta, they explain to students what is expected of them with regards to the OSCE examination.

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

65 Students receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in the medical programme. This feedback is provided to students by their academic supervisor.

Support for learners in difficulties (R3.14)

66 Students have been provided with email addresses and phone numbers of those they can contact if they need pastoral support and help. They told us that they have separate contacts if they are seeking academic support. In addition to the support the school provides, there are also external bodies available for the students to contact. The students appear reassured that the school provide a confidential service.
Career support and advice (R3.16)

Medical students are given careers advice by the school. The school hosted a careers seminar in January 2019, which was attended by around 80% of students enrolled in the programme. The seminar was well received by students and the school plan to run further seminars in the future. The careers service in London has offered to support these.
**Theme 4: Supporting Educators**

**Standards**

| S4.1 | Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities. |
| S4.2 | Educators receive the support, resources and time to meet their education and training responsibilities. |

*Induction, training, appraisal for educators (R4.1)*

68 We heard how educators are selected and trained for their role. There are currently 8 clinical tutors at Gozo General Hospital. They were asked to express an interest in teaching and then provided with the relevant information. Following this, they meet with the dean of the hospital and the MedSoc representative.

69 The clinicians at GGH feel well prepared for their teaching role. They are given module notes, lecture notes and the learning objectives well in advance of teaching the students. They also have PBL teaching sessions and an OSCE training day. The training takes place at the hospital and they are told how the OSCEs work, the scoring system in place and how to be impartial. The clinicians are also reminded of the process on the day of the OSCEs.

70 There are currently 18 Malta Primary Health tutors. Some of them have received training before and they are all provided with an additional training session. They will be involved with teaching the Year 3 students next year. The tutors do not get specific appraisal on their performance in the role but they do get feedback. The tutors are also able to provide feedback themselves.

71 The pastoral support team informed us that there is a training programme available for educators who are mentors. This is provided by the London staff and is done in Malta every year. It can also be done via Skype or online if needed.

*Time in job plans (R4.2)*

72 The clinicians at Gozo General Hospital informed us that they have to create time for teaching in their day-to-day schedule. There is no specific time allocated for this in their job plan, as is the case in the UK. Some clinicians do have concerns that it will become more difficult once there are more students in the programme and they have a larger clinical workload. The clinicians did emphasise to us that clinical emergencies are always the priority over the education of students.

73 The clinicians at Karin Grech Hospital have been asked to attempt an hour of teaching in the morning and an hour in the afternoon. The clinicians informed us that those who take students on ward rounds go beyond this recommended time. They feel that they provide the students with sufficient teaching time.
However, the clinicians at Karin Grech feel that there can be some problems caused by the fact that not all of them are on site the whole time. The students are at the hospital one day a week and therefore if the clinicians are not on site on the same day, teaching can be limited.

Educators' concerns or difficulties (R4.4)

The school appears to support educators with any concerns they may have in their role as educational supervisors. The clinicians at Karin Grech hospital informed us that if they have a concern regarding a student, they will immediately flag this up in an email. They will then talk to the dean to get updates and feedback on the issue they have raised. The clinicians have regular contact with the dean at the hospital.

Working with other educators (R4.5)

The school support educators to liaise with each other to make sure they have a consistent approach to education and training. The associate deans have regular monthly meetings with their fellow deans. These meetings commenced in January 2019 and prior to our visit, we were providing with minutes of these meetings. Every associate dean gives a verbal update at these meetings.

The deans told us that they try to provide consistency by using the same lecture slides and delivering the same content. They regularly discuss this with their fellow educators. The associate deans also have regular meetings with their clinical tutors to encourage collaboration amongst educators.
Theme 5: Developing and implementing curricula and assessments

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<thead>
<tr>
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<tr>
<td><strong>S5.1</strong> Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</td>
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<tr>
<td><strong>S5.2</strong> Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</td>
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Informing curricular development (R5.2), Undergraduate curricular design (R5.3)

78 Prior to our visit, the school submitted their MBBS Curriculum Compendium. They also included their plans for Year 3, including minutes from their MBBS Year 3 Working Group Meetings and their MBBS Malta 2019-20 Year 3 Proposed Blocks and Student Rotations.

79 During our visit to London, we heard about the planned curriculum changes. The 2025 curriculum project has recently been launched and the school will be reviewing assessments as part of this process, with the belief that there will be significant changes to the curriculum. It appears that the planned development of the medical school curriculum will be, in part, informed by medical students. The London student representatives have been invited to these initial meetings, although the assessment team were unsure whether the student representatives in Malta have.

Undergraduate clinical placements (R5.4)

80 We heard from students during our visit that inductions to clinical placements were good. However, as previously mentioned, there remain issues with language whilst on placements. Whilst some patients are happy to speak in English, others naturally revert to Maltese. The students then have to talk to patients on their placements via the GPs. The GPs do not always have time to translate everything the patient is saying into English. As a result, the students sometimes only hear an overview of the patient’s health rather than specific details. This can limit their learning experience.

81 Students in Year 2 are enjoying their placement experience and the skills they have learnt in practice. We heard that the level of exposure students have to patients depends on the placement. Students in Year 1 echoed this belief and we heard that patient exposure varies from group to group.

82 We heard from the Year 2 students that there is a lack of communication between the school and tutors over clinical placement content. The students claim that the tutors are unsure quite what to do with them as the school does not communicate effectively with the tutors. This lack of communication causes issues with the skills component of clinical placements. This results in a lack of opportunity for students to further develop their clinical skills during placements. The students believe that this is
a missed opportunity and would appreciate support and educator permission to develop skills in clinical examinations. We also heard that there is a lack of workspace available at the clinical placements.

83 However, we did hear from students that the attachments in Primary Care (MedSoc & EPC) are working well, with time incorporated for teaching the students. The GP tutors appear to have an enthusiastic approach to teaching, something that was evident from discussions with both students and the GP tutors themselves.

84 Throughout our visit, we heard about the exposure students have to interprofessional learning. Students told us that they experience this form of learning early in the programme. However, some did comment that this format of learning can become repetitive and limit other areas of learning. Therefore, we recommend that the school should ensure student’s learning is not limited and repetitive due to their exposure to inter-professional learning.

Area working well four: we heard that the attachments in Primary Care (MedSoc & EPC) are working well.

Recommendation five: the GP/Clinical Tutors should be empowered to allow students to develop clinical skills further during Medicine in Society/EPC placements, including providing opportunities for supervised clinical examinations.

Recommendation six: the school should ensure that student’s learning is not limited and repetitive due to excessive exposure to inter-professional learning.

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

85 Prior to our visit, we were provided with an MBBS Assessment and Progression Handbook 2018-19. This handbook provides the regulatory framework, policy and procedures for the assessment of all taught students on the MBBS programme. It provides useful advice and information for all staff involved in the assessment of MBBS students, including academic and administrative staff.

86 During our visit to London, we met with the assessment team. It became apparent that the school takes several steps to set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates. The obvious challenge is preparing for two separate cohorts, in London and Malta.

87 The original process for setting assessments involved constructing questions in London and then sending them to Malta to check that the content is being taught and delivered there. However, this was not working and they experienced issues with this method. The school now use a shared question bank that educators from both London and Malta contribute to. These questions are then reviewed by module leads.
from the opposite site (for example a Malta module lead reviews questions submitted by a London module lead). Questions are reviewed and then either accepted or rejected.

88 The new method of composing questions is working well and all the questions are blueprinted to the curriculum. However, it does require more work as all the questions need to be reviewed. The assessment team are currently seeking ways to make the process more streamlined. On the other hand, this method does create a question bank that the school can use in the future long-term.

89 The school are aware that they need to ensure all the questions used for the exams are mapped to the material taught. The assessments are mapped to the curriculum and appropriately sequenced to match progression through the education pathway.

Examiners and assessors (R5.8)

90 The school ensure that assessments are carried out by educators with appropriate expertise in the area being assessed. They are responsible for honestly and effectively assessing the medical student’s performance.

91 Clinicians receive training for their role as OSCE examiners in May. They are told how the OSCE process works, how to score the students and how to be impartial. The clinicians spend the afternoon being trained and are provided with lecture notes. In addition to this, they are reminded of the process on the day of the OSCEs.

92 The assessors have been offered the opportunity to be evaluated in their role as OSCE assessors. Another assessor from London would sit in on the assessment, comparing both sets of scores at the end. This is seen as an effective way of providing feedback on educator’s assessment skills.

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

93 We heard from the assessment team that they consider all reasonable adjustment requests that are made to the school. They have a dyslexia service that performs this function. So far, the assessment team have not encountered any problems with making reasonable adjustments.
<table>
<thead>
<tr>
<th>Team leader</th>
<th>Gillian Needham</th>
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<tr>
<td>Visitors</td>
<td>John Dormer</td>
</tr>
<tr>
<td></td>
<td>Carol Gray</td>
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<td>Katie Johnston</td>
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