Comhairle na nDochtúirí Leighis
Medical Council

Final

Report on Accreditation Inspection of

Perdana University - Royal College of Surgeons in Ireland

Medical School

Partner University:

Royal College of Surgeons in Ireland

25th and 26th February 2013

Note: This Report also makes reference to information received by the Team after the February inspection

THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. **The programme which comprises five years spent at Perdana University - Royal College of Surgeons in Ireland (PU-RCSI), and which leads to the award by the National University of Ireland of an MB BAO BCh degree and of the Licentiate of the Royal College of Physicians of Ireland and Licentiate of the Royal College of Surgeons in Ireland, should be approved with conditions under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007.**

   The conditions are as follows:

   (a) The PU-RCSI programme successfully completes its full first cycle (due in 2016)
   (b) The PU-RCSI clinical placements are agreed immediately, in advance of students' major clinical rotations, *via* the development and implementation of a comprehensive plan for the provision of the clinical teaching, with robust Memoranda of Understanding in place
   (c) The issue of insufficient capacity at the PU-RCSI campus is urgently addressed by PU-RCSI
   (d) That appropriate clinical and budgetary independence be established at PU-RCSI with immediate effect, thus allowing appropriate autonomy from all other stakeholders

2. **The Perdana University - Royal College of Surgeons in Ireland should be approved with conditions, for one year, under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme**

   The conditions are as above.

The Medical Council recommend that the incoming Council should continue to closely monitor PU-RCSI and that a revisit by the new Council be scheduled for no later than February 2014 and that this visit should include an inspection of Hospital Kuala Lumpur.

A. Summary and General Assessment

1) The Decision of the Medical Council

The five-year programme is based on the existing programme delivered by the Royal College of Surgeons in Ireland at its campuses in Dublin and Bahrain. The programme is well designed and to date has been effectively delivered to the first two student intakes. Areas where PU-RCSI is commended are included in this report.

However, there are significant areas of concern to PDC which urgently require the attention of PU-RCSI. These issues are of sufficient gravity as to warrant the conditions from the 2012 Medical Council report remaining (Conditions a-d). The continuation of conditional approval is contingent upon these issues continuing to be addressed by PU-RCSI.

The decision of the Medical Council is that:

1. The programme which comprises five years spent at Perdana University - Royal College of Surgeons in Ireland (PU-RCSI), and which leads to the award by the National University of Ireland of an MB BAO BCh degree and of the Licentiate of the Royal College of Physicians of Ireland and Licentiate of the Royal College of Surgeons in Ireland, should be approved with conditions under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007.

   The conditions are as follows:

   (a) The PU-RCSI programme successfully completes its full first cycle (due in 2016)
   (b) The PU-RCSI clinical placements are agreed immediately, in advance of students' major clinical rotations, *via* the development and implementation of a comprehensive plan for the provision of the clinical teaching, with robust Memoranda of Understanding in place
   (c) The issue of insufficient capacity at the PU-RCSI campus is urgently addressed by PU-RCSI
   (d) That appropriate clinical and budgetary independence be established at PU-RCSI with immediate effect, thus allowing appropriate autonomy from all other stakeholders

2. The Perdana University - Royal College of Surgeons in Ireland should be approved with conditions, for one year, under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body, which may deliver that programme.

   The conditions are as above.

The Medical Council recommend that the incoming Council should continue to closely monitor PU-RCSI and that a revisit by the new Council be scheduled for no later than February 2014 and that this visit should include an inspection of Hospital Kuala Lumpur.

2) <u>Recommendations additional to the conditions above:</u>

1. A contingency plan should be developed to address the issues arising from the delays in the completion of the new campus and clinical training site

2. A Head of Medicine and a Head of Surgery should be recruited at the earliest opportunity and a funded contingency plan put in place to deal with any delay in these appointments

3. A Vice-Dean or equivalent should be nominated and take up post at the earliest opportunity

4. Issues regarding student accommodation and student transport (which were identified by Council in February 2012) need to be addressed urgently as these issues persist

5. The relationship and relevant governance structures between PU-RCSI and the Perdana University Graduate School of Medicine (PUGSOM) should be clearly defined, with Memoranda of Understanding to be put in place where relevant

6. A quality assurance process for the delivered lectures should continue to be applied: RCSI has a Quality Office that monitors student satisfaction and takes appropriate action where necessary, but students expressed some concerns to the Team regarding the quality of a minority of lectures

7. Procedures for mediation and resolution of potential conflict are needed

8. PU-RCSI should further enhance opportunities for students to be represented on college committees and actively encourage students' involvement in curriculum development as the students' perception was that improvements could be made

9. PU-RCSI should ensure that defined learning outcomes are disseminated to students and staff, particularly to staff on clinical training sites

10. Opportunities for interdisciplinary teaching should be explored and maximised

11. PU-RCSI should maximise streaming or recording of lectures for students

12. PU-RCSI should continue to monitor attendance of all students at lectures in line with the Malaysian Medical Council requirements

13. PU-RCSI should continue to ensure awareness among students of the following:

    a. The Medical Council's *Eight Domains of Good Professional Practice*
    b. 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
    c. The revised *Children First: National Guidance for the Protection and Welfare of Children* guidelines in Ireland before students have attachments in paediatrics
    d. The World Health Organisation *Patient Safety Guidelines*

14. 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.

3) <u>The Team commend PU-RCSI for:</u>

1. The quality of the teaching delivered to students in the first two years of the programme to date

2. The Epidemiology and Public Health Medicine appointments which have been made since the last inspection

3. The support and mentorship provided for any students who are struggling

4. The development of the Summer Research Programme

5. The programme of visiting lecturers

6. The development of the Early Patient Contact programme and the engagement of a range of private general practitioners in this

7. Giving students feedback from the Medical Council inspection held in February 2012

8. The White Coat Ceremony plans and the proposals for student awards

4) <u>The Team request the following information/clarification from PU-RCSI:</u>

1. A Project Plan and an Interim Contingency Plan have been requested from the architects for the new medical school building and the associated University Hospital

2. The Team request sight of any reports of relevant Malaysian Medical Council inspections (e.g. those conducted in May 2012 and, when available, May 2013).

B. Evaluation of the programme based on WFME standards

WFME AREA 1
Mission and Objectives

The five-year programme is based on the existing programme delivered by the Royal College of Surgeons in Ireland at its campuses in Dublin and Bahrain. The mission and objectives of the programme remain in line with the existing programme and with the Royal College of Surgeons in Ireland's noble purpose to enhance human health through endeavour, innovation and collaboration in education, research and service.

The Team note and wish to commend PU-RCSI on a number of milestones, which have been achieved since the Medical Council inspection held in February 2012. In particular, the Team commend PU-RCSI for the development of the Early Patient Contact Programme, which was praised by the students. It is obvious to the Team that much work has been undertaken in engaging a range of general practitioners in this programme. The Team look forward to an update on the appointment of a Professor of General Practice from July 2014 onwards. Notable appointments have been made in Epidemiology and Public Health and the Team commend PU-RCSI in this regard. The Team was also impressed by the programme of Visiting Lecturers, which has been rolled out. Finally, the Team also commend the introduction of the Summer Research Programme for fourteen students to date.

A PU-RCSI Dean's budget was approved by the Board of Directors of the Academic Medical Centre (AMC) for the financial year September 2012 to August 2013 under the following categories: Continuing Professional Development, Student Research Summer Grant, Additional Part Time Lecturers, Business Related Travel, Catering & Corporate Entertainment, Medical Humanities & Complementary Skills Curriculum Delivery and Accreditation & External Examiners.

The Team remain concerned, however, about the lack of progress made in achieving clinical autonomy; and appropriate budgetary autonomy is still work in progress. It was apparent too that there is a disparity in funding *allocations* as opposed to funding that is actually *spent* (the Team heard reports of one case where less than 10% of allocation being spent in the period from September 2012 until February 2013).

Therefore, the Team believe that attaining appropriate clinical and budgetary independence should remain a condition of Medical Council approval of the programme (Condition d).

The Team appreciate that the Perdana University Graduate School of Medicine (PUGSOM) is a separate entity, but require evidence that the co-location of PU-RCSI and PUGSOM will not adversely impact on PU-RCSI. It is not evident to the Team that there is parity of esteem between PU-RCSI and PUGSOM and the Team remain concerned that the notion of parity has not yet been translated into reality.

WFME AREA 2
Educational programme

The Team commend PU-RCSI on their pre-clinical teaching programme which was largely praised by all the students encountered. It is evident to the Team that PU-RCSI has fostered a close 'family' environment and positive collegial atmosphere and this was unanimously praised and valued by the students. The Team heard reports that the staff are extremely approachable and the students were very positive about the small group learning components of the programme. In addition, it is apparent that the students of Year Two were very supportive of and helpful to students in Year One.

However, the Team remain extremely concerned regarding arrangements for clinical placements and therefore continue to include them in the conditions attached to approval (Condition b), and urge that comprehensive Memoranda of Understanding with clinical training sites be devised as soon as possible. The Team was disappointed to note that very little progress appears to have been made in this regard since the Medical Council inspection in 2012.

Of concern to the Team is that while in 2012 *six* hospitals were identified as potential clinical training sites, only *four* were referred to in pre-inspection documentation (Hospital Putrajaya, Hospital Kuala Lumpur, Hospital Bentong and Hospital Tuanku Ja'afar). During the inspection, it became apparent that only *three* clinical training sites now remain viable, with Hospital Bentong no longer a viable option.

The Team note that the following documents were included as Appendices in the documentation provided to the Team in advance of their visit – Memorandum of Understanding Government Teaching Hospitals, Ministry of Health (MOH), MOH Approval Letter Usage Hospitals (original), MOH Approval Letter Usage Hospitals (translation), Letter of Agreement Hospital KL, Letter of Agreement Hospital KL, Letter of Agreement Hospital Tuanku Ja'afar Seremban and Letter of Agreement Hospital Putrajaya.

The Team view this reduction in hospital sites as a major retrograde step, which reinforces its concerns about clinical placement capacity. However, since the Medical Council visit, the Team have been informed that Hospital Kuala Lumpur has been designated for use by students Perdana University – Royal College of Surgeons in Ireland for all specialties and the Team welcome this development.

Of the remaining hospitals, the Team noted that:

- Hospital Tuanku Ja'afar already has a strong affiliation and branding with International Medical University (IMU) and it was apparent to the Team that PU-RCSI clinical placements will require some degree of negotiation with IMU, which have commenced.

- Hospital Kuala Lumpur is already a major teaching hospital for a number of public medical schools as well as the private MAHSA Medical School and the placement of additional PU-RCSI students here may also require negotiation. The Team have been informed since the visit UPM students will no longer be attending Hospital KL for clinical rotations.

- Hospital Putrajaya already has students from Cyberjaya University College of Medical Sciences. A vacant post in general surgery means that only endocrine, breast and orthopaedic surgery is currently being undertaken here. In addition, during the inspection in 2012, clinicians at Hospital Putrajaya appeared to the Team to be less than fully engaged in the programme for a variety of reasons; and it was obvious at that time that considerable additional negotiation was required between PU-RCSI and the Hospital to effect the desired outcomes. It was not evident to the Team that any progress had been made in this regard in the intervening year although a number of meetings have taken place.

While the Dean assured the Team that he continues to make strenuous efforts to negotiate for the provision of adequate clinical placements, the challenges and obstacles now appear to be even greater than in 2012. The Team stress that these efforts need to be intensified. It is imperative that placements supported by well-informed and motivated clinical staff, aware of intended learning outcomes, be arranged well in advance of students taking up placements which are scheduled to commence in January 2014.

The Team noted that professionalism and ethics appear to be well integrated into the curriculum and the high standards of students' professional dress are commended by the Team. The Team recommend PU-RCSI continues to make students aware of the Medical Council's *Eight Domains of Good Professional Practice* and 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 Team also recommend that PU-RCSI continues to ensure that the teaching environment incorporates high standards in hygiene and infection control.

The Team suggest that PU-RCSI continues to monitor attendance of all students at lectures so as to guard against potential non-attendance of students and to take action accordingly in line with the Malaysian Medical Council requirements.

The Team commend the PU-RCSI for the opportunities they have developed for fourteen summer research electives to date. The students in Year Two unanimously praised these electives and the opportunities they provided for them.

Finally, the Team recommend that the PU-RCSI continue to ensure awareness of the revised *Children First: National Guidance for the Protection and Welfare of Children guidelines* in Ireland before students have attachments in paediatrics, along with the World Health Organisation *Patient Safety Guidelines*.

WFME AREA 3
Assessment of Students

The Team was presented with data showing that students of PU-RCSI perform favourably in examinations when compared with students who are undertaking the programme at the Dublin and Bahrain sites. The Team advise that PU-RCSI continue to monitor the progress of PU-RCSI students relative to those in the RCSI programme in Dublin and overseas. The Team was assured that the RCSI Medical Graduate Profile was portable and easily transferred from Dublin to Malaysia. The Team were also reassured that gender is not an issue in the teaching of students in the Obstetrics and Gynaecology components of the

programme and that all students participate and are assessed equally in all specialties.

There appears to be a good correlation between course work and what was both formatively and summative assessed and the students reported that the Junior Cycle prepared them well for the Intermediate Cycle. The Team heard that students receive feedback on formative assessment but less feedback on summative assessment and suggest that this be reviewed.

The rationale for more structured feedback after formative assessments is to improve preparation for summative assessments. Students successful in the Summative Assessment progress in their thinking to the next modules. The Student Progress Committee and Personal Tutors provide feedback to students who fail modules.

WFME AREA 4
Students

Students from Year One

The Team met with approximately 22 randomly selected students from Year One. The Chair assured the students of confidentiality and that anything they said during the meeting would not be attributable to any one individual. The Team would like to commend the students on their professionalism.

The students commended the educational programme and praised the family atmosphere evident throughout the medical school. They reported that, in general, the lecturers were of a high standard and were approachable. The Anatomy Lecturer (Dr Skantha Kandiah) was particularly praised by the students. They did, however, advise that there were a small number of poor lecturers, some of whom simply read from slides. The Team recommend that the existing quality assurance structures for monitoring standards and making improvements should be used to address students' concerns – expressed to the Team - regarding the quality of a minority of lectures. Finally, some students also felt that additional cadaveric material and plastinated models should be sourced for the anatomy laboratory due to the large size of the student groups.

As in the previous accreditation inspection in 2012, the students again raised significant concerns regarding the quality of their accommodation, with the presence of a fungus at their accommodation block still being cited as a particular issue. The Team heard accounts of poor quality furniture, no locks on doors and no peephole at the front door thus leaving the students feeling unsafe and somewhat vulnerable. There is no hot water and no air-conditioning. The Team also heard reports that despite the accommodation being relatively expensive, there were up to three students accommodated in some bedrooms. The Team was informed that the students were required to take 12-month leases although they only required the accommodation for the academic year. In addition, the student accommodation is relatively isolated and is remote from both the medical school and retail facilities. While there had been an increase in bus route frequency to the medical school, some students (10-15%) had found their own solution to transport difficulties by buying cars. Those students that have cars have to pay for parking at the accommodation site.

On campus, capacity issues persist, particularly in the canteen, with students reporting that they sometimes have lunch at 11.00 am to avoid a lunchtime crowd with standing room only. The students reported hygiene issues with the current caterers and expressed concerns over the unhealthy food choices which were generally on offer. The students unanimously expressed the view that the catering was overly expensive. While a new provider was appointed since last year, any slight initial improvement gradually disappeared and the students remain very dissatisfied with the canteen arrangements.

The library opening hours have been extended since 2012 but the Team did hear that IT facilities, while acceptable on site, were quite slow off-site. The students stated that they feel there are insufficient library books to cater for the larger numbers of students coming on stream in the future. The students also stated that they would like to have lectures recorded in the event of missing a lecture.

For these reasons, all students asserted that they had concerns regarding the planned arrival of a third cohort of students in September 2013 (bringing the total number of students on campus to 210). The Team advise that the issues regarding student accommodation, student transport, on-site catering and on-site capacity (Condition c) be addressed urgently.

Since the inspection, the Team have been informed that agreement has been secured for PU-RCSI to have exclusive use of the second 200-seat lecture theatre. The lobby at the entrance to Block D and at the side-entrance to Block B will be assigned as Student Common Areas and will be furnished accordingly.

The Team was advised that Perdana University has provided some funding for extra-curricular societies and activities for students and commend PU-RCSI on their efforts to enhance the student experience and foster communication skills, team working and leadership qualities. The students are now aware of the structures and processes which are in place should they wish to start a new club or society. The Team was, however, concerned to hear an account of the difficulties encountered by the Christian Fellowship Group of students (part of the Perdana University Cultural Society), reputedly due to fears of provoking religious tension. Finally, students of PU-RCSI programme do not appear to mix with those students from the PUGSOM programme and the Team would encourage PU-RCSI to explore ways to enhance this interaction. Perdana University Clubs and Societies are open to students of both schools and a number of joint activities have taken place.

The students are elected to sit on the Student Council but do not appear to be represented on the Curriculum Committee and the Team recommend that this be reconsidered as the students' perception was that improvements could be made**.**

Overall, the students felt well-supported and commended Ms Ann McGreevy, in particular, for her role in this regard. The students also commended the comprehensive Complementary Skills programme and the English Language Skills programme. However, there appears to be no structure for Occupational Student Health issues and the Team recommend that this be reviewed.

Students from Year Two

The Team met with approximately 18 randomly selected students from Year Two who were also assured of confidentiality and that anything they said during the meeting would not be attributable to any one individual. The Team would like to commend the students on their professionalism.

The Year Two students also praised the quality of the lectures and tutorials and were very positive about the small group learning which they found to be very interesting, particularly those cases with an ethical dilemma. They, too, praised the family atmosphere on campus and the fact that staff are on a first name terms with them. The students felt that examinations were fair and that there was feedback available to anyone who required it. The students stated that there was adequate support for any student who required support in English language skills.

Following the concerns which were raised in 2012, the Year Two students have moved into new apartments which are reportedly better than last year although they are also some distance from the college. The majority of Year Two students have now circumvented lengthy and inflexible transport options by buying their own cars.

The students also raised concerns regarding their accommodation needs when they will be required to go to the clinical training sites, some of which are two hours' drive away. The students said that rather than undertake lengthy daily commutes, they would be prepared to pay for suitable accommodation near to the clinical training sites.

The students from Year Two echoed the concerns of the Year One students regarding the capacity issues which persist in the canteen, the hygiene issues with the current caterers, the unhealthy choices and the expensive prices. While these students were represented on the selection committee for a new provider, they indicated that at the final selection stage another provider was appointed without their knowledge or any further consultation.

The students from Year Two maintain that while space in the library is adequate at present, they are concerned that there will be huge pressure on space with the next intake of students in September 2013. The library opening hours have been extended and the students were satisfied with this. However, problems have now surfaced with regard to timetables and schedules during the day, with students reporting a four-hour gap some days, which is as a result of pressure on lecture theatre capacity. The students are extremely concerned about how a new cohort of students will impact upon an already problematic scheduling pattern.

The students from Year Two were satisfied with Student Support structures and raised no issues regarding their representation on the Student Council although the Team formed the impression that gender balance may need to be reviewed in this regard. The students are not represented on the Curriculum Working Group and the Team recommend that PU-RCSI address this as the students' perception was that improvements could be made. In common with the Year One students, they were also aware of the structures in place for founding any new clubs and societies. However, the Team again suggest that PU-RCSI encourage ways to enhance the student experience through interaction with PUGSOM students as this appears to be also lacking in Year Two.

WFME AREA 5
Academic Staff/Faculty

The Team commend the PU-RCSI for the significant recruitment process undertaken to date and on the quality of staff appointments that have been made since 2012, particularly in Epidemiology and Public Health Medicine.

The Team noted that throughout the pre-inspection documentation, a Head of Medicine and a Head of Surgery appear to have been identified. It was clear to the Team that both of these appointments are critical to the longer–term success of the programme. However, the Team was concerned to find that while tentative offers of contract have been made, no formal contracts have been issued for these two key appointments to date.

The Team were informed since the inspection that a formal contract offer to the proposed RCSI Lead in Surgery was signed by the CEO Perdana University and sent to RCSI HR Department on 21 December 2012. A draft contract offer to the proposed RCSI Lead in Medicine was prepared by the Acting Perdana University CEO and was sent to RCSI HR Department on 7 March 2013. Both proposed RCSI Leads in Medicine and Surgery had pre-employment medical examinations in Kuala Lumpur on 22nd February 2013.

In addition, the proposed RCSI Lead in Medicine visited Seremban Hospital on 21st February 2013 and the PU-RCSI Dean accompanied the proposed RCSI Lead in Surgery to Hospital Putrajaya on 22 February 2013. The PU-RCSI Dean accompanied the proposed RCSI Leads in Medicine and Surgery on a visit to Hospital Kuala Lumpur on 22nd February 2013.

The Team would urge that a funded interim contingency plan be put in place in the event that these two appointments are not made immediately. Urgent dialogue needs to take place between the holders of these key appointments and the local hospital clinicians to plan for the clinical placements.

The Team were informed since the inspection that a total of four Locum Seconded/Recruited RCSI Faculty from Ireland will participate in delivering the Medicine and Surgery teaching programme in the current Intermediate Cycle February to May 2013.

The Team were also informed since the inspection that the proposed RCSI Lead in Medicine is scheduled to travel to Malaysia for two weeks commencing 8th April 2013 to deliver part of the Intermediate Cycle 1 Medicine teaching programme and to prepare for hospital clinical rotations beginning in January 2014. The proposed RCSI Lead in Surgery is scheduled to travel to Malaysia for one week, commencing 6th May 2013 to deliver the Intermediate Cycle 1 Surgical teaching programme and to prepare for hospital clinical rotations beginning January 2014.

In addition, the Team would advise that PU-RCSI give serious consideration to the possibility of designating or appointing a Vice Dean or equivalent to ensure that succession planning policies are robust, particularly given the high number of temporary secondment arrangements of key personnel responsible for delivering the programme.

Finally, while the Team appreciate that there are no other undergraduate programmes currently offered by PU-RCSI, opportunities for interdisciplinary teaching should be explored and maximised.

WFME AREA 6
Educational Resources

On a related matter, the Team noted that recent public pronouncements from senior Perdana University personnel indicate an expectation that the combined student intake into the PU-RCSI and PUGSOM programmes will soon exceed 200 students annually. If these projections are fulfilled, there will be 500 medical students in a 600-bed hospital at steady state and before the second building phase is completed. The Team advise that PU-RCSI review this scenario as these figures will inevitably result in a seriously overloaded student to patient ratio.

WFME AREA 7
Programme evaluation

The Medical Council welcome the fact that the programme is also to be monitored by the Malaysian Medical Council and the Malaysian Qualifications Agency. The Team request sight of any reports from the Malaysian Medical Council of their inspections to PU-RCSI in May 2012 and, when available, May 2013. The former had been received by the Team since the visit.

WFME AREA 8
Governance and Administration

The Team remain extremely concerned that due to the multiplicity of stakeholders in the development of this venture, little progress appears to have been made in achieving clinical autonomy and appropriate budgetary autonomy does not appear to have been established. The Team believe that achieving this should remain a condition of Medical Council approval of the programme and again, the Team urge that the governance structures between Perdana University, Royal College of Surgeons in Ireland and Johns Hopkins University be clearly defined, with Memoranda of Understanding established immediately.

WFME AREA 9
Continuous Renewal

The Team acknowledge that the RCSI medical programme is already well established, is currently delivered on sites in Ireland and Bahrain, and will be subject to the Royal College of Surgeons in Ireland's quality assurance and quality improvement initiatives.

To ensure the continuity of the programme, the Team again emphasise that robust retention of staff and succession-planning policies be devised.

The Team recommend that representatives of the Medical Council meet with the executive of the Royal College of Surgeons in Ireland, as a matter of urgency, to discuss the implication of the findings of the Team and of the conditions above and the longer-term sustainability of the programme.

Inspection of Clinical Training Site

Meeting with consultants at Hospital Tuanku Ja'afar, Seremban

The Team met a number of representatives at the Hospital Tuanku Ja'afar in Seremban. It is evident to the Team that this hospital is key to the roll-out of the clinical placements component of the programme and the Team was very impressed by the enthusiasm, commitment and dedication of the clinicians responsible for education and training that we met on the day.

It is anticipated that students will complete rotations in Obstetrics and Gynaecology, Surgery, Medicine and Paediatrics, including bedside teaching, with lectures or tutorials taking place out of hours. There is a clear emphasis on quality of teaching in the hospital and the clinicians foresee no difficulty in accommodating students from two medical programmes as bedside teaching will be similar. Crucial to the success of these placements will be the clinical lead representation and liaison from PU-RCSI and the clear dissemination of teaching methodology and clear communication of defined learning outcomes.

While the Team believe that there may be some challenges in PU-RCSI students being placed in hospitals such as Hospital Tuanku Ja'afar, Seremban, where other medical schools already have a strong presence and branding, the clinicians did not seem to share such concerns and on the contrary, believe that resources should be shared. However, the Team maintain that some degree of negotiation will be required between PU-RCSI and the International Medical University and suggest that these negotiations commence as soon as possible to ensure that students have parity of esteem and experience at the clinical training site.

The Team were encouraged to see the proposed PU-RCSI academic centre at Seremban.

End of report