Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
Perdana University – Royal College of Surgeons in Ireland Medical School

24th & 25th January 2018

CONTENTS OF REPORT

VISITING TEAM

Ms Anne Carrigy (Chair of the Visiting Team and Medical Council Member)
Ms Katharine Bulbulia (Medical Council Member)
Dr Anna Clarke (Assessor)
Prof Hisham Khalil (Assessor)
Prof Paul Finucane (Assessor)
Ms Úna O'Rourke (Director of Education, Training and Professionalism)
Ms Aoise O'Reilly (Accreditation Manager, Education, Training & Professionalism)
Ms Chloe Ryder (Accreditation Executive, Education, Training & Professionalism)

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. PERDANA UNIVERSITY – ROYAL COLLEGE OF SURGEONS IN IRELAND (PU-RCSI) 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. PERDANA UNIVERSITY – ROYAL COLLEGE OF SURGEONS IN IRELAND MEDICAL SCHOOL 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 PERDANA UNIVERSITY – ROYAL COLLEGE OF SURGEONS IN IRELAND'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

3. THE BELOW MENTIONED CONDITIONS PREVIOUSLY IMPOSED ARE TO BE REMOVED UNDER SECTION 88(2)(a)(i) OF THE MEDICAL PRACTITIONERS ACT 2007:

   a. THE PU-RCSI PROGRAMME SUCCESSFULLY COMPLETES ITS FULL FIRST CYCLE (DUE IN JUNE 2016)

   b. THAT PU-RCSI CONTINUES TO DEMONSTRATE DUE DILIGENCE IN ENSURING THE FINANCIAL SUSTAINABILITY OF THE CONTINUANCE OF THE PROGRAMME WHICH MUST INCLUDE RISK ASSESSMENT AND CONTINGENCY PLANNING

C. PREFACE

1. Context of the visit

Perdana University – Royal College of Surgeons in Ireland Medical School (PU-RCSI) 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 24th & 25th 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 PU-RCSI Team, led by Professor Michael Larvin, 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 Larvin, Ms Thanmoli Subramaniam, Professor Karen Morgan and Ms Julie Creedon for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the students who met the Team, whose feedback is 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 PU-RCSI both in advance and at the time of the visit.

4. Schedule

The accreditation visit included a PU-RCSI presentation by Professor Michael Larvin. 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 Hospital Tuanku Ja'afar Seremban, Hospital Kuala Lumpur and Hospital Putrajaya. At each site inspection the Team 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 PU-RCSI is commended are also highlighted.

The Team's main recommendations are that:

1. The below mentioned conditions previously imposed are to be removed under the terms of Section 88(2)(a)(i) of the Medical Practitioners Act 2007:

   (a) The PU-RCSI programme successfully completes its full first cycle (due in June 2016)

   (b) That PU-RCSI continues to demonstrate due diligence in ensuring the financial sustainability of the continuance of the programme which must include risk assessment and contingency planning

2. Perdana University – Royal College of Surgeons in Ireland (PU-RCSI) 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.

3. Perdana University – Royal College of Surgeons in Ireland medical school 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 Perdana University – Royal College of Surgeons in Ireland 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 PU-RCSI and students interviewed

Based on the evidence provided by PU-RCSI and the information provided by the staff and students interviewed, the Team makes 21 recommendations for PU-RCSI:

1. The Team was made aware of the ongoing review of the current curriculum and expects the Medical Council be updated on any changes at the appropriate time.

2. The Team recommends that the curriculum review maximises opportunities for inter-professional education.

3. The Team recommends that the timing of the sub-internship module be reviewed and if possible delivered towards the end of senior cycle.

4. The Team recommends that PU-RCSI consider a refresher clinical exposure to Obstetrics & Gynaecology and Paediatrics in SC2.

5. The Team recommends that PU-RCSI develop an elective (special study module) programme across all clinical years of the programme, perhaps taking advantage of the uniformity of the programme delivered across the three sites (Ireland, Bahrain and Malaysia).

6. The Team noted the feedback from the interns regarding advanced simulation scenarios in the final year of the programme. These lacked scenarios of patients with multiple co-morbidities as is encountered in actual clinical practice and the Team recommends including such scenarios in the programme.

7. The Team recommends that the summative assessment of attitudinal learning is made more explicit to students and staff.

8. The Team strongly recommends that PU-RCSI revise the timings of summative assessments for SC2 to ensure that they occur after the completion of the clinical placements.

9. The Team recommends that PU-RCSI enhances sports/recreational facilities on campus

10. The Team recommends that PU-RCSI provides one additional bus trip **to** the campus each morning (i.e. at 9.30am) and **from** the campus each afternoon (i.e. 3.30pm) and on evenings (i.e. 7pm) when mandatory Malaysian studies require students to stay late.

11. The Team recommends that PU-RCSI establish a formal alumni association to serve as ambassadors and advisors for the PU-RCSI.

12. The Team recommends that the enhancement of supports should be considered for students preparing for the USLME exam

13. The Team recommends that PU-RCSI makes better use of the educational facilities on the clinical sites for clinical staff development activities.

14. The Team recommends that PU-RCSI maintains its commitment to research development and explores educational exchanges for students.

15. The Team recommends that every effort should be made to facilitate student access to all patients in the clinical setting in order to optimise learning.

16. The Team recommends that PU-RCSI should formally survey the interns on how well PU-RCSI prepared them for internship using an internationally recognised measurement tool such as the Dundee Ready Education Environment Measure (DREEM).

17. The Team recommends that PU-RCSI explores the involvement of patients as well as other stakeholders in the monitoring and evaluation of the curriculum.

18. The Team encourages PU-RCSI to engage with relevant stakeholders to advocate for processes that allow for greater flexibility in the delivery of formal teaching by clinical staff.

19. The Team recommends that PU-RCSI advocates with the relevant authorities concerns regarding the current time lag between graduation and commencement of internship.

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

21. The Team recommends that PU-RCSI should continue to actively monitor the sustainability of the programme. As with any new medical school, there are inevitable concerns that the impressive gains that have been made over the past seven years need to be consolidated and protected. Continued vigilance is required in this regard.

3) <u>Recommendations that the Medical Council makes to all medical schools:</u>

1. PU-RCSI 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. PU-RCSI 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) <u>The Team commends PU-RCSI for the following:</u>

1. The Team found evidence that to date the educational programme had adequately prepared graduates for clinical practice.

2. The Team commends the impressive induction programmes across all clinical sites. The documentation provided in Neurology at Hospital KL was noteworthy.

3. The Team commends PU-RCSI on the implementation and integration of aspects of professionalism in the curriculum.

4. The Team commends PU-RCSI on the explicit definition of learning outcomes, particularly in clinical placements and the manner in which these are explained to students and clinical supervisors alike.

5. The content of the sub-internship module was fit for purpose and clearly prepared the students for aspects of practice as an Intern.

6. The Team commends PU-RCSI on their ability to arrange alternative clinical placements in ENT surgery in unforeseen circumstances.

7. The Team commends PU-RCSI on the quality, proximity and availability of new student accommodation for JC students.

8. The level of student involvement on relevant committees was noteworthy.

9. The Team commends PU-RCSI on its recruitment strategy and diminishing reliance on short-term international appointments.

10. The Team notes PU-RCSI's awareness of the importance of staff development activities and its stated commitment to the development of such activities.

11. The Team especially commends Hospital KL for the manner in which it has organised high quality clinical placements for PU-RCSI students in the face of a demand to accommodate 1600 medical students from different medical schools and across many clinical settings.

12. The Team commends PU-RCSI for providing good educational facilities at HTJS and HKL.

13. The Team notes that the IT facilities have improved since the last visit.

14. The Team commends PU-RCSI on the use of programme evaluation in ensuring the continuing quality of its education programme.

15. The Team commends PU-RCSI on the cohesive partnership that exists between its parent organisations and on the improvement in governance and administration that has developed over time.

2) 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 PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: Student Agreement for PU-RCSI and RCSI Definition of Professionalism

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

The Team found that the Mission and Objectives were clearly stated and visible. Both core, clinical staff and students embraced them and clearly understood their values. They also demonstrated that the mission and objectives encompass the health needs of the communities, both urban and rural.

Compliance
The Team found that PU-RCSI is fully compliant with this standard.

Observation(s) & Recommendation(s)
No additional recommendations made.

Commendation(s)
No commendations made.

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: MMC-MQA Accreditation Survey Report PURCSI 11th-13th April 2016, PU-RCSI response to MQA-MMC Factual Corrections 8th June 2016.

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

The Team was satisfied that the curriculum teaches principles of scientific methods (including analytical and critical thinking), medical research methods and evidence based medicine to a satisfactory degree.

The absence of electives or special study modules was noted as a deficit in the Programme.

The Team was mindful of the fact that this curriculum has been developed over many years and is successfully delivered in medical schools in Ireland and the Middle East as well as in Malaysia.

The Team found evidence of effective implementation of the curriculum both in the University and across the clinical sites. There is a commendable focus on research in different aspects of the curriculum. PU-RCSI is clearly promoting research activity among its students.

Professionalism is clearly embedded across the curriculum and the students and staff demonstrated keen awareness of its importance. This includes an appropriate emphasis on cultural aspects of healthcare delivery in Malaysia.

As highlighted in the 2016 report, the Team was concerned about both the short duration and the timing of clinical exposure to the disciplines of Obstetrics & Gynaecology and Paediatrics in particular. The advertised seven week duration is in effect six weeks of clinical teaching and one week of assessment. This places PU-RCSI students at a perceived and actual disadvantage relative to other Malaysian medical students. Also, the timing of these modules in SC1 means that some students have this clinical exposure 18 months to 2 years before graduation.

The Team found that there was variable uptake of inter-professional education opportunities across the programme.

The Team observed that students are obliged to engage in mandatory Malaysian studies after hours and the additional demand that this places on students.

Compliance

The Team found that PU-RCSI is fully compliant with this basic standard.

Observation(s) & Recommendation(s)

The Team makes the following recommendations:

- The Team was made aware of the ongoing review of the current curriculum and expects the Medical Council to be updated on any changes at the appropriate time.
- The Team recommends that the curriculum review maximises opportunities for inter-professional education.
- The Team recommends that the timing of the sub-internship module be reviewed and if possible delivered towards the end of senior cycle.
- The Team recommends that PU-RCSI consider a refresher clinical exposure to Obstetrics & Gynaecology and Paediatrics in SC2.
- The Team recommends that PU-RCSI invest time and energy into the development of an elective (special study module) programme across all clinical years of the programme, perhaps taking advantage of the uniformity of the programme delivered across the 3 sites (Ireland, Bahrain and Malaysia).
- The Team noted the feedback from the Interns regarding advanced simulation scenarios in the final year of the programme. These lacked scenarios with patients with multiple co-morbidities as is encountered in the real-world and the Team recommends including such scenarios in the programme.

Commendation(s)

- The Team found evidence that to date the educational programme had adequately prepared graduates for clinical practice.
- The Team commends the impressive induction programmes across all clinical sites. The documentation provided in Neurology at Hospital KL was noteworthy.
- The Team commends PU-RCSI on the implementation and integration of aspects of professionalism in the curriculum.
- The Team commends PU-RCSI on the explicit definition of learning outcomes, particularly in clinical placements and the manner in which these are explained to students and clinical supervisors alike.
- The content of the sub-internship module was fit for purpose and clearly prepared the students for aspects of practice as an Intern.

- The Team commends PU-RCSI on their ability to arrange alternative clinical placements in ENT surgery in unforeseen circumstances.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: RCSI Examinations and Assessment Regulations, Junior Cycle Marks Standards 2017-2018, Intermediate Cycle Marks Standards 2017-18, Senior Cycle Marks Standards 2017-2018, RCSI Appeals Regulations.

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

The Team noted that the assessment methods have been tried and tested over many years in Ireland, the Middle East and Malaysia. There is a good balance between formative and summative assessments. The medical school has managed to avoid assessment overload.

The Team was initially concerned that the summative assessment of the attitudinal domain of the curriculum was not made explicit but it found that the adequate assessment of attitudes was indeed embedded in the curriculum.

The Team found that the level of feedback provided to students on different clinical placement was variable and while generally adequate was occasionally suboptimal.

The Team was very concerned to hear that summative assessments in high stakes examinations in SC2 sometimes preceded completion of the structured teaching programme in some disciplines (e.g. Medicine and Surgery).

Compliance

The Team found that PU-RCSI is at the upper end of partial compliance with the basic standard.

Observation(s) & Recommendation(s)

The Team makes the following recommendations:

- The Team recommends that the summative assessment of attitudinal learning is made more explicit to students and staff.
- The Team strongly recommends that PU-RCSI revise the timings of summative assessments for SC2 to ensure that they occur after the completion of the clinical placements.

Commendation(s)

No commendations made.

Area 4: Students

STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: PU-RCSI Admissions Process, PU-RCSI Admission Requirements.

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

The Team notes that the recruitment and selection policy for Malaysian students is largely dictated by government policies which are implemented and monitored by the local regulator, the Malaysian Medical Council and Malaysian Qualifications Authority but that PU-RCSI is endeavouring to maximise opportunities to recruit more students including international students. The Team notes the medical schools efforts' to recruit students through their new digital marketing strategy.

The Team remains concerned about the ongoing viability of the programme based on the current student intake. However the Team was somewhat reassured by the stabilisation and slight increase in intake since its last visit and confirmation from the PU Registrar that an annual intake of 50 students makes the school viable. It is noted that PU-RSCI is actively seeking to recruit additional students through its recruitment strategy.

The Team was gratified to note that PU-RCSI has enhanced the staffing for student support/counselling services. It also noted that the Mentoring Programme was being maintained and enhanced on the clinical sites.

While the organisation of the 'four houses' provides some form of social outlet for students, the Team was concerned at the absence of clubs/societies (e.g. debating society, book clubs, music appreciation etc.). The Team observed that there has been no enhancement in the limited provision of sports/recreational facilities on campus.

The Team was satisfied with the level of student representation on the various committees in PU-RCSI.

Upon meeting the students the Team noted a concern about the transport arrangements which resulted in an inefficient use of student's time.

Students from Year One

The Team met with a number of students from Year One 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.

Overall the students were happy with the programme to date. The students felt that because PU-RCSI was a small medical school it had a much friendlier atmosphere.

The students praised the Anatomy Lectures, stating that they were excellent and felt that the lecturers were passionate about teaching and therefore it was easier to learn. They did however highlight that lectures in all disciplines were often delayed in being uploaded to the Moodle platform.

The students were happy with the new accommodation which is located 10 minutes away from campus, however, the WiFi was poor in some areas of the building meaning students had to gather in the hall-way to access it. As yet, there is no recreational area for the students. The students also discussed the transport available to and from the campus. There are currently two buses to the campus in the morning and two from the campus in the evening. The students believe that this is not enough and a lot of the time use Uber to get to the campus.

The students felt that although the canteen facilities were adequate, the prices varied on a regular basis and felt more structured pricing should be introduced.

The students advised of the WhatsApp group that they have set up where they can discuss college work and issues. The student reps have taken the responsibility of bringing any issues arising in discussion to the School.

When asked if they found the course stressful, the students advised of the well-structured curriculum and the importance of time-management and had no major issues.

Students from Year Two

The Team met with a number of students from Year Two 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.

The students believed that the best thing about being in PU-RCSI is the close knit community. The small classes mean that teaching is more personalised and they find this really effective.

The students reported difficulty in linking what they had been taught in the classroom to the reality of clinical practice, however, their preparedness for practice teaching meant that they were now aware of how to dress appropriately, how to present themselves, etc.

The students were aware of the student supports currently in place and knew where to go should they need to speak to someone. There is a new "buddy system" which came into place this year. The president of Year 2 has had training on how to refer students in difficulty to the appropriate supports.

The students commented on the ready availability of the lecturers and their willingness to provide practical clinical teaching.

The students advised of the limited recreational resources available to them, and although there is the "four houses" system in place, more campus facilities would help encourage an active campus life.

Students from Year Three

The Team met with 29 students from Year Three 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.

On commencing rotations in Hospital KL, the students felt that a better understanding of the Hospital would have been beneficial, however, the Charge Sister and senior students were helpful in guiding students through the hospital grounds.

The students advised of the orientation programme given to them in most of the specialties, however, some specialties did not give a formal orientation prior to commencing rotations.

The students noted that there was a lack of tutorial space on the wards at Hospital KL for time-tabled tutorials to take place, however, bed-side teaching was strong. There is adequate tutorial space at the Grand Seasons Hotel and students also have access to lockers at this site.

When speaking to the students, it was felt that the international students who are currently preparing for the USMLE were lacking support from PU-RCSI in facilitating for these exams.

As Hospital KL has a large volume of students from a number of other Universities, the students advised that in order to get the full experience and exposure to patients, they took the initiative to arrive at the hospital ahead of time and other medical students.

Although the students taught on ethical dilemmas in classroom settings and through bed-side teaching, they felt they still struggled to apply ethical principles to real-life situations as encountered on clinical sites.

The students felt that the introduction to CPR given in year 1 was not enough and more training ahead of commencing clinical placements would help.

The students advised that formative feedback was always given from adjuncts or lecturers and they feel supported while on site in Hospital KL.

The students have no issues with transport to and from Hospital KL, however, they did highlight the walk to the train station late at night was not safe.

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.

The students reported that their clinical placements mostly consisted of observing clinical encounters and in clerking patients. However, they were encouraged to present their own findings to their clinical supervisors following ward rounds.

The students felt well-prepared for each rotation with pre-course MCQ's taking place before rotations. The students highlighted the well-structured rotations, such as Psychiatry and Family Medicine. The experience of going out to the community gave the students a lot of exposure to common diseases and they enjoyed having the opportunity to do more practical procedures.

The students raised concerns with the Neonatology rotation in Hospital TJ Seremban, noting that there was limited access to patient files which caused difficulty when writing case studies. They also raised concerns about not being given access to the nursery.

The students also felt that the 6-week rotation in Paediatrics, Obstetrics and Gynaecology in SC1 was not enough time or exposure to prepare them for Internship and felt that an additional rotation in SC2 would be beneficial.

Feedback was given to the students at the end of each rotation and tutorials were delivered in small groups, however, more bed-side teaching took place. Students also reported having reflection sessions on Wednesdays in Hospital KL where they have an opportunity to report on what is working well and suggest improvements.

The students feel confident to raise any ethical issues that might arise with their clinical supervisors.

The students in Hospital KL advised the Team that International Medical University (IMU) students got priority over PU-RCSI students where rare cases were presented and therefore, they felt at a disadvantage.

The students were all aware of the counselling services available to them while on clinical placements and advised that the campus counsellor is available regularly on clinical sites.

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.

The team noted that this cohort had not yet completed their sub-internship, but reported hearing from their fellow students that the sub-internship provides an opportunity to "get to feel like a Houseman" and learn the more practical aspects of their training.

The students felt that, due to the large size of the hospital, student access to patients was adequate in the general medical wards, which they described as "filled to the brim with a high patient turnover", which they felt presented opportunities for exposure to a good variety of cases and presentations. As such, competition with other medical schools was not perceived to be an issue. However, an example was provided where in smaller specialties, the students felt that student interactions were quite repetitive for patients, given the large number of students in the hospital. The students also felt that the hospital presented them with an opportunity for exposure to a broad number of specialties.

The students were very satisfied with the curriculum and felt it was appropriate. They felt clinical training presented opportunities to improve, for example, their history-taking, as mistakes made were picked up on by clinical staff and corrected with them. The students informed the Team that they receive plenty of feedback from the Houseman and described the experience as a "survival guide".

The Team heard that senior doctors have limited capacity to interact with students due to their workload and don't have designated time allocated to them, but that faculty lecturers compensated for this. Students described how adjuncts would discuss patient history and allow them to examine patients, where possible. Where adjuncts are not available, student learning is more self-directed. Students described opportunities for multi-disciplinary learning, including community visits. Students provided examples where their training in student professionalism had prepared them to behave appropriately in the clinical environment, both with patients and the multi-disciplinary team. They also described a week-long ethics and professionalism programme which they felt was very strong. There were relevant surgical case-based discussions and presentations, which the students found to be very practical.

The students felt the library facilities and online access adequately supported their learning at the clinical training site. They were also happy with the subsidised food available on site. The Team heard that student supports are provided on site by a Counsellor who comes to the hospital from the university. They also have a mentor during the clinical training programme and they confirmed that the mentor is accessible to them. In terms of career advice, students informed the Team that specialty talks are available, but they cannot always get to them due to their busy schedule. They also explained that some lecturers give them informal suggestions on how they can spend their time productively while awaiting an internship placement.

The students felt that prioritisation was given to the SC2 students over 4th year students during certain procedures.

They advised that the library and study facilities were now open until 10pm with WiFi access available. The students also advised that talks on career advice were hard to access.

Meeting with Interns who are PU-RCSI graduates

The Team met with a number Interns from the "Class of 2016" and a number of Graduates from the "Class of 2017" currently awaiting intern placements, on campus. 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.

Between graduating and commencing internship, the Interns and Graduates had worked in roles such as phlebotomy or research assistant at the medical school, but had felt the wait for a placement had resulted in some "de-skilling".

The Team heard that there is an absence of a formal alumni association, a deficit that PU-RCSI intends to address.

The Team was informed that preparatory courses for "Housemanship" are available. The Internship placements are non-competitive and are made in order of application ("first come, first served") to the national body, rather than the individual credentials of Interns. The Interns reported feeling well-prepared for intern training and, although nervous at the outset, soon realised that their education and training had provided them with the knowledge needed to do the job. They had received a one-week orientation which they felt was adequate and appropriate, which was followed by two weeks shadowing interns before being expected to practise at intern level.

Hospital staff did not expect the Interns to be familiar with blood-taking, or to undertake procedures beyond their level of training and competency. Patient records are entirely electronic at the hospital where the Interns are based and they were provided with a laptop to access these. The Interns described not being allowed to practice certain procedures, due to medico-legal provisions, which they felt was acceptable.

The Team was informed that the Interns worked closely with the Senior Houseman, as their immediate supervisors. They felt supported by the Sisters and described how the Ward Sisters had shown them everything they needed to know. When working in the ED, the Interns described feeling fully supported and that a good On Call system is in place at night. However, Interns did not feel they had adequate information about emergency codes and protocols and expressed a desire for more exposure to medical emergencies.

Interns and graduates confirmed they had received out-of-hours experience during their final year. During their sub-internship they had received a lot of exposure to cases in Hospital Tuanku Ja'afar Seremban. Interns and graduates described how the experience in the final year depends on how much the student participates, as learning is self-driven. They were assessed by their supervisors in the wards where they completed their clinical experience, however, they did not think that they were required to obtain experience in a set of identified competencies.

The Team was informed that ATLS training and essential clinical practice training is mandatory and an examination must be completed at the end of the training. Graduates described how student prizes and other credentials are advantageous when applying for a Master's or other postgraduate programme, after completing their internship training. The Interns and graduates described feeling comfortable to raise a concern if they witnessed unprofessional practice and knew how to do so in a professional manner. They described their career counselling in the form of talks from different specialties. Their feedback on the programme had been actively sought by the medical school.

The Team met with 4 Interns based at Hospital Tuanku Ja'afar Seremban. The Interns had waited between 3 months and one year before obtaining a placement. In the interim, between graduating and commencing internship, the Interns had either travelled and/or worked, but felt this was not ideal and would prefer to only have a 2-month wait for a placement. The only element of the undergraduate programme which the Interns felt required improvement was advanced simulation, which they felt was purely designed for use with patients without significant co-morbidities.

The Interns had received a 2-week induction and orientation when they were taught about the hospital system, which is fully computerised. They described learning how to order tests, take bloods, health and safety protocols, ATLS training and ward systems. They all felt this was beneficial and appropriate. They felt that ability to cope with the workload and to prioritise their work was the responsibility of individual Interns to learn by experience and could not be taught.

The Interns explained that they do not work in sub-specialty teams during internship training, only general medicine and general surgery. The Team was informed that the Interns worked closely with the Medical Officers, as their immediate supervisors. Interns explained that it was up to them to seek out a Medical Officer to teach them and it was up to individuals to make full use of the two-week tagging at the beginning of their intern training. The Interns confirmed that there was always a Medical Officer available On Call and described always being paired/tagged with more experienced doctors. The Interns were exposed to medical emergencies on an almost daily basis and confirmed that support structures were always available to them, but they felt they needed to (and did) learn very quickly.

The Interns appeared to be working exceptionally long hours, some describing a rota which only allowed them four hours' sleep in between shifts. The Interns and graduates described feeling comfortable to raise a concern if they witnessed unprofessional practice and knew how to do so in a professional manner. They felt the undergraduate programme had taught them how to approach medical situations calmly and how to appropriately raise concerns with seniors.

Compliance

The Team found that PU-RCSI is partially compliant with this standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The enhancement of sports/recreational facilities on campus
- The provision of one additional bus trip **to** the campus each morning (i.e. at 9.30am) and **from** the campus each afternoon (i.e. 3.30pm) and on evenings (i.e. 7pm) when mandatory Malaysian studies require students to stay late.
- The establishment of a formal alumni association to serve as ambassadors and advisors for the PU-RCSI.
- The enhancement of supports should be considered for students preparing for the USLME exam.

Commendation(s)

- The Team commends PU-RCSI on the quality, proximity and availability of new student accommodation for JC students.
- The level of student involvement on relevant committees was noteworthy.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: PU-RCSI Faculty and Administrative Staff Appointments 2017-2020, PU Faculty Appointments and Promotions Policy, PU-RCSI Faculty Development Day Programme 2017, International Education Forum 2017.

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

The Team noted that PU-RCSI is successfully implementing a strategy which makes the school less reliant on overseas recruitment with a compensatory increase in local Malaysian staff. This clearly enhances the stability and continuity of the school and provides a greater opportunity for the integration of academic and clinical activity.

While some progress has been made in staff development activities across the university the team was of the view that such activity needs to be further fostered among clinical staff and delivered on the clinical sites.

Compliance
The Team found that PU-RCSI is partially compliant with this standard.

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

- PU-RCSI should better use the educational facilities on the clinical sites for clinical staff development activities.

Commendations

- The Team commends PU-RCSI on its recruitment strategy and diminishing reliance on short term international appointments.
- The Team notes PU-RCSI's awareness of the importance of staff development activities and its stated commitment to the development of such activities.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	FC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: PU-RCSI Research Outputs Oct 2016 - Sept 2017, Snapshop of Grants Secured by PU Faculty Oct 2017, PU-RCSI Student Summer Research Projects 2017, PU Research Day PU-RCSI Student Poster Prizes 2016.

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

Physical Facilities:
The Team noted that the physical facilities in the PU-RCSI campus at Perdana were adequate. The Team noted the completion of the Academic Centres in TJ Seremban and the educational facilities in the Grand Seasons Hotel, both of which are reasonably proximal to the Hospitals and facilitated the learning of students in the clinical environment.

It was noted that the educational facilities on hospital wards are limited.

Clinical Training Resources:
The Team was advised of students concerns in relation to patient access in some of the clinical areas e.g. neonatology and obstetrics.

Information Technology:

The Team noted that the Wi-Fi and the virtual learning environment is adequate across all sites and was made aware of the ongoing efforts to further enhance this.

Medical Research and Scholarship:
The Team noted the efforts being made by PU-RCSI in developing a research culture amongst staff and students alike. Some publications in the peer-reviewed literature have resulted from these efforts. The success of one particular student in winning a research award at an international meeting was noted.

Educational Exchange:
The Team was advised of educational exchanges happening at staff level, however, this is not happening at student level to date.

Educational Expertise:
The Team was satisfied that sufficient educational expertise exists across RCSI in general and within PU-RCSI in particular.

Compliance
The Team found that PU-RCSI is fully compliant with this standard.

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

- PU-RCSI to maintain its commitment to research development and explore educational exchanges for students.
- Every effort should be made to facilitate student access to all patients in the clinical setting in order to optimise learning.

Commendation(s)

- The Team especially commends Hospital KL for the manner in which it has organised high quality clinical placements for PU-RCSI students in the face of a demand to accommodate 1600 medical students from different medical schools and across many clinical settings.
- The Team commends PU-RCSI for providing good educational facilities at HTJS and HKL.
- The Team notes that the IT facilities have improved since the last visit.

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI 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 impressed by the student's motivation, enthusiasm, energy and commitment to their studies and their pride in their medical school. The Team was also very impressed with the interns and felt that they were appropriately prepared for their internship.

The Team noted that PU-RCSI have a systematic approach to evaluating the programme through student surveys. Comparisons are made with other RCSI sites in Ireland and the Middle East.

The feedback from clinicians in the clinical sites on the knowledge, skills and professionalism of PU-RCSI students was very positive.

There is little evidence of stakeholder/patient advocate involvement to date either in the implementation, monitoring and evaluation of the curriculum.

Compliance

The Team found that PU-RCSI is fully compliant with this standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- PU-RCSI should formally survey the interns on how well PU-RCSI prepared them for internship using an internationally recognised measurement tool such as the Dundee Ready Education Environment Measure (DREEM).
- PU-RCSI explores the involvement of patients as well as other stakeholders in the monitoring and evaluation of the curriculum.

Commendation(s)

- The Team commends PU-RCSI on the use of programme evaluation in ensuring the continuing quality of its education programme.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: PU-RCSI Medical Faculty Board 2016-17 11th October 2017, PU Governance Structure Membership 9th October 2017, MOU with Malaysian MOH 2016.

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

A meeting with the Registrar and her Team provided clarity in relation to the evolution of the University since its inception in 2011, its current status and its realistic future plans. The Vice-Chancellor's input at the closing meeting served as a reassurance of the strong links and effective partnership between PU and RCSI.

The Team noted that formal teaching by clinical staff on the clinical sites has to be scheduled outside of core hours (as per MOH policy). This currently is largely dependent on the good will of the clinical staff.

The Team understands the context within which PU-RCSI is obliged to operate in accordance with national policy. Nonetheless some policies clearly impact on the student experience. This includes the time lag between graduation and graduates employment which carries the risk of de-skilling. The Team suggest that this matter be brought to the attention of the relevant government bodies wherever possible.

The issues of clinical indemnity for students on various sites (e.g. outside public hospitals) were raised and reassurances received from the Perdana University Registrar who will communicate this to the site concerned.

Compliance

The Team found that PU-RCSI is fully compliant with this standard.

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The Team encourages PU-RCSI to engage with relevant stakeholders to advocate for processes that allow for greater flexibility in the delivery of formal teaching by clinical staff.
- PU-RCSI should advocate with the relevant authorities concerning the current time lag between graduation and commencement of internship.
- A dedicated Liaison Officer should be appointed to enhance ongoing engagement in all of its dealings with the Irish Medical Council.

Commendation(s)

No commendations made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by PU-RCSI:

PU-RCSI provided the Team with the following documentary evidence of compliance with this standard: Responses to previous Malaysian accreditation visits, timetables for the most recent International Education Forum and PU-RCSI Faculty Development Day.

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

The quality enhancement office process that is led from RCSI is a valuable and responsive resource. The obvious cohesion and shared vision between PU and RCSI reassured the Team of the sustainability of the programme.

Compliance

The Team found that PU-RCSI is fully compliant with this standard.

Observation(s) and Recommendation(s)

The Team makes recommendations:

- PU-RCSI should continue to actively monitor the sustainability of the programme. As with any new medical school, there is inevitable concerns that the impressive gains that have been made over the past seven years need to be consolidated and protected. Continued vigilance is required in this regard.

Commendation(s)

- The Team commends PU-RCSI on the cohesive partnership that exists between its parent organisations and on the improvement in governance and administration that has developed over time.

F. INSPECTION OF CLINICAL TRAINING SITES

Hospital Tuanku Ja'afar Seremban

The Team met with the Senior Management and Clinical Trainers at the Tuanku Ja'afer Seremban hospital and received a brief presentation giving a high-level overview of the hospital and on-site training programme. The 1,070 bed hospital provides a variety of health services across a range of specialties and provides undergraduate clinical training to medical students from both PU-RCSI and International Medical University, but a medical school adjunct can only be assigned to one medical school at any given time. PU-RCSI clinical lecturers were available on site, but generally do not have practice privileges, although an example of pending privileges was described. Students come to the hospital in groups of seven. The number of students in wards is managed carefully, with a maximum of fifteen students per ward and two per patient, depending on specialty and ward size.

The hospital management confirmed that they meet formally with PU-RCSI twice a year. Their contract with PU-RCSI is apparently due for renewal. The hospital did not feel that they had been involved in curriculum development. They were provided with a schedule and had received a presentation on learning outcomes from PU-RCSI. Clinical trainers confirmed that they are involved in examinations. Neither senior management nor clinical trainers had any further involvement with PU-RCSI. The clinical trainers had access to the PU-RCSI library, but described it as complicated to access.

The clinical trainers described good opportunities for students to benefit from clinical experience, explaining that students are assigned a mentor (Medical Officer) and get an opportunity to clerk and examine patients, attend clinics and Out Patient Departments, participate in Ward Rounds, ask questions and observe procedures. Medical Officers do not teach students. Although there are plenty of opportunities for informal bedside teaching, formal tutorials are run by specialists but the Team noted that formal teaching is currently being provided outside normal working hours. The hospital confirmed that lectures are provided by PU-RCSI on site and when students come away from these lectures, they follow up with clinical supervisors by asking further questions.

The clinical trainers felt PU-RCSI students were "easy to manage", well-behaved and had a good attendance rate. They commended their professionalism, knowledge and eagerness to learn. Attendance is formally recorded at tutorials. Where any hospital staff has a concern about a student, this can be raised with the clinical lead, but only minor issues had been observed, such as bringing personal belongings onto wards, and were dealt with at a local level.

Students are informally assessed by clinical trainers at the end of their clinical training posting via comments in their logbooks. Students provide feedback on the hospital and clinical trainers to PU-RCSI directly and appropriate responses to feedback are managed centrally by the university.

Hospital Kuala Lumpur

The Team met with the Senior Management and Clinical Trainers at hospital Kuala Lumpur and received a brief presentation giving a high-level overview of the hospital. There are seven hospitals on the overall compound, with over 11,000 staff. There are 54 departments, 26 of which are clinical and the remainder are support services. Maternity and Paediatric services will soon move to a new Women and Children's hospital building. The 2143 bed hospital provides a variety of health services across a wide range of specialties and provides undergraduate clinical training to a total of 3,000 students from a variety of programmes in the healthcare professions, including 1600 medical

students from 23 public and private institutions. PU-RCSI provides the hospital with lists of students with a copy of their photo, for ID purposes.

The Team observed a strong overall commitment to teaching at the hospital, the importance of which is emphasised to new staff. The Neurology clinical trainers felt they had a very good working relationship with Professor Frances Meagher. The clinical trainers confirmed that PU-RCSI provides the hospital with the required learning outcomes for the clinical training programme. PU-RCSI staff deliver formal clinical teaching sessions on site. The clinical trainers confirmed that they are provided with adequate tutorial rooms on the wards, given that the student numbers from the university are small. The clinical trainers confirmed their involvement in OSCE assessments in exam settings and final year examinations, which gives them an opportunity to assess students.

PU-RCSI invites clinical trainers at the hospital to attend graduation ceremonies. The clinical trainers informed the Team that they try to make an effort to take part. Although there is currently no protected time for clinical teaching, the clinical trainers felt confident that formal teaching would be facilitated shortly via the pending "flexi hours" system. The Team heard that currently formal teaching is provided by the clinical trainers outside core hours. The Team noted that clinical staff do not receive support for their professional development from PU-RCSI.

Students receive orientation when they commence the clinical training programme and are encouraged at the outset to maximise the opportunity to absorb as much knowledge and experience as possible. They are encouraged to attend ward rounds, when they get an opportunity for bedside teaching and observing interactions between clinicians and the whole team. Students are involved in patient discussions, which are multi-disciplinary and inter-specialty, where appropriate. Students are also exposed to increased interaction with allied health professionals during hospital visits to patients' homes. Informal assessment of students is provided via comments and grading in the students' logbook at the end of programme.

The clinical trainers felt PU-RCSI students were punctual, keen to learn and easy to teach. Attendance is formally recorded at tutorials. The hospital confirmed that they had not encountered problems with student performance and professionalism, but felt that they had a good relationship with PU-RCSI and could address any such issues, should they occur.

The hospital requested clarification from PU-RCSI with regard to the level of insurance for students accompanying hospital teams on community visits. They also suggested that PU-RCSI might consider installing student lockers in the various clinical departments, to accommodate the students' belongings. The clinical trainers also raised a concern about the safety of students when returning home from the hospital late at night.

The Team visited the facilities provided by PU-RCSI at Hospital KL which include a student area and faculty facilities. The Team was satisfied that sufficient Department offices were provided, along with the Dean's office, a hot desk area for faculty staff and meeting rooms. The Team saw two secure on call rooms with basic but adequate facilities, including kitchen facilities, for students' use. The Team noted there was some simulation equipment available for students, as well as several discussion rooms and classrooms. The Team heard that PU-RCSI intends to install VC facilities, so that students on site will be able to remotely attend sessions without the need to return to campus.

Hospital Putrajaya

The Team met with the Senior Management and Clinical Trainers at Hospital Putrajaya and received a brief presentation giving a high-level overview of the hospital and on-site training programme. The

470-bed hospital provides a range of clinical and support services across a small range of specialties, including Obstetrics and Gynaecology, Paediatrics, ENT and Ophthalmology and includes facilities, such as a low-risk birthing centre, sleep laboratory, a Diabetes Clinic and some mental health services. Almost all surgical cases are elective. The hospital is served by a shuttle bus service from the centre of Putrajaya. They currently have over 200,000 Out Patients per year, 84,000 ED patients and 30,000 admissions. An extension to the hospital is planned for 2020 to provide additional Women and Children's services. The hospital provides clinical experience for 75 undergraduate medical students in ENT and 86 students in Ophthalmology, but no more than 13 students per rotation and the number of students in any given ward are carefully managed, so as to enhance their learning experience. Students come from PU-RCSI and IMU, however, there is no cross-teaching. There are also students from other allied health professions. There are currently no interns training at the hospital.

The clinical trainers had been informed by PU-RCSI of the required learning outcomes from the clinical training programme and tailor them to the relevant case mix. They described the cases on the curriculum as being based on the Irish context and not always relevant to Malaysia. The ENT Director runs the programme, along with two guest lecturers. However, currently, the ENT clinical experience is being provided in Seremban Hospital. Likewise, the Ophthalmology department works with a department liaison and university adjunct, with two guest lecturers.

The clinical trainers described the interactive sessions for students taking place during clinics. The trainers make sure the students know how to do certain procedures before they will allow them to examine patients. In Ophthalmology, there are formative assessments for the students. When asked, the clinical trainers did not feel there were many opportunities to discuss ethical issues with students – the focus was mainly on the programme. They are conscious, however, that they must lead by example by behaving in a consistently professional manner. The Team heard that, on a week when there is a public holiday, students on a clinical training rotation only get a 4-day week instead of 5.

Not all clinical trainers currently receive additional supports from PU-RCSI, such as remote electronic library access or educational supports, however, PU-RCSI have welcomed the use of the campus facilities. The clinical trainers felt that library access would be of no benefit, given that they have adequate library facilities at the hospital. They are not invited to participate in PU-RCSI examinations, but were open to the possibility in the future to get involved to receive feedback on their teaching. The Team were advised that students give feedback to PU-RCSI on a bi-annual basis about the clinical training experience. The hospital had actively sought student feedback from PU-RCSI, however, to-date this feedback has not been shared locally with the trainers.

The clinical trainers described the PU-RCSI students as knowledgeable and hard-working. They have not had any issues regarding students, but were confident that, should an issue arise, they would deal with it via the Department Director/adjunct.

End of report