Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
Perdana University – Royal College of Surgeons in Ireland (PU-RCSI)
Direct Entry to Medicine

Monday 27 – Tuesday 28 February 2023

CONTENTS OF REPORT

VISITING TEAM

Dr Anna Clarke (Chair of the Visiting Team and Former Medical Council Member)

Mr Graham Knowles (Non-Medical Assessor and Education and Training Committee Member)

Ms Geraldine Feeney (Non-Medical Assessor)

Dr Drew Gilliland (Medical Assessor)

Prof Hisham Khalil (Medical Assessor)

EXECUTIVE

Ms Aoise O'Reilly – Quality Assurance Manager

Ms Hannah McGrath – Quality Assurance Executive

Mr Cormac Glynn - Quality Assurance Executive

A. Statement with regard to the Freedom of Information Act, 2014, General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

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.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://www.medicalcouncil.ie/FOI-Data-Protection/

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. The PU-RCSI medical programme (the "**Programme**") should be approved by Council under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007 (as amended)

   This approval should be for one year from the date of approval by Council subject to the six conditions which are outlined below. This approval should include appropriate monitoring, including a monitoring visit (online or in-person) which is to be carried out within six months of the date of approval of the Programme by Council.

   This recommendation is made on the grounds of the Programme's adherence to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007 (as amended) and is subject to compliance with the conditions outlined below.

2. The PU-RCSI should be approved under Section 88(2)(a)(i)(II) of the Medical Practitioners Act 2007 (as amended) as the body (the "**Body**") which may deliver the Programme.

   This approval should be for one year from the date of approval by Council subject to the six conditions which are outlined below. This approval should include appropriate monitoring, including a monitoring visit (online or in-person) within six months of the date of approval by Council.

   This recommendation is made on the grounds of the Body's 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 (as amended) and is subject to compliance with the conditions outlined below.

C. PREFACE

1. Context of the visit

PU-RCSI delivers a five-year Direct Entry 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 Assessor Team held meetings with management, academic & clinical staff, and students on Monday 27 and Tuesday 28 February 2023. Inspections of the facilities and observation of teaching were undertaken. Its remit was to assess the programmes and to formulate a recommendation on accreditation of PU-RCSU to the Medical Council's Education and Training 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 would also like to thank the PU-RCSI Team, led by Professor Karen Morgan - Deputy Dean of the School of Medicine and Ms Julie Creedon - Programme Manager, for the work involved in coordinating the visit. In addition, the Medical Council would like to thank the staff and students who met the Team and whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the completed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated January 2023. The questionnaire completed by PU-RCSI is based on the World Federation of Medical Education's *Global Standards for Quality Improvement: Basic Medical Education.* Information was also gathered via a survey of PU-RCSI medical students, academic teaching staff, and clinical site teaching staff.

4. Schedule

The accreditation visit included a presentation by Professor Karen Morgan - Deputy Dean of the School of Medicine; an in-depth discussion between the Medical Council Assessor Team and representatives of the University; along with private sessions with students representing all stages of the course, and clinical and academic staff. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at the PU-RCSI Campus, Hospital Kuala Lumpur (HKL), Hospital Tuanku Ja'afar, Seremban (TJ Seremban) and Klinik Kesihatan Cheras (KK Cheras).

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 C of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality Improvement in Medical Education, 2015 revision'*.

The observations, comments and recommendations contained in this Report are grouped under either the following headings:

- Communication
- Curriculum
- Assessment
- Feedback

- Resources

D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

The Medical Council's main recommendations are that:

1. The PU-RCSI medical programme (the "**Programme**") should be approved by Council under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007 (as amended)

   This approval should be for one year from the date of approval by Council subject to the six conditions which are outlined below. This approval should include appropriate monitoring, including a monitoring visit (online or in-person) which is to be carried out within six months of the date of approval of the Programme by Council.

   This recommendation is made on the grounds of the Programme's adherence to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007 (as amended) and is subject to compliance with the conditions outlined below.

2. The PU-RCSI should be approved under Section 88(2)(a)(i)(II) of the Medical Practitioners Act 2007 (as amended) as the body (the "**Body**") which may deliver the Programme.

   This approval should be for one year from the date of approval by Council subject to the six conditions which are outlined below. This approval should include appropriate monitoring, including a monitoring visit (online or in-person) within six months of the date of approval by Council.

   This recommendation is made on the grounds of the Body's 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 (as amended) and is subject to compliance with the conditions outlined below.

2) Major findings of Council Team

Based on the evidence provided by PU-RCSI and the information provided by the students interviewed, six priority findings were identified:

- PU-RCSI must develop a site-specific Risk Register covering the remainder of the teach through period. This must include a detailed update of specific risk management, mitigation, and contingency plans for the remainder of the teach through with appropriate RAG rating. This must be provided to the MCI in a mutually agreed format and frequency.
- The Risk Register must provide RAG rating with specific details in relation to the teach-through and assessment of the curriculum as well as mitigation of risks, e.g., unplanned departure of staff.
- The Risk Register must be reviewed on a monthly basis for the remainder of the teach-through or more frequently if required.
- PU-RCSI must ensure that AMC/PU meet their obligations as outlined in the Exit Plan. There is an urgent need to appoint and maintain an adequate number of staff for the duration of the teach through with effective induction in curricular content and its assessment. This must be provided to the MCI in a mutually agreed format and frequency.

- PU-RCSI must ensure the implementation of the Exit Plan which states 'AMC will provide access to student, teaching and staff administrative space in the Interim Campus.'
- PU-RCSI must urgently ensure effective communication of the teach through plan with senior management and clinical staff involved in the delivery and assessment of the PU-RCSI curriculum across all sites.

The Education and Training Committee notes significant progress on all six conditions at time of approval.

Additional area of recommendations to the major findings, based on the evidence provided by PU-RCSI and the information provided by the students interviewed:

Communication

1. Enhancement of communication in relation to the remainder of the teach through, pathways for those who fail to pass their exams and career opportunities for applications for external internships/foundation programmes.
2. During this critical phase (i.e. teach through) of the programme, the school should ensure that they circulate the minutes of the staff-student committee to all students promptly.
3. Improved communication with staff regarding the duration of contracts, options for renewal of these contracts and opportunities available for staff after cessation of the programme.
4. Communication to and reassurance of the student body regarding the anonymity of the feedback they provide.
5. PU-RCSI have effective communication of the governance arrangements with stakeholders including academic, clinical, and administrative staff, senior management in clinical sites and that this needs to be reflected in the remaining annual returns for the duration of the programme.

Curriculum

1. RCSI Dublin programme office should continue to provide career guidance for the remaining students (the 8 online sessions)

Assessment

1. The school should consider providing more formative assessments/mock exams in disciplines where formative/mock exams are lacking to prepare students for their assessments. This is restricting the student's ability to adequately prepare to pass their assessments.

Feedback

1. No recommendations were made on feedback.

Resources

1. The setup of a bootcamp style educational programme for graduates whilst they wait for the start of their internship.
2. Provide opportunities for staff development for existing and newly appointed staff relevant to the teach through.

Recommendations that the Medical Council makes to all medical schools:

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

3) The Medical Council commends PU-RCSI for:

- The change of Sub-Internship from SC1 to SC2 is commended.
- The numbers and contribution of students attending each of the visiting team's meetings was impressive.
- The calibre of the students, as reported by the clinical staff and management in each of the clinical facilities.
- The commitment, enthusiasm, and professionalism of the Director of the Programme/Deputy Dean, in relation to the delivery of the programme and the support of staff is to be commended.
- We would like to commend KK Cheras and HTJS on management and multi-disciplinary staff commitment to teaching.

4) 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 Medical Council 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		✓	✓	✓	✓	✓		✓		6
FC	✓						✓		✓	3

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:

- Appendix 1.1 a 2019.20 UG Annual Return
- Appendix 1.1a UG Annual Return Stats 2019.20
- Appendix 1.1b 2020.21 UG Annual Return
- Appendix 1.1b UG Annual Returns Stats 2020.21
- Appendix 1.2.1 Covid Mitigation Measures PURCSI
- Appendix 1.3 Joint Schools Code of Conduct 2022.23
- Appendix 1.3 RCSI Definition of Medical Professionalism

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

The documentation provided does not demonstrate any changes to the original mission and vision for PU-RCSI.

Compliance

PU-RCSI was found to be **fully complying** with the basic standard.

Observation(s) & Recommendation(s)

- No recommendations made.

Commendation(s)

- No commendations made.

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	PC

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

- Appendix 2.1 2020 JC3 curriculum Perdana
- Appendix 2.2 ECTS Credit Calculation
- Appendix 2.3 Marks & Standards JC3-IC1

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

It was noted that the curriculum reverted from THEP to the original curriculum once the decision to proceed with a teach-out for the last two years was taken. Both students and staff had the opportunity to contribute to the development of the curriculum.

The documentation provided by PU-RCSI clearly outlines a well-structured Senior Cycle 1 (SC1) and Senior Cycle 2 (SC2) with adaptation to the Malaysian context.

The Sub-Internship acted as an effective transition from medical school practice to work as an Intern. The move from Semester 1 of SC2 to Semester 2 of SC2 was clearly beneficial.

Both the documentation and visits demonstrated a diversity of learning environments with good exposure to a wide range of clinical cases covering multiple disciplines. However, some students may not be availing of the opportunity to examine patients outside the tutor assigned hours.

There was a perceived lack of clarity by some staff on the learning outcomes and curriculum content for SC1, for example, Ophthalmology and ENT.

It was noted by some members of staff that the time allocations for certain disciplines in the curriculum were difficult to deliver, for example, Emergency Medicine and Ophthalmology.

Students advised that there were changes to timetables in a number of disciplines at short notice. There were also student concerns of shifting learning environments in acute settings, for example, HKL and TJ Seremban, which impacted their ability to secure affordable local accommodation.

The presentation by the management team highlighted the plans to phase out the current programme by September 2024. The planned intake for September 2020 was cancelled. The PU-RCSI management provided an exit plan and details of a high-level corporate risk register at the request of the visiting team. The exit plan does not provide details of a pathway for students in SC1 and SC2 who fail to progress after supplemental exams. The exit plan lacks detail on contingency of delivery of the curriculum in the event of (for example) unplanned departure of staff.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Conditions

- The Risk Register must provide RAG rating with specific details in relation to the teach-through and assessment of the curriculum as well as mitigation of risks, e.g., unplanned departure of staff.
- The Risk Register must be reviewed on a monthly basis for the remainder of the teach-through or more frequently if required.

Commendation(s)

- The change of Sub-Internship from SC1 to SC2 is commended.

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:

- Appendix 3.1 Examinations Assessment Regulations
- Appendix 3.2 PU-RCSI Y1 Marks Standards 2019-20 FINAL
- Appendix 3.3 Medicine IC2-IC3 Marks Standards Final 2020.21 PURCSI (4)
- Appendix 3.4 PURCSI SC1 SC2 Marks Standards 2022-2023 Provisional v6
- Appendix 3.5 Appeals Regulations

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

The documentation provided by PU-RCSI demonstrated good blueprinting with a variety of formative and summative assessments. There was good documentation of external examiner reports and Exam Boards which demonstrated the input of external examiners in the moderation of assessment result.

The assessment framework is provided by RCSI Dublin and adopted across all RCSI sites.

The benchmarking of assessments was performed by RCSI Dublin with contribution to the content from staff in PU-RCSI.

Both academic and clinical staff received training in assessments, including OSCE's. It was clear that a significant number of clinical staff participated in the delivery of OSCE's.

Variability in the balance of formative and summative assessments was noted with some disciplines providing structured and effective mock exams and others lacking this.

It was heard from students that they were anxious about their prospects of progression in the context of a programme that is ending in 2024 if they fail to pass exams.

We heard from some students that the timing of the release of the transcripts from RCSI might negatively impact on their ability to apply for internship in a timely manner.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Observation(s) & Recommendation(s)

- The school should consider providing more formative assessments/mock exams in disciplines where formative/mock exams are lacking to prepare students for their assessments. This is restricting the student's ability to adequately prepare to pass their assessments.

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:

- Appendix 4.1 PU Admissions Process
- Appendix 4.2 RCSI Admission Policy

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

The documents submitted as well as the presentation by the senor team outlines the student numbers as 36 in SC1 and 47 in SC2. Feedback from academic and clinical staff was positive in relation to the smaller student numbers which allowed for enhanced learning for students.

There is a student support office and an officer which provides a variety of support service for students with very good counselling services. We heard from students that they felt well supported, in particular relating to the stress and anxiety of exams. Students have access to health care through the health centre and GPs. It was noted that there were no students from PU-RCSI that were identified as having a disability.

There is a robust mechanism for monitoring student attendance both in the classroom and at clinical sites with staff aware of who to contact with concerns about particular students.

There is an elaborate system of student representation. This includes the student-staff liaison committee, classroom representatives; as well as a rotating student coordinator to liaise with clinical teachers in the clinical environment. Students have the opportunity to give feedback and contribute to the curriculum.

There appears to be a lack of an effective communication strategy with the student body in relation to the teach through, pathways for those who fail to progress after failing exams and resits, as well as important career information relevant to application to external internships/foundation programmes.

Some students described their perception of lack of anonymity of the feedback they give on delivery of the curriculum and of its assessment.

Students in SC1 and SC2 spoke of about their concerns regarding short and frequently changing clinical placements between HKL and HJTS which impacted on the expenses incurred for accommodation and transport.

Students were particularly anxious about the rapid change of staff in the various disciplines, with some of the guest lecturers unaware of the learning outcomes, expectations of student learning, and the framework for assessments. The students were also vocal about the changes to the timetable at short notice and the standardisation/equity of experience between groups. The SC1 students reported that some of them were unaware of their mentors following significant staff turnover.

The students drew comfort from peer support in relation to the forthcoming closure of the school when pastoral support was not available.

Meeting with Year 4

A number of meetings were held with students from Senior Cycle 1 (Year 4) of the programme. They were assured of confidentiality and advised of the Medical Council's role.

When asked about the schedule of clinical placements, the students felt they did not have sufficient notice of where their placements would be. The students were advised last-minute of changes to rotations and schedules, which made it difficult to find accommodation. When asked about the induction process, the students provided different reports on whether they had been given an induction, depending on their rotation. They also advised that it was left to the group leader to disseminate information to the entire group on what team each student had been assigned to on each placement, and any scheduling changes. When asked about the learning outcomes for clinical placements, the students highlighted that they were aware of the outcomes; but did not feel they had sufficient time to cover them.

When asked about how prepared they felt for exams, the students displayed a level of stress as they felt there were many guest lecturers, some of whom did not appear to be aware of the learning outcomes of the curriculum. The students voiced their concerns that many of their regular lecturers had left. When asked if they had been given the opportunity to sit the mock OSCEs, the students provided differing reports depending on their rotation. When asked whether they were aware of their options if they didn't progress in exams after repeats, the students did not feel this was clear. The students were complimentary of the extra support made available to them for assessments i.e., supplements and super supplements.

When asked about whether they had an opportunity to provide feedback on each component of the programme or the assessments, the students highlighted their concerns around the anonymity of the feedback they were providing. This caused concern as to whether feedback provided was identifiable.

All students were aware of the student support services available to them and were complimentary of the ease of access to counselling services should they need them. Career guidance is provided to students however the career guidance programme was not provided to students at the time of the visit. The Team are pleased to see that a more detailed plan is now in place and shared across all campuses.

Meeting with Year 5

A number of meetings were held with students from Senior Cycle 2 (Year 5) of the programme. They were assured of confidentiality and advised of the Medical Council's role.

When asked about the schedule of clinical placements, the students felt that although they had advance notice of where their clinical placements were, when it came to starting a new placement, the administrative work was not complete by the University i.e., permission letters/student details which meant that the students then had to spend their first day of a new placement completing all the necessary paperwork for the hospital themselves. They also advised that it was left to the group representative to disseminate information to the entire group on which team each student had been assigned to on each placement. The students also advised that they had no issues with being integrated into clinical teams and had no issues gaining access to bedside teaching.

When asked about how prepared they felt for their upcoming final medical exams, the students displayed a level of stress as they felt unprepared for the OSCEs.

When asked about whether they had an opportunity to provide feedback on each component of the programme or the assessments, the students highlighted their concerns around the perception of a lack anonymity of the feedback they were providing. They advised that they felt the school were able to identify those who hadn't provided feedback and would contact them individually to remind them to submit feedback. This caused concern as to whether feedback provided was identifiable.

The students were all aware of the Student Representative's role and participation in the Student Representative Council. When asked if they felt the issues they have raised had been listened to and addressed, they confirmed all issues had been raised at the meetings, however, only some changes had been made, for example, the library and campus opening hours were extended. Other issues, such as, accommodations issues and car parking charges on campus were not addressed.

All students were aware of the student support services available to them and were complimentary of the ease of access to counselling services should they need them.

When asked about the Sub-Internship component in SC2, the students all praised the component and felt it gave them good exposure to the day-to-day running of the hospitals. They did feel that the restrictions on students being allowed to carry out procedures was a disadvantage, however, they felt it was a worthwhile component overall.

Meeting with Interns

A number of meetings were held with Interns/Alumni who completed the PU-RCSI programme. They were assured of confidentiality and advised of the Medical Council's role.

The purpose of the meetings with the Interns/Alumni were to ascertain whether the PU-RCSI medical degree programme adequately prepared them for Internship.

All those in attendance were in agreement that the PU-RCSI programme gave them good coping skills going into internship because of the level of subject matter taught in the programme.

The general feeling was that SC1 rotations in the sub-specialties were difficult. The short duration spent at each sub-specialty caused difficulties for students in finding accommodation for the time spent at each site. They also felt the exposure gained in the sub-specialties was limited because each rotation was so short.

It was felt that SC2 rotations in Medicine and Surgery were very well run and overall, the group was happy with the final year.

Throughout the final two years of the programme for this group, there was a level of uncertainty amongst the students around the impending closure of PU-RCSI, there were frequent staff changes and vacancies and they felt that they were not being kept informed of what was happening. They also felt there was a lack of communication from PU-RCSI to the students and the staff regarding the closure and most were only aware of it from discussions with other students and colleagues.

Due to the Covid-19 restrictions on medical students being able to carry out procedures, this limited the preparedness for internship, however, the group all commended PU-RCSI for the excellent knowledge base the programme provided them with and the Sub-Internship component in SC2 which gave them a good insight into what to expect when they began their internship.

There is a strong presence of staff for PU-RCSI students within the hospitals. The interns who graduated from PU-RCSI greatly benefited from having those staff members there as a support network for them.

Overall, it is felt that the quality of the programme delivered by PU-RCSI was of good quality and adequately prepared its graduates for internship.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Observation(s) and Recommendation(s)

- Enhancement of communication in relation to the remainder of the teach through, pathways for those who fail to pass their exams and career opportunities for applications for external internships/foundation programmes.
- Set up a bootcamp style educational programme for graduates whilst they wait for the start of their internship.
- During this critical phase (i.e. teach through) of the programme, the school should ensure that they circulate the minutes of the staff-student committee to all students promptly.
- RCSI Dublin programme office should continue to provide career guidance for the remaining students (the 8 online sessions)

Commendation(s)

- The numbers and contribution of students attending each of the visiting team's meetings was impressive.
- The high calibre of the students, as reported by the clinical staff and management in each of the clinical facilities.

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

- Appendix 5.1 PURCSI SOM Staff List 2022 AND 2019
- Appendix 5.2 PU Faculty Appointments _ Promotion Policy
- Appendix 5.3 PU Training Policy
- Appendix 5.4a IEF2018
- Appendix 5.4b IEF2019
- Appendix 5.4d IEF2021
- Appendix 5.4e IEF2022

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

Documentation was provided by PU-RCSI, and a presentation was delivered by the Director of the Programme, with the PU-RCSI senior management team present. It was noted that the visiting Dean was not in attendance. The presentation outlined the plans for heads of department/leads in the various disciplines. This included plans to recruit a head of department for Orthopaedic Surgery.

The visiting team met with a significant number of academic staff involved in the delivery of SC1 and SC2. It was clear to the visiting team the high degrees of professionalism, dedication, and resilience of the staff. The staff commended the academic levels of their students and were very keen to see them progress through the teach through. The academic staff were very complimentary of the support they receive from the Director of the Programme (Deputy Dean).

At the request of the visiting team, PU-RCSI provided details of an Exit Plan. It is detailed within the Exit Plan that 'AMC/PU's obligation is to ensure sufficient staff (both academic and support), campus facilities, and resources to operate the programme throughout the 'Teach Out Years'.

There appears to be a lack of an effective communication strategy with the academic staff. We heard from staff we met that they were unaware of when their contracts would be renewed, if at all. Staff had noticed that some of their colleagues were leaving at short notice. We heard from some staff that the 'townhall style' meetings with senior management had stopped. Following on from statements made in the senior management's presentation, it was surprising to hear from a significant number of staff that they had not had one-to-one meetings with senior management to explore their future career.

There appears to be a significant reliance on an increasing number of visiting lecturers to deliver aspects of the curriculum due to a rapid turnover of staff. It was heard that some of the visiting lecturers were unaware of the curricular content, learning outcomes, as well as details of the assessment.

It was heard from staff that there has been a negative impact on staff development including funding for courses and conferences.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Conditions

- PU-RCSI must ensure that AMC/PU meet their obligations as outlined in the Exit Plan. There is an urgent need to appoint and maintain an adequate number of staff for the duration of the teach through with effective induction in curricular content and its assessment. This must be provided to the MCI in a mutually agreed format and frequency.

Observation(s) and Recommendation(s)

- Improved communication with staff regarding the duration of contracts, options for renewal of these contracts, and opportunities available for staff after cessation of the programme.
- Provide opportunities for staff development for existing and newly appointed staff relevant to the teach through.

Commendations

- The commitment, enthusiasm, and professionalism of the Director of the Programme/Deputy Dean, in relation to the delivery of the programme and the support of staff is to be commended.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

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

- Appendix 6.1 Research Activities

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

Physical facilities:

It was noted that PU-RCSI have moved campus following the Covid-19 pandemic. The Exit Plan refers to AMC providing 'access to student, teaching and staff administrative space in the Interim Campus.'

Clinical Training Resources:

The visiting team noted the favourable clinical staff student ratio with opportunities for clinical learning with a variety of categories of patients in appropriate small groups. The government health clinic provides great access for a wide variety of multidisciplinary community-based learning opportunities, for example promotion of health, preventive medicine, and personalised care. HKL and HTJS both provided access for students to learn from patients being treated with a wide range of medical and surgical disorders with good coverage of the clinical curriculum.

The visiting team favoured having separate meetings with management and clinical staff at the clinical sites

There appears to be a lack of an effective communication strategy with the management and the staff in the various clinical sites. In one site, it appeared that senior management staff were completely unaware of the plans to end the programme in 2024.

We heard from staff and students about the lack of access to the simulation suite in HKL. This access assumes more importance in the context of the Malaysian Ministry of Health directive on the restriction of students carrying out hands on procedures in the clinical environment.

IT Facilities:
The visiting team were made aware of the IT facilities available to the students and staff in the medical school and the various clinical sites.

Medical Research and Scholarship:
The visiting team noted a number of staff were research active, and students had the opportunity to carry out research electives.

Educational expertise:
The visiting team noted a number of staff had undertaken postgraduate courses in medical education.

Educational Exchanges:
Educational exchanges appear to have ceased.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Condition

- PU-RCSI must ensure the implementation of the Exit Plan which states 'AMC will provide access to student, teaching and staff administrative space in the Interim Campus.'
- PU-RCSI must urgently ensures effective communication of the teach through plan with senior management and clinical staff involved in the delivery and assessment of the PU-RCSI curriculum across all sites.

Commendation(s)

- KK Cheras and HTJS are to be commended on their management and multi-disciplinary staff commitment to teaching.

Area 7: Programme evaluation

PROGRAMME EVALUATION	**Level of compliance**	**FC**

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

- No additional documentary evidence provided

Description of evidence of compliance with this standard found during the inspection visit:
The programme evaluation is centralised through RCSI Dublin for different sites including PU-RCSI.

The visiting team heard widespread praise for PU-RCSI students by staff in the various clinical sites and that the standard of the students was either comparable or above that of students from other medical schools. The students, interns, and alumni felt that they had the knowledge and skills that made them adequately prepared for clinical practice.

A number of students raised concerns regarding the anonymity of some feedback they provided with perceptions that students could be identified when giving feedback. However, following further questioning regarding the

systems used for generating feedback, it was evident that this issue was outside of the control of PU-RCSI as it was centrally controlled by RCSI Dublin.

Compliance

PU-RCSI was found to be **fully complying** with the basic standard.

Observation(s) and Recommendation(s)

- Communication to and reassurance of the student body regarding the anonymity of the feedback they provide.

Commendation(s)

- No commendations.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	PC

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

- Appendix 8.1 PU-KKM MOA Signed Nov2021

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

The documents submitted in advance of the current visit made scant reference to the impending closure of the school and the teach through with no reference to the '10-year Collaboration, Consulting and Outsourced Services Agreement' of which the visiting team were unaware. However due to that reference further information was requested.

The visiting team heard from students and staff that they had heard of rumours to phase out the PU-RCSI programme by 2024. At the request of the visiting team, during the visit, the exit plan between Perdana University and RCSI Dublin was provided in relation to the constitution and governance of PU- RCSI. This states that in May 2011, 'RCSI entered into a 10-year Collaboration, Consulting and Outsourced Services Agreement' with AMC to deliver the Perdana University RCSI Medical Programme. The visiting team also noted in the Malaysian Medical Council 2022 report that there was a condition that 'The university would need to ensure that the programme will continue until it is phased out as planned in 2024'. The visiting team enquired about pathways for students who failed to progress and were informed that contingency plans are in place. We received, during the visit, a communication from the Director of Corporate Strategy of RCSI Dublin that included the statement that 'contingency plans have also been put in place to transfer students to other campuses if necessary.' Moreover, during discussions with students, the visiting team became aware that these plans have not yet been communicated to the student body.

The Risk Register provided to the visiting team at their request, did not provide details of specific risks and mitigations for the teach through process with the appropriate RAG rating and was a corporate level document. It also stated the due date as Q4 2023, a year earlier than the last intake is due to complete – this was acknowledged to be an error. Moreover, the letter addressed to the visiting team outlining the collaboration agreement between Academic Medical Centre SDN BHD & RCSI lacked details regarding the Exit Plan.

It is noted that there is adequate administrative and professional staff within Perdana University to support the management of the programme, however, there is only one remaining RCSI full time seconded staff member on site.

Compliance

PU-RCSI was found to be **partially complying** with the basic standard.

Conditions

- PU-RCSI must develop a site-specific Risk Register covering the remainder of the teach through period. This must include a detailed update of specific risk management, mitigation, and contingency plans for the remainder of the teach through with appropriate RAG rating. This must be provided to the MCI in a mutually agreed format and frequency.

Observation(s) and Recommendation(s)

- PU-RCSI have effective communication of the governance arrangements with stakeholders including academic, clinical, and administrative staff, senior management in clinical sites. This needs to be reflected in the remaining annual returns for the duration of the programme.

Commendation(s)

- No commendations.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	**Level of compliance**	**FC**

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

- No documentary evidence provided.

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

There was a return from the THEP programme to the original RCSI programme once the decision to complete the teach through by 2024 had been taken.

Compliance

PU-RCSI was found to be **fully complying** with the basic standard.

Observation(s) and Recommendation(s)

- No observations or recommendations.

Commendation(s)

- No commendations.

INSPECTION OF CLINICAL TRAINING SITES

Hospital Kuala Lumpur

The Team met with the Clinical Staff and Management of Hospital Kuala Lumpur. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the staff took to meet with them. They also appreciated the insight into the full scope of the practice at the hospital and the hospital's involvement with education and training.

At the initial meeting with hospital management, they advised they were officially informed of the closure of PU-RCSI one month previous to this visit. As Hospital Kuala Lumpur is a large teaching hospital, they don't feel it will affect them.

Since being notified of the closure, they confirmed there has been no change in the delivery of teaching from the clinical staff.

Following the departure of management from the meeting, the clinical staff were asked if they were aware of the closure of PU-RCSI, they stated they were not informed prior to this meeting.

The clinical staff were asked about the quality of PU-RCSI students, and they advised they had no issues with the students, there is always a good attendance at each rotation and the student all have a good basic knowledge when arriving at the hospital.

When asked what level of involvement they have in the development of both the programme and assessments, the clinical staff advised they had no direct input into the programme, but they do provide feedback on a regular basis.

When asked if they were aware of what to do if they had any concerns about a student, they felt that the duration of rotations is so short that it is difficult to assess students' performance fully, however, if there was a concern, they were aware of who to contact in PU-RCSI.

Hospital Tuanku Ja'afar, Seremban

The Team met with the Clinical Staff and Management of Hospital TJ Seremban. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the staff took to meet with them. They also appreciated the insight into the full scope of the practice at the hospital and the hospital's involvement with education and training.

At the meeting with hospital management, the staff who met the visiting team stated that they were were not aware of the closure. However, they advised that it is not going to affect the hospital in any way as they have a large number of students from multiple medical schools rotating through the hospital at any one time. The management advised that the placement of students was always decided upon by the Malaysian Ministry of Health.

Following the meeting with management, the clinical staff were asked about their views of the quality of the PU-RCSI students and the involvement of clinical staff in the delivery of teaching and assessments. They advised that overall, the student's basic knowledge is very good which benefits them greatly when on clinical placements. However, they did advise that the students anatomy knowledge was lacking, and the staff had to spend additional time teaching the basics.

The clinical staff all confirmed they had involvement in assessments and in providing input into the programme. It is evident that there is a good relationship between the hospital and the university, and all clinical staff were aware of who to contact in the university should they need to.

There is a good induction programme for each specialty at the hospital and the staff pride themselves on the quality of teaching they provide.

Klinik Kesihatan Cheras

The Team met with the Clinical Staff and Management of Klinik Kesihatan Cheras. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the staff took to meet with them. They also appreciated the insight into the full scope of the practice at the clinic and the clinic's involvement with education and training.

The staff at KK Cheras were advised of the closure of PU-RCSI 6-months prior to the visit. Although they are dedicated to teaching the PU-RCSI students, they are not going to be affected by not having them as they have a large number of students from other universities rotating through the clinic.

It was evident that the staff in KK Cheras are extremely dedicated to teaching students and ensure the students get exposure to as many cases as possible while on rotation. Although there are government restrictions on hands-on learning for students, the staff at KK Cheras were happy to allow students to do some minor hands-on work while being supervised. This allowed excellent exposure for students.

The staff also advised of their involvement in programme development and in assessments and confirmed that they regularly run OSCEs at the clinic. The staff all took part in the assessment training provided by PU-RCSI in 2017.

It was evident that the staff in KK Cheras were extremely dedicated to teaching and provide excellent exposure to students on placements there.

End of report