Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
Penang Medical College – Royal College of Surgeons in Ireland & University College Dublin Medical School

29th & 30th January 2018

CONTENTS OF REPORT

VISITING TEAM

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A. Statement with regard to the Freedom of Information Act, 2014

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. PENANG MEDICAL COLLEGE – ROYAL COLLEGE OF SURGEONS IN IRELAND & UNIVERSITY COLLEGE DUBLIN MEDICAL PROGRAMME SHOULD BE APPROVED BY COUNCIL UNDER THE TERMS OF SECTION 88(2)(a)(i)(I) OF THE MEDICAL PRACTITIONERS ACT 2007. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE MEDICAL COUNCIL TEAM'S FINDING THAT THE PROGRAMME ADHERES TO THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL, AS SPECIFIED IN SECTION 88(2)(a) AND 88(2)(d) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR A PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL.

2. PENANG MEDICAL COLLEGE - ROYAL COLLEGE OF SURGEONS IN IRELAND & UNIVERSITY COLLEGE DUBLIN SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE PENANG MEDICAL SCHOOL'S ONGOING COMPLIANCE WITH THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL AS SPECIFIED IN SECTION 88(2)(a)(i)(II) AND 88(2)(e) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR A PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL

C. PREFACE

1. Context of the visit

Penang Medical College – Royal College of Surgeons in Ireland & University College Dublin delivers a five year medical programme leading to the award of an MB BCh BAO. It is at undergraduate level (basic level in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on 29th & 30th January 2018. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Education, Training and Professional Development Committee.

2. The Team

The Medical Council Assessor Team is listed on the title page of this Report. The Council very much appreciates the contribution of the Assessors to the accreditation process.

The Medical Council also thanks the PMC Team, led by Professor Stephen Doughty, President and CEO and Professor Premnath, Dean of the Medical School, for their co-operation and hospitality. The Team was particularly impressed by the high turnout of medical school staff and clinicians, and wishes to thank Professor Doughty, Professor Premnath and Ms Devaki Nagaya for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated June 2017. This questionnaire is based on the World Federation of Medical Education's *Global Standards for Quality improvement; Basic Medical Education.*

The Team also reviewed all documentation supplied by PMC both in advance and at the time of the visit.

4. Schedule

The accreditation visit included a PMC presentation by Professor Doughty and Professor Premnath. An in-depth discussion ensued between the Medical Council Accreditation Team and representatives of the University. This was followed by private and confidential sessions with students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at Penang Hospital, Hospital Seberang Jaya and Taiping Hospital. At each site inspection we also met with Management, Clinician Teachers and Students.

5. The Report

The Medical Council's policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part E of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*.

D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

The programme is well-designed and delivered to an impressive cohort of students who are generally very positive about their experiences. There are areas where review and revision is advised but none of the issues identified warrant conditions being placed on the approval. Areas where PMC is commended are also highlighted.

The Team's main recommendations are that:

1. Penang Medical College – Royal College of Surgeons in Ireland & University College Dublin medical programme should be approved by Council under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.

   This approval should be for a of five years from the date of approval by Council.

2. Penang Medical College – Royal College of Surgeons in Ireland & University College Dublin should be approved under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of the Penang Medical College's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.

   This approval should be for a period of five years from the date of approval by Council (see Recommended Further Action below).

2) Findings of Council Team based on evidence provided by PMC and students interviewed

Based on the evidence provided by PMC and the information provided by the staff and students interviewed, the Team make 20 recommendations for PMC:

1. The Team recommends that there should be explicit discussions on health law and ethical dilemmas through hypothetical case scenarios that would link theory to everyday clinical practice, ideally, one such case scenario should be included with each clinical rotation.

2. The Team recommends that PMC reviews the clinical skills teaching to include greater exposure to procedural skills.

3. The Team encourages PMC to enhance opportunities for interdisciplinary teaching and learning across all clinical sites.

4. The Team notes that although all students partake in Basic Life Supports (BLS) training, not all students hold valid certification in BLS and recommends that PMC ensure all students BLS certificates are in-date.

5. The Team recommends that PMC introduces a sub-internship programme.

6. The Team recommends that all assessments both formative and summative be made as explicit as is reasonable.

7. The Team recommends a wider use of formative assessment in all disciplines so that they will reach the standards set by Paediatrics and Psychiatry.

8. The Team recommends that PMC works with its students to review the timing of the final exit examinations.

9. The Team strongly recommends that PMC institutes a formal career guidance programme for senior students.

10. While acknowledging the efforts made by PMC in developing sport and recreational facilities for its students, the Team recommends that these efforts be maintained and enhanced wherever possible.

11. The Team recommends that PMC academic staff have a greater presence at all clinical sites.

12. The Team recommends that PMC continues to encourage and engage with the staff on the Clinical Sites with a view to providing on-site and other staff development opportunities.

13. The Team encourages PMC to make better use of the valuable Clinical Skills Centre (CRC) at Hospital Seberang Jaya.

14. The Team strongly recommends PMC work closely with Senior Management at the Clinical Training Sites to enhance WiFi access for Students.

15. The Team recommends that PMC make the students aware of the Moodle platform update.

16. The Team recommends that PMC prioritises the introduction of a research module into the core curriculum.

17. The Team recommends that PMC continues and strengthens its utilisation of the educational expertise that is at its disposal.

18. The Team recommends that PMC should consider a mechanism to involve consumers such as patient advocates in its curriculum review and development processes.

19. The Team recommends that a dedicated Liaison Officer should be appointed to enhance ongoing engagement in all of its dealings with the Irish Medical Council.

20. The Team recommends that PMC should expand its commitment to social accountability and make it more central to its mission

3) Recommendations that the Medical Council makes to all medical schools:

1. PMC should continue to ensure awareness among students of the following:

   - The Medical Council's *Eight Domains of Good Professional Practice*
   - The Medical Council's *Three Pillars of Professionalism*
   - The Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*, particularly on affiliated sites and in general practices used for teaching
   - The revised *Children First: National Guidance for the Protection and Welfare of Children* guidelines in Ireland before students have attachments in the specialty area of paediatrics
   - The World Health Organisation *Patient Safety Guidelines*

2. PMC should continue to ensure that the teaching environment incorporates high standards in hygiene and infection control, including ensuring that students are trained in hand-washing techniques and have access to the necessary facilities

4) The Team commends PMC for the following:

1. For promoting its vision and mission at relevant clinical and non-clinical sites.

2. On its resilience in establishing and maintaining an innovative educational programme over the past 22 years.

3. Overall student assessment is commendable and appropriately drives student learning.

4. On the appointment of a full-time Counsellor.

5. On its Induction programme.

6. On its mentorship programme.

7. The implementation of the Bahasa Malaysia classes in 2017 to best prepare students for their return to Malaysia

8. On the calibre of its senior academic staff, clinical and administrative staff support.

9. For the recent update of the Moodle platform for students.

10. On the use of shared external examiners across PMC, UCD and RCSI.

11. For establishing the Industry Advisory Group.

12. The presence of a dedicated, enthusiastic and effective senior management and administration team.

E. EVALUATION OF THE PROGRAMME, BASED ON WORLD FEDERATION FOR MEDICAL EDUCATION (WFME) GLOBAL STANDARDS FOR QUALITY IMPROVEMENT IN MEDICAL EDUCATION – 2015 REVISION

Compliance level rating

The levels of compliance are categorised as follows:

Non- compliance (NC)	**Partial compliance (PC)**	**Full compliance (FC)**
No compliance with required criteria	Partial compliance with required criteria	Full compliance with required criteria

The Team has identified the following levels of compliance:

Level of compliance	WFME Global Revision 2015									
	1	2	3	4	5	6	7	8	9	Total
NC										0
PC		✓			✓	✓				3
FC	✓		✓	✓			✓	✓	✓	6

Area 1: Mission and Outcomes

MISSION AND OBJECTIVES	**Level of compliance:**	**FC**

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with the following documentary evidence of compliance with this standard:
RCSI UCD Institutional Quality Review, MQA/MMC Report, The PMC Doctor, PMC Strategic Plan 2016-2020, CDC Terms of Reference, AEC Terms of Reference, Academic Council Terms of Reference, Research Committee Remit, JPEC Remit and Student Handbook

Description of evidence of compliance with this standard found during the inspection visit:

The Team found that PMC has a clearly stated vision and mission which is made known to it constituency and health sector.

The Team found that PMC has sufficient autonomy to formally implement policies in relation to curriculum design and resource utilisation.

The Team found that the education outcomes throughout the 2.5 years of clinical training are clearly stated and appropriate.

Compliance
The Team found that PMC is fully compliant with this standard

Observation(s) & Recommendation(s)
The Team has no recommendations to make under this standard

Commendation(s)
The Team commends PMC for promoting its vision and mission at relevant clinical and non-clinical sites.

Area 2: Educational programme

EDUCATIONAL PROGRAMME	**Level of compliance:**	**PC**

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with the following documentary evidence of compliance with this standard:
PMC Medical Education activities and Patient Safety and Professionalism teaching,

Description of evidence of compliance with this standard during the inspection visit

Framework of the programme:
PMC provides 2.5 years of structured clinical rotations in the major clinical disciplines and relevant sub-disciplines.

Scientific method:
There is an appropriate level of integration of teaching in the basic sciences and clinical sciences and elements of scientific methods are incorporated into the clinical years.

Basic Biomedical Sciences:
While the focus of this accreditation was on the 2.5 years of clinical training in Malaysia, it is clear that this complements the solid grounding in Basic Biomedical Sciences provided in Dublin by UCD and RCSI.

Behavioural and Social:
The Team found that these are appropriately incorporated into the clinical teaching programme. Students reported that they sometimes struggled to apply their theoretical knowledge of health law and ethics to real-life situations as encountered in clinical settings.

Clinical sciences and skills is the major focus of the 2.5 years of clinical training provided at PMC. In the main, the Team believed that clinical sciences and skills teaching were well structured and delivered, however, student feedback identified areas of excellence, (i.e. Paediatrics and Psychiatry) and areas where the experience was suboptimal (i.e. Obstetrics & Gynaecology and Family Medicine). Furthermore, the students indicated that they would benefit from additional formal clinical skills teaching, with a particular focus on procedural skills, e.g. venesection, cannulisation, urinary-catheterisation etc.

Programme Structure, Composition and Duration:
Overall the Team was satisfied that the programme structure composition and duration is appropriate.

The Team noted that the recent internal review of the PMC programme examined the need for a formal transition to internship/sub-internship programme and decided against its introduction. In the light of student feedback to the contrary, the Team strongly queries this decision.

The Team noted that PMC makes little use of the opportunities that currently exist for interdisciplinary teaching and learning.

Compliance
The Team found that PMC is partially compliant with this standard.

Observation(s) & Recommendation(s)
The Team makes the following recommendations:

- The Team recommends that there should be explicit discussions on health law and ethical dilemmas through hypothetical case scenarios that would link theory to everyday clinical practice, ideally, one such case scenario should be included with each clinical rotation.
- The Team recommends that PMC reviews the clinical skills teaching to include greater exposure to procedural skills.
- The Team encourages PMC to enhance opportunities for interdisciplinary teaching and learning across all clinical sites.
- The Team notes that although all students partake in Basic Life Supports (BLS) training, not all students hold valid certification in BLS and recommends that PMC ensure all students BLS certificates are in-date.
- The Team recommends that PMC introduces a sub-internship programme.

Commendation(s)

- The Team commends PMC on its resilience in establishing and maintaining an innovative educational programme over the past 22 years.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with the following documentation as evidence of compliance with this standard: Blueprint of assessments that demonstrated a good balance of formative and summative assessments, PMC Marks & Standards, PMC Examination Regulations, PMC Examination Procedures and PMC Examination Appeals Procedure.

Description of evidence of compliance with this standard found during the inspection visit:

The Team noted that for all years of the programme, the summative assessments undertaken at PMC differed from the assessments undertaken at the parent institutions of RCSI and UCD in terms of the timing of assessments and the precise questions asked. However, after detailed discussions regarding assessment content and delivery the Team was satisfied that the same domains of learning were assessed across all three institutions and that the assessment strategies, the assessment tools and the assessment standards were equivalent.

A blueprinting process ensures that assessment processes are closely matched to the curriculum content. Discussion with students identified the need to make some summative assessments more transparent to students, in terms of, content and scope. However, the Team was satisfied that the assessment processes appropriately guided student learning.

A discussion with the PMC Team revealed that there was assessment of professionalism in a number of areas and there is also a balance of the workload of assessment across the curriculum.

The Team noted areas of good practice in formative assessment in a number of disciplines e.g. Paediatrics and Psychiatry.

The students reported that they felt disadvantaged in applying for internships outside of Malaysia because of the timing of the final exams.

Compliance

The Team found that PMC is fully compliant with the basic standard.

Observation(s) & Recommendation(s)

The Team makes the following recommendations:

- The Team recommends that all assessments both formative and summative be made as explicit as is reasonable.
- The Team recommends a wider use of formative assessment in all disciplines so that they will reach the standards set by Paediatrics and Psychiatry
- The Team recommends that PMC works with its students to review the timing of the final exit examinations.

Commendation(s)

Overall student assessment is commendable and appropriately drives student learning.

Area 4: Students

STUDENTS	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with no documentary evidence of compliance with this standard.

Description of evidence of compliance with this standard found during the inspection visit:

The Team was informed that there is an online application process followed by an interview, offer and acceptance process which the Team found to be appropriate.

The Team noted that over time PMC has become less reliant on Government-sponsored students and has increased the number of independently-funded and international students.

The Team noted the stability of student numbers with an annual intake of 120-125 students.

International students reported major difficulty in adjusting to clinical training due to language problems and an inability to communicate with patients. They therefore had to rely on their peers and/or translators (if available) for communication with patients. It was also noted that no translations services were available to students in Hospital Taiping.

The Team noted that PMC has appointed a full-time Counsellor and expect that this will address the deficits that were previously identified. There is a need to ensure that students are aware of this service and the process of engaging with healthcare and well-being services.

The Team noted the introduction of a Mentorship Programme for the students returning from Ireland and that there were appropriate induction programmes in place both in PMC and the Clinical Sites.

The Team noted a virtual absence of career guidance for senior students. The Team regarded this as a significant deficiency.

The Team found that students are represented on a number of Committees and societies.

Students from Year Four

The Team met with a number of students from Year Four of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

When asked how they found the move back to Malaysia after spending the first 2.5 years in Dublin, the students said that they had a good support system in place from both RCSI and UCD. A PMC representative met the International Students at the airport in Malaysia and transported them to PMC. The students also advised of a peer-led orientation in the hospitals and on campus.

The students felt well-prepared for integration into the clinical setting, however, the students felt that some clinical exposure while in Ireland would have helped their transition into clinical practice in Malaysia.

The students found assessments challenging, however, there was a clearly-defined structure of assessments outlined.

The students advised of a peer support group that is in place should they need to speak to someone and they have been assigned a mentor from the academic staff in PMC. The students advised that the staff actively seek feedback on their progress and are easily accessible if needed.

The Team was advised of over 10 student societies and the class representatives are active in providing feedback and suggestions to PMC from the students. There is also a student representative on the curriculum committee.

All students were proud of PMC and confirmed they would recommend the programme to others.

Students from year five

The Team met with a number of students from year five of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

(YEAR 5 – PENANG HOSPITAL)

The Team met with a number of fifth year students who are currently on clinical rotations in Penang Hospital. The students highlighted the exposure they are currently getting and felt that, in particular, Paediatrics and Psychiatry rotations were well-structured.

The students did however feel that the Family Medicine rotation was disorganised, there were no defined learning outcomes and the failure rate was high in this rotation in particular. Although concerns have been fed back to PMC, there have been no improvements made to date.

The students felt that bed-side teaching was the main form of teaching and self-directed learning was key to covering all aspects of the rotation. Feedback is inconsistent, depending on the rotation, however it is provided in the form of end of rotation examinations. Most of the teaching is bedside and often more formal teaching sessions are provided outside normal working hours, which the students are happy to attend.

Ethics and professionalism is not written into the learning outcomes of the bed-side teaching components, however, Students undertake a separate module on Law and Ethics within that component there are significant learning outcomes relating to ethics and professionalism.

When asked about career guidance, the students advised that there is no career guidance currently in place ahead of final exams.

The students highlighted their unease about attending the Counsellor. As she teaches MPU to the students, it meant that they felt uncomfortable going to her with their issues. They did say however, that this will not be the case for the rest of the students as she is now the full-time counsellor and no longer teaches.

Overall, the students enjoy their experience in Penang Hospital, however, they feel that the IT systems are dated and could be upgraded to better their experience.

(YEAR 5 – TAIPING HOSPITAL)

The Team met with ten fifth year students, eight of whom are currently undertaking their medical rotation and two of whom are currently undertaking their surgical rotation. All of the students had already completed their Obstetrics and Gynaecology rotation in fourth year. The students were only on the second day of their

rotation. The students confirmed that the rotations at the hospital are two weeks in medicine and one week in surgery. The students described the Obstetrics and Gynaecology rotation as helpful. They felt the experience gained in Taiping is different to that in Penang Hospital, as the case mix is different.

The students informed the Team that teaching at Taiping is provided by the hospital clinical staff and they had not received any teaching from PMC academic staff during their Obstetrics and Gynaecology rotation, nor were they expecting to receive any during their medical/surgical rotations at Taiping. They are informed at the beginning of their rotation which doctor they are "tagging". Students are provided by PMC with a clinical experience sheet. Not all case types are mandatory, but those that are mandatory usually require sign off from their clinical tutor. Students write notes on the experience they gain. The students confirmed that tutorials are held in meeting rooms. Some tutors ask students to present cases. In some specialties, there are 2 tutorials per day, giving a total of 10 tutorials in a week.

Feedback is provided in the form of end of rotation examinations. Most of the teaching is bedside and often more formal teaching sessions are provided outside normal working hours, which the students are happy to attend. The students found the clinical staff to be very helpful, willing to answer questions, offering opportunities for students to make presentations and for doctors to correct any errors. Students reported receiving constructive feedback on how well they conduct patient examinations. Surgical rotation students confirmed they are offered opportunities to scrub in during operations.

The students stay at a local hotel, arranged by PMC, for the duration of their clinical training rotations at Taiping. They described the on-site education facilities as excellent. The students were not aware that there is a library on site, however, they tend to mostly use resources on Moodle.

The students confirmed they have handbooks for each clinical rotation on Moodle and are aware of the required learning outcomes. However, the Team was informed that the clinical teachers do not know beforehand what the learning outcomes are and ask the students to let them know their training needs. The students found the clinical tutors to be very helpful.

Students described how they found it confusing the way clinicians use different methods of patient examination and expressed a desire to receive training on the correct way to conduct examinations.
More generally, the students were very happy with the teaching at PMC. They confirmed they received a two-week programme on ethics and professionalism, which also included forensic and legal medicine. They had not received any career guidance to date, but felt this would be welcome.

All students were proud of PMC and confirmed they would recommend the programme to others.

(YEAR 5 - HOSPITAL SEBERANG JAYA)

The Team met with a number of students at Hospital Seberang Jaya who are currently undertaking their clinical rotations. The students advised of the one-week orientation where they are taken on a tour of the hospital and introduced to clinical and nursing staff. The International students benefited from this as they found the transition from Dublin to Malaysia difficult.

At first the students did not feel part of the Team when on ward rounds and sometimes felt in the way so would observe from a distance.

The students highlighted the Paediatric and Psychiatry rotations and found the clinicians extremely helpful, however, they felt that the Obstetrics and Gynaecology rotation was out-dated and the learning outcomes needed to be re-iterated to the Hospital.

The Students believe that the standard in PMC is high and above other medical schools. They are taught how to present themselves as a professional from an early stage in the programme and carry this through to the Hospitals.

The students advised the Team that the library facilities are improving, however, the Moodle platform needs to be updated and there is no WiFi access on site.

Overall, The students were positive about their experience to date in PMC and felt that the programme is vibrant and interesting and would recommend it to friends.

Meeting with Interns who are PMC graduates

The Team met with a number of Interns currently on placements throughout the teaching hospitals who are graduates of PMC. They were assured of confidentiality and advised of the Medical Council's role.

The key objective of meeting with these Interns was to get a clear understanding of their preparedness for practice.

INTERNS AND HOUSE OFFICERS (HOSPITAL TAIPING)

The Team met with two Interns and two House Officers at Hospital Taiping who were graduates from PMC. They all stated that they were proud to be graduates of PMC and would recommend the programme to others. They felt the combination of the experience in Ireland, together with the clinical experience in Malaysia, was a helpful combination for a career in medicine.

The Interns and House Officers agreed that the undergraduate programme adequately prepared them for clinical practice. They confirmed the programme had included BLS and simulation and felt this training, combined with clinical exposure had been very beneficial. The Team noted that the interns had waited between six months and a year until an intern post was available, during which time they had not been engaged in activities related to clinical medicine, which they felt de-skilled them and was de-motivating. The House Officers had only waited between one and three months to take up their intern posts. They all found the transition to clinical practice and responsibilities as an intern initially challenging for the first few weeks, although they did receive initial induction and orientation. They felt there was little more that PMC could do in this regard and the programme is adequate. The Team heard that no careers advice had been provided by PMC throughout the programme and this would have been welcomed. The interns and House Officers informed the Team that there was no follow-up survey or interview by PMC to seek their feedback on the programme.

The Interns and House Officers described the experience at Hospital Taiping as beneficial, due to the different case mix and greater opportunities for practical experience, especially the increased interaction with patients, who were more amenable to assisting students with their learning. They found the hospital to be a good, supportive learning environment. They also felt that experience in a non-tertiary hospital is important, as they will not all work in tertiary hospitals throughout their career. The Team heard that that there was a focus on professionalism, communication, ethics, confidentiality and consent throughout their clinical training, especially in Obstetrics and Gynaecology.

INTERNS (PENANG HOSPITAL)

The Team met with fifteen interns who graduated from PMC and are currently undertaking their internship training at Penang Hospital, the majority of whom were from Penang or Kuala Lumpur. The interns had waited on average between six and nine months after graduation until an intern post was available. During this time, there were few examples of graduates spending that time in related activities, but one example was provided where a graduate had assisted in clinical research. The team was informed that no sub-internship/shadowing programme was available to them and expressed an interest in receiving this, perhaps six months prior to internship training. Interns described the orientation programme as being an opportunity to "learn how to sink or swim". They felt the week-long induction was insufficient and did not include an introduction to the entire site, nor introduce them to hospital systems. However, many graduates had completed undergraduate clinical experience at the hospital during their studies and were somewhat familiar with the environment.

When asked about their undergraduate experience, the interns confirmed that their opportunities to experience cannulation, taking bloods, etc., had been mainly through their general practice rotations. They confirmed they had completed advanced simulation, resuscitation and ALS training and stated that there were plenty of practice sessions dealing with resuscitation. The interns expressed an interest in receiving training in time management, which was not included in their curriculum, as they felt ill-prepared for prioritisation of patients. The Team heard that some of the theoretical cases studied were not entirely relevant to the Malaysian context. The interns informed the Team that they had not received career counselling, but would welcome an opportunity for this. They felt their undergraduate education and training had prepared them well comparatively to other colleges and they were at least as good as other graduates. They had not received feedback during their clinical rotations, but their tutors had either provided grading for end of rotation exams or comments in their logbook. The interns were highly complimentary of their early years studying in Dublin. They felt their knowledge was good, but that they were not prepared culturally for the clinical-based experience in Malaysia, on returning from Dublin. Some interns reported language difficulties, due to the local dialect. Interns confirmed they are part of the Alumni of the college. They also felt they had a responsibility to interact with current students, to share the benefit of their experience. On graduation, they had not been surveyed or asked for feedback on the curriculum

INTERNS / HOUSEMEN – HOSPITAL SEBERANG JAYA

The Team met with a number of Interns who are currently working in Hospital Seberang Jaya after graduating from PMC.

The main issue for the graduates after completing their programme was the delay in the matching system. They heard that the Government is committed to improving the lag-time.

When asked why they chose to do their Housemanship in Hospital Seberang Jaya, they advised that they only have one choice on the online system and would prefer to be near home as they have the support of their family.

The Interns felt that although PMC prepared the students well for their housemanship, more hands-on experience would help for example, when commencing their housemanship they were expected to take bloods as there are no phlebotomists in the Hospital. The two-week "tagging" with House Officers did make them feel more comfortable in doing it.

They felt that the exposure to patients in the clinical years really helped prepare them for exams, however, they felt that a mentor would have benefited them in the final year. Professionalism is incorporated into the first 2.5 years in Dublin and the Interns felt that this is carried through when doing clinical placements.

The Interns also felt that Malay language should be taught in the first 2.5 years in order to help international students integrate into the clinical placements. It would also help Malaysian students as the dialects are so different, the Malaysian students find it difficult to understand when they return.

When asked if they would recommend the programme, they said they would recommend the programme to others. They felt the combination of the experience in Ireland, together with the clinical experience in Malaysia, was a helpful combination for a career in medicine.

Compliance

The Team found that PMC is fully compliant in this standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The Team strongly recommends that PMC institutes a formal career guidance programme for senior students.
- While acknowledging the efforts made by PMC in developing sport and recreational facilities for its students, the Team recommends that these efforts be maintained and enhanced wherever possible.

Commendation(s)

The Team commends PMC on:

- The appointment of a full-time Counsellor
- The Induction Programme
- The Mentorship Programme
- The implementation of the Bahasa Malaysia classes in 2017 to best prepare students for their return to Malaysia

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with the following documentary evidence of compliance with this standard:
Faculty listing and Promotions Guidelines.

Description of evidence of compliance with this standard found during the inspection visit:

Recruitment and Selection Policy:

The Team acknowledges the appointment of 33 senior academic staff to oversee all aspects of clinical training.

There is appropriate support of clinical learning in the clinical sites from clinical supervisors appointed by the Ministry of Health.

The Team noted PMC's strategy to recruit Basic Scientists to enhance its teaching and research capacity.

The Team noted the paucity of academic staff attending clinical sites, in particular in Hospital Taiping and Hospital Seberang Jaya. In some specialties there was no evidence of any attendance. Although informed by

clinical staff in Hospital Taiping that academic staff attend for teaching sessions once a week, this was not corroborated by students on the site.

Compliance

The Team found that PMC is partially compliant with the basic standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The Team recommends that PMC academic staff have a greater presence at all clinical sites.
- The Team recommends that PMC continue to encourage and engage with the staff on the Clinical Sites with a view to providing on-site and other staff development opportunities.

Commendations

- The Team commends PMC on the calibre of their Senior Academic Staff, clinical and administrative staff support.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with no documentary evidence of compliance with this standard.

Description of evidence of compliance with this standard found during the inspection visit

Physical Facilities:

Campus:

The Team was given a tour of the campus to view the various facilities available to students participating in the undergraduate medical education programme and other programmes being delivered on site, totalling approximately 400 students overall.

The teaching spaces comprised a large lecture theatre, which can accommodate up to 150 students, 9 classrooms, and laboratory facilities for surgical training and Foundation Year students. A large hall, which can be segmented into smaller spaces, is also available and is currently used for exams, teaching and graduation ceremonies. The Team visited the library and met with library staff. Training is provided to students, so that they understand how to access hard copy and online publications. Students have access to online journals and can requests books/journals not in stock which are flagged for consideration. Although there is a Clinical Research Centre on campus, the Team were not given access and were informed that this is due to governance issues around confidentiality. The Team was informed that there are currently three trials under way, at various stages of completion.

Students have been provided with a bright, modern social learning space with desks and more relaxed seating spaces, where they can participate in group discussions. There are also a number of alternative study spaces available to them, including a modern learning hub, with 50 individual desk “pods” available for students’ use. Transportation is provided by PMC to the clinical training sites.

The Counsellor's office is an easily-accessible, friendly environment for students, as well as an international student support office, if needed. Currently, there are students studying with them from other countries, such as Nigeria, Hong Kong, UAE, India, Egypt and Australia. A social area is available with TV, couches, pool table, kitchenette, music room, and locker space as well as group study/discussion rooms. In terms of sports facilities, PMC has made arrangements with the school next door to allow their students use of the basketball pitch and badminton hall. There is also a field adjacent to the college which is regularly used for football. A small, equipped gym has been provided on campus, with separate male/female shower facilities. The Team was shown a small sick bay and a breastfeeding room. Basic catering facilities are available on site and adequate, given the current size of the college. There are plans to further develop the campus.

The Team was satisfied that there is adequate office space for administration staff and Department Heads. There are videoconferencing services available on campus, which are currently used for Academic Executive Committee and Academic Council meetings.

The Team was impressed with the new student residential facilities (Raffel Park) near to the PMC campus. And the transport arrangements between the new residences and PMC.

Clinical training Resources

Penang Hospital:
The Team visited the educational facilities available at Penang Hospital. There is a clinical skills laboratory centre, simulation facilities for ELS, BLS, CPR, and adequate computer access. There is a lecture room and two bookable seminar rooms, as well as two debriefing rooms, tutorial rooms are available in some Departments. There is a large library which serves many healthcare professions, including doctors. Student lockers are available. The Team noted there is no air conditioning in most wards.

Hospital Seberang Jaya:
The Team noted that PMC has invested in a three-storey clinical skills centre directly across the road from the hospital, this was officially opened in 2015. Discussion with the students indicate that this is seldom used for clinical teaching with the exception of occasional clinical skills teaching. There is accommodation for up to four students who are on call for the hospital but this sleeping accommodation didn't appear to be in use.

Hospital Taiping:
The Team was shown the educational facilities available at Hospital Taiping. There is a Day Care Centre where students can learn practical skills. The hospital staff informed the Team that this is where most of the teaching is provided to students. There is a seminar room, but most of the teaching is bedside or in small tutorial/teaching rooms on the wards.

The Team noted there is no Wi-Fi access on site, but that students do have access to wired internet via on site computers. The staff confirmed that students tend to access the internet via their smartphones.

Teleconferencing facilities are available but the staff did not think it was in use by PMC.

The Team visited the hospital library, which is available to all staff, however, the Team noted that the building where the library is situated is quite a distance away from the main hospital building and heard from the library staff that undergraduate students do not attend the library. The Team noted that most of the books available at the library are aimed at postgraduate training. The library staff had recently provided a workshop on library access to assist users on how best to access books and online journals.

Information Technology:
The Team noted good access to WiFi on campus, however, there was little or no access to WiFi on clinical sites.

The Team noted that PCM introduced the latest version of the Moodle platform, however the students were not aware of this.

Medical Research and Scholarship:
The Team was updated on the current research activities ongoing within PMC. There is a recognition by PMC of the need to further enhance student involvement in research activities.

The role of the Clinical Research Centre within the medical school was discussed. It was noted that three clinical trial are currently underway.

The Team heard about PMC's plans to introduce a research module as a core element of the curriculum.

Educational expertise and exchanges:
The Team noted that PMC works in collaboration with UCD and RCSI which allows them to access education expertise as and when the need arises.

Compliance
The Team found that PMC is partially compliant with the basic standard.

Observation(s) and Recommendation(s)
The Team makes the following recommendations:

- The Team encourages PMC to make better use of the valuable Clinical Skills Centre (CRC) at Hospital Seberang Jaya
- The Team strongly recommends PMC work closely with Senior Management at the Clinical Training Sites to enhance WiFi access for Students.
- The Team recommends that PMC makes the students aware of the Moodle platform update
- The Team recommends that PMC prioritises the introduction of a research module into the core curriculum.
- The Team recommends that PMC continues and strengthens its utilisation of the educational expertise that is at its disposal.

Commendation(s)

- The Team commends PMC for the recent update of the Moodle platform for students
- The Team commends PMC on the use of shared external examiners across PMC, UCD and RCSI

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with no documentary evidence of compliance with this standard.

Description of evidence of compliance with this standard found during the inspection visit:

The Team noted that there is a systematic programme review of clinical rotations by the exiting students and that these are used to inform Clinical Supervisors and PMC alike.

The Team noted that there is a process for evaluation at the end of each clinical block. The Team also noted that the programme as a whole is evaluated by the Malaysian Medical Council and awaits the requested translation of the most recent report.

The Team further noted that PMC is subject to regular systematic evaluation by UCD and RCSI through its quality assurance/improvement programme. The Team has reviewed PMC's response to the most recent review in 2016.

The Team noted the results from the 2016 iGraduate international insight student barometer which showed that PMC is on par with comparable institutions in Malaysia and overseas.

The Team noted the positive feedback on the programme from students and staff.

Attrition rates were noted to be low. There was a discussion on high failure rates as noted in one cohort of students. The Team was satisfied with the explanation given by PMC which reflected lower criteria for entry in that year.

The Team noted the Industry Advisory Group which has Ministry of Health representation. There appears to be a lack of consumer participation in the PMC curriculum. The Team understands that there may be cultural issues underlying this. The Team noted that there is a degree of patient feedback in relation to student assessments.

Compliance

The Team found that PMC is fully compliant with this standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- PMC should consider a mechanism to involve consumers such as patient advocates in its curriculum review and development processes.

Commendation(s)

- The Team commends PMC for establishing the Industry Advisory Group.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with the following documentary evidence of compliance with this standard:

Risk register.

Description of evidence of compliance with this standard found during the inspection visit

A review of the documentation and information in the PMC presentation demonstrated transparent and appropriate governance structures.

The Team acknowledges that there is a new Senior Leadership Team in place at PMC and the Team was impressed with the vision and plans for the future as articulated by the new Management.

The Team reviewed a detailed, current and realistic risk register and was reassured that there are appropriate mechanisms in place to mitigate risk.

It was clear to the Team that PMC understands how changes in government policy may impact on its future. In relation to its sustainability, PMC is diversifying its student intake such that it becomes less reliant on government sponsored students with the compensatory increase in independently funded and international students.

It is noted that the plan to establish an approved Foundation year is a further measure to ensure sustainability.

Interaction with the health-sector is embedded. PMC leadership has regular engagements with the Ministry of Health, clinical sites, the Irish Medical Council, the Malaysian Medical Council and the Malaysian Qualifications Agency.

Compliance
The Team found that PMC is fully compliant with this standard.

Observation(s) and Recommendation(s)
The Team makes the following recommendations:

- A dedicated Liaison Officer should be appointed to enhance ongoing engagement in all of its dealings with the Irish Medical Council.

Commendation(s)

- The Team noted and commended the presence of a dedicated, enthusiastic and effective Senior Management and Administration Team.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PMC:

PMC provided the Team with no documentary evidence of compliance with this standard.

Description of evidence of compliance with this standard found during the inspection visit

The Team noted that there will be an institutional upgrading exercise and a re-branding process will be undertaken. In the context of the re-branding exercise the Team strongly recommends that the issue of social accountability be prioritised and made more explicit at PMC.

Compliance
The Team found that PMC is fully compliant with this standard.

Observation(s) and Recommendation(s) The Team makes the following recommendations: • PMC should expand its commitment to social accountability and make it more central to its mission.
Commendation(s) No commendations made.

F. INSPECTION OF CLINICAL TRAINING SITES

Penang Hospital

The Team met with the hospital management, clinicians and staff involved in education and training at Penang Hospital and received a presentation about the hospital and clinical training provided on site. Penang Hospital was established in 1854 and is a state-funded specialist hospital. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions and some research. The 1163-bed hospital is spread out over 7 blocks and employs 1054 doctors. There are 2,500 Out Patients per day. Services include a broad range of specialties and subspecialties, a methadone clinic, smoking cessation clinic and forensic medicine. Teaching, training and research are core activities at the hospital, where 1311 trainees from 18 institutions are accommodated. Occasionally, students from other medical schools are accommodated on site, but the students on site are mainly from PMC. The clinical staff ensure that there are no more than two students per patient.

PMC students attend the hospital from 07:45hrs to 12:00hrs and return to the PMC campus for afternoon education sessions.

The clinical staff informed the Team that they are in regular contact with PMC, stating that there is integration between PMC and hospital management. Clinical staff confirmed they are involved in PMC examinations. Clinical staff receive in-house CME training and students are encouraged to participate. There are further CME programmes available to clinical staff which are provided by PMC. The hospital staff confirmed that training opportunities are made available to them by PMC, but they rarely have the time to avail of them, due to workload. The clinical staff at Penang Hospital are employed by the Ministry of Health but provide lecturing services to students pro bono.

Penang Hospital has an ethos of professionalism, caring and teamwork and advocates "3 Cs of healthcare – Care, Compassion and Charity", which is communicated and stressed to students. The clinical staff confirmed that PMC students are by and large found to be professional and knowledgeable and of a high quality. The clinical staff felt that the time lapse between graduation and taking up intern posts is less than ideal, particularly for those who wait more than a few months to take up a post. When asked if there was a system for raising concerns about a student, the clinical staff confirmed that they would contact PMC directly should such a situation arise, but that this had not been an issue to date. Clinical staff confirmed that they are aware of the students' learning objectives. The Team noted that opportunities for discussing issues of ethics and professionalism are informal and limited to the nature of the cases which students encounter during their rotations. Clinical staff noted that it was not always possible to discuss ethical issues in detail, due to workload, however, they referred to problem-based learning opportunities in class.

Students receive a general hospital induction and orientation, as well as Department debriefings. The hospital doesn't provide an induction booklet, but the staff confirmed that PMC provides one for the students. Students are allowed full access to hard copy patient records, but they are not allowed to remove records or make copies

The Team noted that there are limited opportunities at the hospital for multi-disciplinary learning, although they interact with the other professions during their clinical experience.

Hospital Seberang Jaya

The Team met with hospital management, clinicians and staff involved in education and training at Hospital Seberang Jaya and received a presentation about the hospital.

Hospital Seberang Jaya is a Central District major specialist hospital with 393 beds and over 1900 staff. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions and it is MSQH accredited. Development of a new 316 bed block is currently underway and is due to be completed by 2019.

Investment in a three story clinical skills centre directly across the road from the hospital, this was officially opened in 2015. There is accommodation for up to four students who are on call for the hospital but this sleeping accommodation didn't appear to be in use. Investment of simulation equipment would greatly benefit the teaching on site. The clinicians advised that this facility is benefiting students as they do not need to travel back to PMC for tutorials every afternoon.

The nursing staff carry out the induction programme with the students upon commencing rotations and infection control is emphasised. There is also a wide range of inter-disciplinary learning as students are part of a small team.

PMC staff have practice privileges in Hospital Seberang Jaya and the clinical staff welcome the additional help in clinics when tutors are on site. PMC offers CME and other training opportunities for clinical staff, but the staff informed the Team that they did not always take this up. There is a current emphasis on ethics and professionalism and these are being taught through bed-side teaching.

Overall the students are given access to a wide range of specialties with Hospital Seberang Jaya. However, the Team was informed that student access to the NICU is restricted.

There is a translator service provided at Hospital Seberang Jaya for international student as the majority of patients only speak the local Malay language.

When asked how they found the students, the clinicians rated PMC students highly and felt that they were adequately trained, knowledgeable and professional.

Taiping Hospital

The Team met with the hospital management, clinicians and staff involved in education and training at Taiping Hospital and received a presentation about the hospital. The Team noted apologies from the Director, who was unable to attend.

Taiping Hospital was established in 1880, is a state-funded hospital and the second-largest hospital in Perak. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions. The 608-bed hospital employs over 2000 staff. There are 83,000 day care patients per year, 46,000 of which are admitted. There are almost 100,000 ED patients per year. Services include a broad range of specialties and subspecialties, a methadone clinic, smoking cessation clinic and forensic medicine. There is a Clinical Research Centre

on site. Students from two medical schools are accommodated on site, including PMC, but there are no more than 10 students on site at a time.

Taiping Hospital staff reported that they have a very good relationship with PMC and formally meet with them twice a year, when programme changes and suggestions are discussed. The clinical staff provide teaching outside normal working hours and receive a stipend for this. The Team noted that there is a general contract between the Ministry of Health and PMC for training provision at State hospitals and that clinical staff on site also receive a letter of appointment from PMC confirming their Honorary Lecturer role. They do not know the learning outcomes required by students for the programme, however, they confirmed that the students tell them the desired learning outcomes and they decide which area they need to focus on. They also help students to prepare for exams. The clinical staff confirmed that PMC provides the hospital with a list of students, but the clinical trainers expressed a desire to receive photographs also, for ID purposes. PMC offers CME and other training opportunities for clinical staff, but the staff informed the Team that they did not take this up. Some, but not all, clinical staff have been involved in examinations and those that had participated described them as well-organised and appropriate for the Malaysian context. The clinical staff welcomed and embraced the opportunity to teach undergraduate students and felt the training is well-structured.

Students complete two weeks in medicine and one week in surgery during their clinical training experience on site. In the past, they completed obstetrics and gynaecology training on site, but this has been temporarily ceased due to lower student numbers. Students are free to explore the wards, attend medical clinics and ward rounds. They have an opportunity to see a wide range of cases.

The clinical staff described PMC students as well-prepared, professional and knowledgeable, just in need of clinical practice. The PMC students are very interested to learn and the clinical staff commended them for their "outstanding commitment", describing how they ask for extra classes, come to the hospital at nights, weekends and holidays. The clinical staff confirmed that academic staff from PMC provide teaching sessions 1 day per week on site, however, this was not corroborated by the students. The clinical staff confirmed that student attendance is recorded and if a student does not turn up at the site, PMC is informed immediately. They stressed the importance of acting quickly if a student is under-performing, although they had not found this to be an issue with PMC students. There are some opportunities for discussions about ethics and professionalism during the clinical training rotations at the hospital, although not a formal requirement on the programme. Particularly good examples were provided by the Clinical Lead in Obstetrics and Gynaecology, where ethics and professionalism appeared to be integrated into the programme and daily clinical practice, following strict protocols with regard to chaperones, student introductions to patients, taking consent, confidentiality, etc. The Obstetrics and Gynaecology rotation also provided opportunities for multi-disciplinary learning, often provided by midwives.

Although the hospital has BLS and ALS facilities, this is not part of the PMC programme requirements and is already in high demand at the hospital, so is not provided to students.

End of report