



Comhairle na nDochtúirí Leighis
Medical Council

**Report on Accreditation Inspection
of
Royal College of Surgeons in Ireland
- Bahrain
Medical School**

13th and 14th October 2014

Report approved by the Medical Council on 16th December 2014

THE RECOMMENDATION OF THE MEDICAL COUNCIL TEAM IS THAT:

1. The Royal College of Surgeons in Ireland Bahrain's six year Medical Programme should be approved for a period of 5 years under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds 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 is subject to interim monitoring and a possible re-inspection, under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act.

The Medical Council Team is satisfied that, while not a separate programme, and therefore not being separately accredited under the Act, the five year programme as delivered by RCSI Bahrain is satisfactory.

2. The Royal College of Surgeons in Ireland Bahrain should be approved for a period of 5 years under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver the Basic programme. This recommendation is made on the grounds of the 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 is subject to interim monitoring and a possible re-inspection, under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act.

A. Summary and General Assessment

1) The Recommendation of the Medical Council Team

The programme is based on the existing programme delivered by the Royal College of Surgeons in Ireland (RCSI) at its campuses in Dublin and Malaysia. The programme is well designed and to date has been effectively delivered.

The Team is grateful to the staff and students at Royal College of Surgeons in Ireland Bahrain for their engagement in the course of the accreditation visit. The Team make a number of recommendations in this report and areas where Royal College of Surgeons in Ireland Bahrain is commended are also included.

The Team recommends that:

1. The Royal College of Surgeons in Ireland Bahrain's six year Medical Programme should be approved for a period of 5 years under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds 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 is subject to interim monitoring and a possible re-inspection, under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act.

The Medical Council Team is satisfied that, while not a separate programme, and therefore not being separately accredited under the Act, the five year programme as delivered by RCSI Bahrain is satisfactory.

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2) Recommendations further to those above:

The Team recommends:

1. That processes to ensure alignment of Royal College of Surgeons in Ireland Bahrain mission and objectives with local health systems needs should continue to evolve
2. That cross-cycle connectivity schemes are introduced earlier and across all domains to enhance the integration of teaching

3. That opportunities are identified to provide for more comprehensive and formal assessment and feedback on student professionalism, which link with student progress decisions; assessment should include acknowledgement of positive attitudes and behaviours
4. That interprofessional learning should be a more comprehensive element of the education programme
5. That the role of 'visiting' examiners be formalised and distinguished from 'external' examiners
6. That students are provided with greater assistance in preparing for the Professional and Linguistic Assessments Board (PLAB) examinations, in a manner similar to the assistance provided for preparing for the United States Medical Licensing Examinations (USMLE)
7. That Royal College of Surgeons in Ireland Bahrain considers how it can better support students in sourcing suitable and convenient accommodation
8. That further resources or supports be allocated to providing Arabic translators, as delays are affecting some students full participation in bedside learning with patients
9. That the Professional Development Unit, Staff Learning and Development Policy and Royal College of Surgeons in Ireland Bahrain's recruitment and promotions policies be used to further promote research and professional development amongst the staff
10. That Royal College of Surgeons in Ireland Bahrain continues to monitor the implementation of the formal curriculum at clinical sites to ensure that consistency is achieved
11. That the planned enhancement of the Clinical Skills Laboratory into a major Simulation Centre be progressed and that additional resources are allocated in this area to further enhance the student learning experience
12. That the Learning Resource Centre extends its agreement to provide access to reference books, computer workstations and access to the Royal College of Surgeons in Ireland Bahrain network to Salmaniya Medical Complex (SMC) and King Hamad University Hospital (KHUH)
13. That there is further engagement with students to improve the Virtual Learning Environment (VLE), including timely provision of notes and presentations, and organisation of the VLE to make it more user-friendly
14. That implementation of research objectives under the Royal College of Surgeons in Ireland Bahrain Strategic Plan 2012-2017 be appropriately resourced and monitored to ensure that the research agenda grows at Royal College of Surgeons in Ireland Bahrain, and that Royal College of Surgeons in Ireland Bahrain explore opportunities to integrate population health, health services and healthcare professional education research with other strategic objectives, including community engagement

15. That Royal College of Surgeons in Ireland Bahrain monitors variances in student feedback at Royal College of Surgeons in Ireland Bahrain versus other campuses to determine if specific action is required and that the effectiveness of 'closing the loop' measures are reviewed
16. That the processes for external stakeholder involvement in programme evaluation are enhanced
17. That Royal College of Surgeons in Ireland Bahrain explores opportunities for greater lay involvement (including public representatives and patient advocates) in governance structures
18. That through its governance structures and risk management procedures, Royal College of Surgeons in Ireland Bahrain satisfies itself that it has adequate assessment, monitoring and control of any potential impacts on programme delivery and achievement of educational outcomes both at its campus and at the clinical sites which it uses to deliver its educational programme
19. That Royal College of Surgeons in Ireland Bahrain explores further opportunities to recognise the contribution of teachers.

Recommendations that the Medical Council makes to all medical schools:

1. Royal College of Surgeons in Ireland Bahrain should continue to ensure awareness among students of the following:
 - The Medical Council's *Eight Domains of Good Professional Practice*
 - 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 paediatrics
 - The World Health Organisation *Patient Safety Guidelines*
2. Royal College of Surgeons in Ireland Bahrain 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 Team commends RCSI Bahrain for:

WFME Area 1 Mission and Objectives

- None specific

WFME Area 2 Education Programme

- An appropriate, comprehensive and pedagogically-sound education programme which is carefully designed to meet defined educational outcomes and is based on the well-established programme at the parent institution in Dublin
- Successful delivery of the education programme across three sites, with video-linked lectures, weekly virtual meetings regarding administration and an annual conference for staff
- The high profile given to professionalism
- The development of Sub-Internship Program
- Teaching in both clinical and campus setting is well organised and supported.
- Curriculum suitably adjusted for cultural differences
- Early patient contact program

WFME Area 3 Assessment

- Assuring the consistency of student performance across Royal College of Surgeons in Ireland campuses in Ireland, Malaysia and Bahrain through benchmarking and shared external examiners

WFME Area 4 Students

- The calibre and professionalism of students selected for the course
- Students satisfied with workload and the balance of the curriculum
- Students satisfied that they could raise an ethical dilemma should it arise
- Students satisfied with their level of representation
- The outstanding support and counselling it offers students through the Orientation Programme, the PAL Programme & the Centre for Student Success
- The quality of personal leadership which key individuals involved in provision of student support brings to this important agenda and its ethos
- The Careers Office which provides guidance, support and advice
- The Sports Facilities available on campus and on the range of clubs and societies available to students
- The students' ethos of social responsibility and volunteerism and their contribution to community engagement in Bahrain through their involvement in various health initiatives
- Students increasingly involved in research activity at Royal College of Surgeons in Ireland Bahrain, including peer-reviewed publications

WFME Area 5 Academic Staff

- High calibre of teaching staff who are evidently approachable, accessible to students and enthusiastic
- The plan to establish a PhD programme as a tangible example of the evolving relationship between education and research expertise across the staff profile

WFME Area 6 Education Resources

- RCSI Campus Facilities – Library, Lecture Halls, Tutorial Rooms
- The Centre for Student Success

WFME Area 7 Programme Evaluation

- Benchmarking of performance across three sites (Royal College of Surgeons in Ireland Dublin, Bahrain and Perdana University)

WFME Area 8 Governance

- The delineation of clearly structured governance and administrative functions
- The calibre of the administrative staff and their commitment to both the students and the organisation

WFME Area 9 Continuous Renewal

- None Specific

4) The Team request the following information/clarification from RCSI Bahrain:

- None noted

5) Acknowledgement

The Team would like to thank the staff and the students we met, who gave so generously of their time. In particular, the Team would like to thank Dr. Kathryn Strachan, Head of Quality Enhancement at RCSI Bahrain for her assistance in attending to the scheduling and providing additional documentation.

B. Evaluation of the programme based on World Federation for Medical Education (WFME) standards

WFME AREA 1 Mission and Objectives

The Royal College of Surgeons in Ireland Bahrain (RCSI-B) programme is based on the existing programme, approved by the Medical Council of Ireland, which is delivered by the Royal College of Surgeons in Ireland (RCSI) at its campuses in Dublin and Malaysia. The vision, mission and objectives of the programme, which are articulated through the body's Strategic Plan 2012-2017, remain in line with the existing programme and with the RCSI's noble purpose to enhance human health through endeavour, innovation and collaboration in education, research and service. The programme's educational objectives are designed to equip graduates with the knowledge, skills and attitudes necessary to provide competent patient care, commence postgraduate training and assume leadership positions in the profession of medicine. Goals in the area of social responsibility, research attainment and community engagement are also set out by RCSI-B in its strategic plan.

The formulation of the mission and objectives was undertaken collaboratively by the Royal College of Surgeons Dublin (RCSI-D) and RCSI-B, with input from both internal and external stakeholders. This approach appropriately draws on the leadership, experience and expertise of RCSI-D, while ensuring account is taken of local stakeholders in Bahrain including, for example, the Bahrain Medical Association and Quality Assurance Authority for Education and Training (QAAET), the governmental education quality assurance authority in Bahrain. While the taking of a lead role by Dublin in definition of educational objectives and the Medical Graduate Profile (MGP) is appropriate given the need to ensure consistency of educational experience and outcome across RCSI's internationally delivered programmes, the Team recommends that processes to ensure alignment of RCSI-B mission and objectives with local health systems needs should continue to evolve. Through the "Community Engagement and Service" Pillar of its current strategy, the Team encourages RCSI-B to continue involving the public and patients in formulation of mission and objectives.

It was clear to the Team through review of the RCSI-B completed WFME questionnaire and through interviews with academic and clinical staff that leadership in educational programme design is provided by RCSI-D, with mechanisms in place for appropriate involvement of RCSI-B. Within this policy framework for academic autonomy, the Head of School and Faculty at RCSI-B has sufficient scope to determine arrangements for programme delivery, allocation of educational resources and research locally. It was evident through the Team's meeting with the academic staff at RCSI-B that policy and process regarding academic autonomy vis-à-vis RCSI-D was understood and supported by all parties, respected the contribution of RCSI-B staff and, ultimately, enriched management of the educational programme.

Educational outcomes are clearly and comprehensively articulated through the MGP. The Team was impressed that “Personal and Professional Development”, including ethics, lifelong learning, safety and quality, social responsibility, team-working and leadership skills, is one of five explicit competency themes vertically and horizontally integrated through the curriculum. Through its meetings, the Team noted that both students and academic staff were aware of the educational outcomes for each module, including not just the practical skills and knowledge expected, but also the attitudes and ability to reason and communicate.

WFME AREA 2

Educational programme

RCSI-B’s programme is founded on an outcome-based education approach and is designed back from the MGP. The MGP comprises 5 themes which are interwoven to achieve vertical and horizontal integration throughout the educational programme. These five themes (level 1 outcomes) are further refined to provide a 5-level hierarchy of learning outcomes such that the outcome for a specific teaching and learning activity (level 5 outcome) within a curriculum module can be related back to the MGP. In this way, the teaching and learning activities, organised within modules, and the assessment strategy are constructively aligned with clearly defined educational outcomes. This overall curriculum model and the blend of educational methods are learner-centred, foster learner responsibility and promote the development of self-directed learning skills. There is an increasing emphasis on case-based teaching as students progress through the curriculum, which enables students to participate in self-directed learning. Cross-cycle connectivity has been introduced and the Team recommends that these schemes are introduced earlier and across all domains to enhance the integration of teaching. Overall, the Team commends RCSI-B on an appropriate, comprehensive and pedagogically-sound education programme which is carefully designed to meet defined educational outcomes.

Following a review of WFME questionnaire completed by the RCSI-B and supporting document, a number of specific themes regarding educational programme were explored in greater depth through meeting with the academic and clinical staff.

Scientific method and evidence-based medicine are well embedded in the curriculum and, while conduct of research was not a requirement for student, the curriculum prepares the students to formulate appropriate questions, source evidence and critically appraise it. Elective opportunities are in place for students who want to gain experience of conducting research and the Team noted that students were co-authors on a number of publications produced by RCSI-B.

Personal and professional development commences in Foundation Year and is horizontally and vertically integrated throughout the curriculum. Through meetings with students, the Team was impressed that the students were very clear both on the standard of professional behaviour expected of them as students and future doctors, and that they were aware of the basis to these expectations; for example, in meetings with teams, the students identified the code of conduct which each student signs at the commencement of each academic year and when commencing clinical rotations; many students also identified codes defined by relevant bodies (e.g. the Medical Council of Ireland,

the National Health Regulatory Authority of Bahrain) as well as the importance of fulfilling patient and public expectations. In meetings with the Team, students identified the importance of their clinical teachers as role models for learning professionalism; the students noted to the Team that clinical teachers exemplified positive attitudes and behaviours and helped the students make sense of professionalism principles in action through, for example, explaining consent-seeking processes. The students at clinical sites understood that they could raise concerns regarding professionalism observed at clinical sites, knew who they would contact, and were confident that their concerns would be treated seriously and appropriately. The Team also noted the approach to this curriculum theme was recently reviewed through the document "Teaching professionalism, ethics and human rights – RCSI Bahrain", September 2014. This review commits RCSI-B to expressing its declared ethos, including commitment to dignity and freedom for all, though the content and process of its teaching. As a result on this review, curriculum content has now been explicitly mapped to the domains of professionalism, ethics and human rights. Furthermore, a stand-alone module on human rights has been introduced to the curriculum, with assessment explicitly linked to student progress. A range of external sources are explicitly identified as being referenced in teaching professionalism, ethics and human rights including the Universal Declaration of Human Rights, the International Bill of Human Rights, and the report of the Bahrain Independent Commission of Inquiry. The Team noted that operational procedures were in place to identify, support and remediate students who had difficulties in achieving progress with personal and professional development. In meeting with the clinical staff, there was knowledge and experience of using these procedures to deal with more straightforward professionalism lapses, such as attendance and ICT-policy, but it was acknowledged to the Team that handling more complex professionalism lapses would be challenging. The Team advises that more emphasis be placed on asking students to describe what they have learnt from patient interaction and to explore the impact these learnings will have on their future practice. An e-portfolio approach was described to support assessment of professionalism but it was clear to the Team that this is not yet fully developed and embedded. The Team recommends that opportunities are identified to provide for more comprehensive and formal assessment and feedback on student professionalism, including acknowledging positive attitudes and behaviours, which link with student progress decisions.

The Team explored teaching and learning in psychiatry and primary care/family medicine. In meeting with the academic and clinical staff, the Team noted that it was acknowledged that the local health system emphasis was towards secondary care, and that student experience of these disciplines at RCSI-B may be different to how they would be experienced in other health systems, in particular that there was less integration of teaching and learning between these disciplines. Notwithstanding this, the approach to teaching and learning in each discipline was sufficient and it was evident that efforts were made to address the issue of integration between these disciplines within the context of health system structure; for example, clinical teachers in primary care appreciated the importance of highlighting psychological and psychiatric aspects of clinical cases and, during the psychiatry attachment, students experienced community care and home visits.

Cross-professional teaching and some interprofessional learning activities have been introduced in some areas in coordination with the School of Nursing. For example, the Team noted well embedded activities for nursing and medical students to collaborate on community engagement activities. In meeting with students at clinical sites, the Team noted opportunities for informal learning about the roles of other healthcare professionals and the importance of inter-

professional team working; in particular, this opportunity was noted in the case of psychiatry. However, the Team recommends that interprofessional learning should be a more comprehensive element of the program.

Revisions to the Foundation Year were noted by the Team, which were designed to enhance curriculum integration and to move away from the traditional “pre-medical” year; the revisions also seek to provide better support to local students who are transitioning from second to third level education.

The Team commends RCSI-B on the Early Patient Contact Programme and the development of the “Sub-Internship” Programme, which is currently being piloted in KHUH. This newly introduced “sub-internship” programme will provide learning activity in critical clinical skills, including prescribing. It also provides for effective linkage between the educational programme and the context which students will enter after graduation. Students at RCSI-B come from and return to Bahrain, countries in the Gulf Region and the rest of the world. Besides the links with the local health system, RCSI offers linkages with a number of academic health centres in Europe and North America.

Processes for programme management were clearly described and embedded with roles, responsibilities and decision-making authority divided between the Board of Governors, the Academic Board, the School of Medicine Academic Committee and the Cycle Committees. Student representation was examined by the Team and was evident in these structures and processes. Given the educational leadership provided by RCSI-D in programme design and development, processes are in place between it and RCSI-B to ensure coherence and coordination in programme management across sites.

WFME AREA 3

Assessment of Students

The overall strategy for assessment of students is common to the RCSI programme delivered across the Dublin, Malaysia and Bahrain sites. An assessment policy document comprehensively describes the assessment methods and their quality management. While the resource implications of the procedures provided by the assessment policy were noted by the Team to be significant, it was confirmed through meeting with the academic team that these procedures were embedding at RCSI-B and the leadership provided through RCSI-D ensured that the experience was in place to support translation of the policy into practice. There is a satisfactory range and an appropriate quantity of student assessment, which is designed to integrate with the curriculum in a way that both promotes and evaluates student learning. The definition of outcomes through the MGP and an explicit blueprinting process contribute to assessment validity. A range of techniques and measures are utilised to support and monitor assessment reliability. Standards are set using explicit and evidence-based methods, including Angoff for written assessment and Borderline Regression for Objective Structured Clinical Examinations. A clear set of governance structures and processes, including an external examining system, provide for oversight and scrutiny of student assessment. The external examining system draws on the RCSI’s relationship with the National University of Ireland; the Team noted that external examiner reports are provided to the Registrar of the National University of Ireland as well as RCSI. The Team reviewed recent external examiner reports, and the process for ensuring effective response to any adverse commentary was confirmed as satisfactory by the Team through meeting with the academic staff.

Student performance benchmarking across RCSI campuses in Ireland, Malaysia and Bahrain to ensure comparability was noted by the Team, as were shared arrangements for external examiners. These approaches are commended by the Team in terms of assuring consistency.

The Team confirmed procedures were in place for orientating and training assessors used by RCSI-B in assessment, especially clinical assessment. While many assessors were academic and clinical staff at RCSI-B, The Team also noted the use of "visiting" examiners. Although the purpose of the "visiting" examiners was to ensure adequate capacity of faculty for intensive schedules of clinical assessment, the Team recommends that the role of 'visiting' examiners be formalised and distinguished from 'external' examiners.

WFME AREA 4

Students

An admission policy, with procedures and criteria, is in place for RCSI-B. The process for student selection is clear, transparent and merit based. Depending on their academic background and performance, students can enter the programme at RCSI-B at the Medical Commencement Programme or can commence either a 6 year or 5 year programme. Students who have failed at another medical programme are not accepted at RCSI-B. The Team noted that the academic performance criteria for student selection into RCSI-B was lower than RCSI-D to reflect the establishing nature of the programme; however, the Team were informed in the meeting with the academic staff that the academic performance criteria for student selection into RCSI-B are now being increased to become comparable. Procedures are in place to ensuring testing for blood borne viruses among new students.

The Team was impressed in their meetings with students to hear that RCSI-B was their programme of choice based on factors including RCSI reputation and its location in the Gulf which, for many students, meant they could study close to home and learn medicine in a context in which they would hope to practice in the future.

Student intake has increased since programme commencement (29 in 2004 to 235 in 2013) and the current size of the student body was considered by the Team to be suitable given RCSI-B capacity.

The Team commends RCSI-B for the support and counselling it offers students through the Orientation Programme, the PAL Programme & the Centre for Student Success. In their meetings with the students, these resources were mentioned to the Team as being of great assistance in helping them adapt to the learning environment and assisting in supporting academic performance, especially for students experiencing difficulty. Learning needs analysis, development of a learning plan and learning contracts are used to support remediation of students. Support is also available for students who experience language difficulties. While the quality of these programmes relates in part to their planning and resourcing, the Team notes and commends the quality of personal leadership which key individuals involved in provision of student support bring to this important agenda and its ethos.

The Team commends RCSI-B on the Careers Office which provides guidance, support and advice. The students commented that while there are supports in place to help students prepare for the USMLEs, there is currently no assistance to help prepare for the PLAB examinations, and the Team recommends that this be introduced.

In their meetings with the Team, some students, particularly those coming from outside Bahrain, raised issues regarding the lack of provision for student accommodation and the difficulties they have experienced in sourcing suitable accommodation. This was not a problem across all years and aspects of the challenge reported by students to the Team may relate to changing supply and demand in the local accommodation market. However, the Team recommends that RCSI-B considers how it can better support students with this critical challenge encountered as they settle into the educational programme.

Students informed the Team in their meetings that they are satisfied with their level of representation through the Student Council and Student Affairs Committee. Students perceive that their feedback is listened to and acted on though some students raised concerns that changes were too frequent and that the approach to changes could be more measured and that greater forewarning could be given. The Team corroborated this generally satisfactory position through review of minutes for these student fora.

The Team commends RCSI-B on the Sports Facilities available on campus and on the range of clubs and societies available to students.

In their meetings with students, the Team were impressed with the students' volunteerism and contribution to community engagement in Bahrain through their involvement in various health initiatives including health promotion and commend the students on this ethos of social responsibility. As already highlighted, the Team were also impressed that students were clear about expectations in relation to professional behaviours and attendance/punctuality was a commonly cited example; it was also notable that students understood the reason for these expectations in the context of an educational programme which would lead to entry to a profession where attitudes and behaviours are important.

Over the course of the accreditation, the Team held meetings with students from various years of the programme. A standard request was made by the Medical Council to RCSI-B as part of the accreditation planning. In turn, RCSI-B made an open call by email to the student body to attend; where students opting-in exceeded capacity, random selection was used but in most years, this was not required. In total the Team met 85 students across the full range of the programme; the student groups comprised both local and international students. The Team explored the procedure for notifying students of the opportunity to meet with the Medical Council of Ireland representative, while the Team was disappointed not to meet with a greater number of students, they found that students were aware of the purpose of the meeting and had reasonable opportunity to opt-in. In all the meetings, the Team impressed on the students that their comments would not be personally identifiable to them but would be reported in conjunction with the accreditation report.

Students from Foundation Year

The Team met with 12 students from Foundation Year, who were assured of anonymity and advised of the Medical Council's role.

The students were positive about their experience of the teaching staff, who they felt were very accessible and welcoming. They felt there was good support from the staff, who were willing to share their knowledge and experience, and that there were good teacher-to-student ratios which allowed them a better learning experience than other comparable colleges. An emphasis on understanding versus memorisation was noted by the students.

The students reported that the orientation programme and the 'Buddy System' were beneficial in helping them adjust to a third level learning environment. They were especially positive about the campus tour which is led by senior students.

The students reported that the Learning Resource Centre was adequate to their needs, and that they were aware of and received support from the Centre for Student Success. They have access to excellent sporting facilities, including a new football pitch and basketball court, and there is a wide choice of clubs and societies. The school encourages students to volunteer and explore non-academic pursuits. The students also have access to personal trainers, a nutritionist, occupational health, and there are Learning Support Tutors available in the Centre for Student Success.

The students reported that there were some issues with the scheduling of lectures, with the timing sometimes changed with short notice, and some classes overlapping; there were also some technical issues with access to the VLE, but these had been rectified within 2 weeks of their commencing lectures. The students are all provided with laptops at the start of the programme and there is Wi-Fi available throughout the campus.

The college does not provide accommodation for students, but the Foundation Year students did not experience any major difficulties in organising their own accommodation, using the contact details as provided by the college. Catering is available on the campus in a subsidised canteen, there is an adequate provision of food and standards have improved in this facility based on feedback from previous years.

The students reported that while they took a full module on 'Professionalism in Healthcare', the theme of professionalism and ethics was taught and emphasised throughout all of their courses, with lecturers explaining the expected standard of behaviour and linking it to their course-work, teaching them how to interact and communicate with patients and their families. They are also given the learning outcomes at the start and end of each lecture, and there is an emphasis on understanding rather than learning by rote. Students are also taught academic honesty and teamwork skills.

Students from Junior Cycle 1

The Team met with 11 students from Junior Cycle 1 who were assured of anonymity and advised of the Medical Council's role.

The students praised the course structure and the organisation of the curriculum. Students who were progressing from Foundation Year felt the year had been beneficial in providing them with a solid background in basic sciences and had prepared them well for Junior Cycle 1. Students who were direct entry to Junior Cycle 1 felt that the basic sciences were sufficiently covered through integration of these topics into the curriculum. The students noted that the course content was placed in a clinical context at a very early stage and this made study interesting.

The students praised the fact that the learning outcomes were clearly conveyed, that the laboratories had open access, and that the tutors were accessible, knowledgeable and happy to share their experience.

The students stated that they would prefer if all anatomy classes took place in the lab, rather than being divided between laboratory and lecture rooms, as classes which took place in the laboratory were more beneficial due to the presence of the mannequins. The students also felt they would benefit from additional models in anatomy, in lieu of access to cadavers but praised the system of being able to reserve anatomy models for private use.

The students from Junior Cycle 1 stated that they would benefit from college provided accommodation or from financial assistance in arranging accommodation, especially in the first year, as some students, particularly those from overseas, had difficulties in finding suitable accommodation before the commencement of the academic year.

The students praised the processes in place to provide feedback, and were happy with their representation on Council and in committees. They felt that their feedback was listened to and acted on. However, in some cases, they experienced frequent variation at sometimes short notice.

The students praised the small class sizes and the emphasis on work/life balance. They also praised the Centre for Student Success for its long opening hours and the wide range of services it provides, its counselling service and the Peer Assisted Learning (PAL) Programme.

The students felt that the topics of professionalism and ethics were well covered in their course, that the workload was heavy but fair. They felt that both academic and administrative staff were approachable if they experienced any difficulties, and were aware of additional supports available to them, including study method, and time management workshops. The students stated that they would prefer a longer academic term, as having the exams before the Christmas break had condensed the term and increased their workload.

Students from Junior Cycle 3 and Senior Cycle 1

The Team met with 11 students in this group, who were assured of anonymity and advised of the Medical Council's role.

The students felt that adequate support was offered by the university to assist in finding accommodation and sourcing roommates. They also felt that they were well supported by the Centre for Student Success in managing their academic work and had benefitted from the time management and study skills sessions it offers. They described their workload as 'tough but manageable'.

The students also commended the PAL Programme, as the interaction it had fostered with senior students had helped them greatly in preparing for the clinical environment.

Students reported that campus life was very enjoyable, the atmosphere was described as 'warm' and 'homely', with a work/life balance encouraged through the range of clubs, societies and sports facilities available to students. Students also felt that the staff-to-student ratios allowed them to develop good relationships with the academic staff, and through frequent meetings they formed positive relationships allowing useful two-way feedback.

The students reported that they felt they could provide feedback directly to their professors and, through their class representatives, to the governing committees. They believed their feedback was listened to and acted upon, for example the Foundation Year course had recently changed to make it more challenging and more beneficial to students.

Students felt they would benefit from more visiting specialist lecturers and from more professors in anatomy and radiology.

The students stated that general practice/family medicine rotations were a very useful opportunity to gain hands on experience, gain confidence in communicating with patients and to apply skills such as history taking and forming management plans, though some non-Arabic speakers reported that they had less experience in taking case histories than their Arabic speaking classmates.

The students stated that they had benefited from the Early Patient Contact Programme in Junior Cycle 2, and this had prepared them for their GP rotation.

The theme of professionalism was explored. Students identified this as a curriculum theme and referenced how it recurs in the teaching and learning. They stated that expectations regarding professional behaviours such as time-keeping, were very clear and taken seriously by students and staff. Students identified various codes that set out expectations, including codes at the clinical sites. However, some students in the group were less familiar with the Medical Council of Ireland's Guidelines on Professionalism and Ethics, though they were aware that these guideline documents are available on the VLE.

Students from Senior Cycle 1 at King Hamad University Hospital

The Team met with 7 students who were assured of anonymity and advised of the Medical Council's role.

The students commended the attitude and accessibility of the staff at the clinical teaching sites. They reported that the clinical tutors were very inclusive and would discuss cases and answer questions.

They felt the orientation they had received on commencing their placement was appropriate but felt that schedules could be better organised, and arrangements made in advance to replace doctors on leave, with improved communication between RCSI-B and the clinical tutors at KHUH. The students felt that they could have better administrative support onsite in KHUH, as delays occurred in receiving replies from administrators by email. Language barriers were identified as sometimes being a challenge for non-Arab speakers.

The students recognised that the learning experience varied across the teaching sites, with for example, the Bahrain Defence Forces (BDF) Hospital having very structured rounds with an emphasis on learning, and Salmaniya Medical Complex offering a less structured program, which the students felt was more self-directed, but did offer more patient contact.

Overall, across the 3 sites, the students found the clinical experience to be rounded, comprehensive and to meet their needs.

There are no lockers available to students onsite in KHUH. However, this was not seen as an issue.

Learning professionalism was explored by the Team. The students were commendably aware of the importance of professionalism and felt that this had been well instilled in them throughout the Junior and Intermediate cycles. They perceived the clinical site as an opportunity to see professionalism in action and were positive about their clinical teachers as role models. The students reported that consultants do not always seek consent from the patient before beginning student and patient interactions, but the students were aware that this is not best practice.

Students from Senior Cycle 2 at King Hamad University Hospital

The Team met with 6 students who were assured of anonymity and advised of the Medical Council's role.

The students felt that their placement in KHUH offered good exposure to a broad range of cases. The students' experience of clinical teachers was positive and in general, clinicians were commended as being student-focused. Students stated that though all clinical tutors should have been provided with the student's learning objectives for each rotation, they noted some examples where teaching did not always align with learning objectives. Some variability in personal styles were also noted by the students but acknowledged as to be expected. The students noted that clinicians on staff at KHUH had teaching commitments expressed in their contracts with the hospitals. The students were clear on where they would raise a concern regarding clinical teaching and were confident that this would be responded to effectively.

The students noted some differences in the clinical learning environment at different clinical sites, with SMC perceived as being busier but at the same time offering rich opportunities for learning. They also were clear that they could raise a concern at KHUH and were confident that this would be acted on.

The students reported that they felt they had a voice within RCSI-B and were aware of the methods for providing feedback and making complaints if they felt they were not having a good learning experience.

The Team specifically explored teaching and learning in primary care/family medicine and psychiatry. The primary care rotation was praised as being very well-delivered, with 1:1 interaction with their tutor being a particularly strong feature. The rotation provided students with the opportunity to see patients on their own and present each case to the GP. The experience in psychiatry was also noted as positive.

The Team also specifically explored learning professionalism. The students were aware of ethical guidelines and of the expectation to behave as a professional. They cited the importance of seeing professionalism in action by their clinical teachers and examples were provided in the case of primary care/family medicine of inspiring role models with respect to patient-centeredness. They felt that the environment at the hospital was good for patients and, while sensitive to the importance of respecting cultural difference, especially among older patients, they felt all patients were treated equally and fairly. However, cultural norms were cited as a challenge in learning obstetrics and gynaecology for male students, and while this was a source of frustration, it was accepted by students as being an aspect of culture in the Gulf.

Finally, interprofessional learning was explored. A gap was acknowledged between medical and nursing students at RCSI-B, but the students identified the need for the two professions to work together.

Students from Senior Cycle 1 at Salmaniya Medical Complex

The Team met with 7 students from Senior Cycle 1 who were assured of anonymity and advised of the Medical Council's role.

The Students described their rotations at Salmaniya Medical Complex (SMC) as busy but providing very practical, hands-on experience of a wide variety of cases, including some very complex issues. The students said that the hospital is a very friendly environment and access to patients was easier than at other sites. They also have the opportunity to stay in the hospital after their teaching hours had finished, and felt this provided even further exposure to cases. In general, they noted it was a very rich clinical learning environment and one which was valued by students despite the scale and pace of service delivery being greater than other sites.

The clinical teachers were praised by the students who noted their accessibility and their enthusiasm for teaching.

The role of residents in teaching was also noted and praised by the students.

The students reported that they felt their clinical knowledge and skill was growing significantly and that they were becoming more confident for their future roles.

Some organisational issues were identified by the students. In some cases, it was their experience that clinical teachers were not aware of what was already addressed in the curriculum and consistency in teaching the approach to some clinical skills can be an issue.

Students from Senior Cycle 1 identified some issues with a language barrier, as some patients prefer to be treated by Arabic speakers or there can be delays in waiting for a translator, and this can affect participation and learning opportunities.

The Team specifically explored the experience of teaching and learning in psychiatry and this was noted as positive by the students. However, language issues can again be a challenge in this specialty.

The Team also specifically explored teaching and learning professionalism at the clinical site and the student's experience of professionalism culture. Students commended the role of their clinical teachers in setting a good example in terms of simple things like time keeping but also in explaining more complex matters to students like seeking informed consent.

Overall, the students would be happy to recommend RCSI-B to a friend.

Students from Senior Cycle 2 at Salmaniya Medical Complex

The Team met with 8 students from Senior Cycle 2 who were assured of anonymity and advised of the Medical Council's role.

The students again praised the high volume and range of clinical learning experiences that were offered at SMC. Albeit that SMC hosts students from other medical programmes in Bahrain, RCSI-B students are allocated to specific clinical teachers and teams, so competition for learning experiences was not seen to arise for the students. While formal teaching at SMC was more time-pressured than at the other clinical sites, the students felt they were offered a real opportunity to participate in the clinical team. This, together with easier access to patients and the scope of learning opportunities meant that, for the students, SMC was seen as a good place to learning.

The students identified that non-Arabic speakers could experience difficulties but that fellow students and staff were usually on hand to provide assistance.

The students reported that their schedules were changed regularly and often at short notice. This was a source of occasional frustration for the students.

In general, students reported that they were clear on where they would raise an issue regarding teaching at a clinical site and were confident that it would be addressed.

While students recognised the need for consistency in programme, including assessment, between RCSI-B and RCSI-D, they felt that there could be better communication with RCSI-D regarding the examinations, as the exact same exam was not always appropriate for both settings. They also felt that exam content should be provided by senior lecturers from the Bahrain campus, as well as those in Dublin.

Teaching and learning professionalism at the clinical sites was explored by the Team with the students. The clinical teachers were commended by the students as positive role models and they view this as the most important influence on their professional development. They commended RCSI-B on its selection of clinical teachers. Students felt that the treatment of patients at SMC was appropriate and fair, without discrimination.

Students from Intermediate Cycle 2 at Bahrain Defence Forces Hospital

The Team met with 9 students from Intermediate Cycle 2 who were assured of anonymity and advised of the Team's role.

The students reported very positive experiences of their placement in Bahrain Defence Forces Hospital with a good staff: student ratio and plentiful opportunities to interact with patients and develop their skills.

The students commended the academic staff for their accessibility, and felt that the teaching standard was very high and that their lecturers were interested in them and invested in their future.

The students felt that the teaching of anatomy could be improved through access to cadavers, but were aware of the cultural issues that prevented this. While they felt that their theoretical knowledge was good, and comparable with students in Dublin, they felt that their practical skills were weaker.

Students reported that there can be delays in lectures being uploaded onto the VLE, and that they would like their version of Moodle to be modelled on the Dublin version, which they deemed to be more user-friendly. While they noted that the VLE had improved since last semester, they felt it could be better organised.

The students also noted disparities between the presentations in Dublin and Bahrain, and explained that they had previously requested both versions of the presentations, and while they had received them, it had taken a considerable amount of time to obtain them through the college, so they usually requested them informally from friends based in Dublin, and circulated them to the class themselves. The Student Council is currently working to establish better connections with their Dublin counterpart.

Students stated that they felt well supported by the college in managing their workload, through the Centre for Student Success. They also receive support and guidance in career planning, through the career's office, and in preparing for the USMLE. They would like the college to also provide guidance in preparing for the PLAB.

The students stated that they feel the curriculum adequately covers the topics of Ethics and Professionalism, and that these are well integrated into other modules. There is an emphasis on communication with patients, including non-verbal interactions.

Students from Senior Cycle 1 & 2 at Bahrain Defence Forces Hospital

The Team met with 14 students from Senior Cycle 1 and 2 who were assured of anonymity and advised of the Team's role.

The students stated that they felt the standard of education they received was 'world class' and that they compared favourably to students from other programmes.

The students reported that they were enjoying their clinical placements and were gaining good clinical experience. They stated that they felt the curriculum in their Junior and Intermediate years had been sufficient in preparing them for the clinical environment.

Students praised the academic staff for being approachable, for providing useful feedback and encouraging participation in the hospital team. The students felt that there were some differences between the three hospital sites and therefore the learning experience for students varies. For example, as Salmaniya is a bigger, busier hospital, it provides more opportunities for students to interact with patients, but the consultants are also busier and therefore have less time for students.

The students reported that they feel they can provide feedback to their clinical tutors and convey any difficulties they are experiencing; they also maintain close ties with the support services on campus, including the counselling service, when necessary.

The students stated that there is an emphasis on professionalism, respecting the rights of the patient and treating them in an ethical and respectful way. Cultural differences are managed sensitively and 'being good to the patient' is at the core of their clinical experience.

Students reported that managing their timetables can be difficult during their placement at BDF as they can be delayed in traveling back to the campus for lectures in the afternoon.

Students stated that while they expected that a lack of access to cadavers would impair their skills, they gained practical experience through the surgery rotation.

WFME AREA 5

Academic Staff/Faculty

RCSI-B has established policies and procedures for staff recruitment. This approach, in line with the vision and mission of RCSI, identifies success of the body and programme in educating future doctors as the top priority for academic staff. The Team noted that it was acknowledged in meetings with the academic and clinical staff that the balance between success in education and success in research was evolving as RCSI-B becomes more established and as a research infrastructure is put in place. The Team commends RCSI-B on the plan to establish a PhD programme as a tangible example of the evolving relationship between education and research expertise across the staff profile.

The Team was impressed by the student-to-staff ratios, a factor which was noted by a number of students in contributing to the quality of education delivered at RCSI-B.

Clinical teachers across the clinical sites associated with the programme have a contract with RCSI-B and the job description clearly defines their teaching role. A hospital tutor system, involving contracts for clinical teaching with senior non-consultant staff at clinical sites, is also in place. A system for Clinical Teacher Handbooks helped ensure that there was clarity on educational objectives and consistency in educational experience arranged for the students. In meeting with the clinical staff, the Team noted that the challenge of balancing service and teaching commitments was openly acknowledged. However, the contracting arrangement with RCSI-B enabled clinical teachers to focus on their teaching role and provided for a mechanism for RCSI-B to manage this balance. Furthermore, clinical teachers identified the importance of ensuring that students learn through participation at clinical sites and the clinical teachers ensured that the demands of busy clinical services were experienced by students as a rich learning environment. In meetings with students, the Team noted that accessibility of clinical teachers and richness of learning opportunities at clinical sites were recurrent themes. The Team commends RCSI-B on the approachability of the academic and clinical staff at RCSI-B, which was recognised and appreciated by all of the students the Team met throughout the inspection; in a number of meetings with students, it was remarked that staff provided students with their mobile phones and students reported using this mechanism to interact with staff, for example, when scheduling issues arose. The Team noted that the values of professionalism, collaboration and collegiality were embedded within the academic and clinical faculty and that these were clearly identified and positively experienced by students. In meeting with the academic staff, the Team noted that situations had arisen where contracts with clinical teachers were terminated owing to issues with teaching quality.

RCSI-B support staff through a clear Staff Learning and Development Policy. An academic promotion process has been recently established and is coordinated by RCSI across Dublin, Bahrain and Malaysia; that process places an explicit emphasis on educational achievement as well as research and service. There are well developed and resourced faculty development processes to support and develop staff in their teaching role. The Team explored the experience of faculty development in meetings with the academic and clinical staff and confirmed that these processes were embedded. The Team noted the introduction in 2014 of a Professional Development Unit; they recommend that this, in conjunction with the Staff Learning and Development Policy and RCSI-B's recruitment and promotions policies, be used to further promote research and professional development amongst the staff. Given the calibre of its academic and clinical staff, it is

important the RCSI-B have effective succession-planning processes in place since sudden loss of a number of critical individuals could impact on programme delivery.

The students, in their meetings, identified a new opportunity for recognition of clinical teachers through an end-of-year award. The Team commends these teaching awards and recommends that RCSI-B explore further opportunities to recognise the contribution of teachers.

Involvement of RCSI-B in the recent International Education Forum was noted by the Team who would encourage further engagement in cross-site events.

WFME AREA 6 Educational Resources

The Team reviewed the RCSI-B campus and the associated clinical sites King Hamad University Hospital, Salmaniya Medical Complex and Bahrain Defence Forces Hospital, through site tours; reports are provided in Appendix 1. Primary care sites were evaluated through student meetings.

The Team was satisfied sufficient physical facilities were in place at the campus and the clinical training sites to meet the needs of the curriculum as delivered by RCSI-B. Written agreements are in place between RCSI-B and the clinical sites it utilises for programme deliver. The health system context and the predominance of secondary care over primary care was noted by the Team as a feature affecting the delivery of the programme at RCSI-B; however, the Team noted that students reported a generally positive experience of teaching and learning in primary care/family medicine where they benefitted from a student-to-teacher ratio of 1-to-1.

The allocation of clinical site placements across students was explored by the Team through meetings with the academic and clinical staff and with students. All students experience teaching and learning at all three secondary care clinical sites. They are allocated in groups randomly. However, allowing for diversity of the student body and the local environment, account is taken of student language skills to ensure that each group of student has at least one person who is competent in communication in local language. Student preference may also be taken into account in groupings and clinical site placement, for example, where students are preparing for an international medical licensing exam such as the USMLE.

The Team also explored sufficiency of facilities for clinical experience through meetings with the academic and clinical staff and with students and well as through site reviews (see Appendix 1). While the three secondary care sites associated with RCSI-B vary in scale and scope of services, the Team was satisfied that they offer complementary clinical learning experiences which were, overall, comprehensive in terms of delivery of the educational programme. The complementary and comprehensiveness of the clinical learning experience across the three secondary care clinical sites was a recurrent theme in meetings with the students.

RCSI-B use a number of mechanisms to ensure consistent implementation of the programme across different clinical sites and these include contracts with clinical teachers, a clinical teacher handbook, faculty development and performance review, monitoring teacher and student feedback and benchmarking student performance in assessment. The Team recommends that RCSI-B continue to monitor the implementation of the formal curriculum at clinical sites to ensure that consistency is achieved.

The Team noted that there are plans to enhance the Clinical Skills laboratory, and recommend that additional resources are allocated in this area to further enhance the student learning experience.

The Team noted the use of the Virtual Learning Environment in RCSI-B to deliver electronic resources and recommends that IT services also be made available to students on placements in SMC and in Government Health Centres to ensure equality of access. The Team further recommends that there is further engagement with students to improve the VLE, including timely provision of notes and presentations, and organisation of the VLE to make it more user-friendly. The Team also recommends that the Learning Resource Centre extend its agreement to provide access to reference books, computer workstations and access to the RCSI-B network to SMC and KHUH.

The evolving research agenda at RCSI-B was noted by the Team, and, while the current position of research was considered sufficient and appropriate by the Team given the declared mission and objective of the body and the stage of development of the programme, the Team recommends that implementation of research objectives under the RCSI-B Strategic Plan 2012-2017 be appropriately resourced and monitored to ensure that the research agenda grows at RCSI-B. While biomedical research was acknowledged by the team to be at the earliest stage of development, the Team noted good examples of progress being made in population health, health services and healthcare professional education research. Opportunities to integrate these objectives with other strategic objectives, including community engagement, should be sought. The Team noted a number of examples of student involved in research activity at RCSI-B, including peer-reviewed publications.

The Team noted that educational experience and expertise is available at RCSI-B. The expertise is focussed in a number of critical working groups concerns with curriculum outcomes, assessment and evaluation. Local expertise is focussed on programme delivery, monitoring and evaluation; however, it also contributes to programme design and development which is principally led by RCSI-D.

Finally, extensive opportunities for student exchange across the RCSI programmes, and across clinical facilities within and outside the Gulf region were noted to be in place.

WFME AREA 7

Programme evaluation

RCSI-B utilises clear and well-developed strategy, policies, structures and procedures for programme evaluation, which link with continuous renewal. The

Team noted the lead role of the Quality Enhancement Office in coordinating both statutory external review and internal reviews for RCSI-B. The leadership in quality and the organisation and support for quality management provided by the Office is commended by the Team. The coordination of programme evaluation between RCSI-B and RCSI-D is noted, which provides important opportunities for internal benchmarking as part of overall management of quality.

RCSI-B has been subject to a number of positive external reviews including those conducted by Quality and Qualifications Ireland¹, the National Authority for Qualifications and Quality Assurance of Education and Training² and the Gulf Cooperation Council Deans Committee on Standards and Accreditation. The programme is listed in the AVICENNA Directory³, maintained by the University of Copenhagen in collaboration with the World Health Organization and the World Federation for Medical Education (WFME). Degrees awarded by RCSI-B are approved by National University of Ireland (NUI) under an amendment to the Universities Act 1997 (Section 47A) and a relationship exists between RCSI and the NUI for programme evaluation matters including external examining.

In terms of internal review, a wide range of topics for programme evaluation were described to the Team by the RCSI-B. These focus appropriately on the curriculum and general outcomes and there are opportunities for RCSI-B to enhance this approach through extending programme evaluation to include the context of RCSI-B educational processes at the campus and across its clinical sites. This would support the commendable focus on the theme of professional and personal development within the educational programme.

Teacher and student feedback systems are in place and the Team were able to review results from a recent student feedback survey. The arrangements provide for useful internal benchmarking across RCSI's campuses, which is relevant given the consistency in educational programme and outcomes to be delivered and achieved in different contexts. The Team was assured that both students and staff felt there was adequate opportunity to provide feedback through both formal and informal methods. The Team noted some variance in student feedback at RCSI-B versus other campuses and recommend that RCSI-B monitor these variances over time to determine if specific action is required. The Team noted the views of the academic staff during their meeting that communicating back how feedback has been acted on is recognised as an area for development and the Team recommends that RCSI-B monitor the effectiveness of "closing the loop" measures.

Arrangements are also in place to review student performance. Given the coordinated approach to curriculum across the RCSI campuses, including assessment, it was possible for the Team to confirm comparability of student performance at degree award level. This mechanism provides useful internal assurance of comparability in achievement of educational outcome across RCSI campuses. The Team reviewed this information and noted that student performance at RCSI-B compared with student performance at other campuses at degree award level. Student performance in international exams, including the USMLE and Medical Council of Canada Evaluating Examination (MCCEE) is also monitored and provides further assurance regarding satisfactory student achievement of educational outcomes at RCSI-B. Again, the Team reviewed this information and noted positive performance of RCSI-B students.

¹ <http://www.qqi.ie/>

² <http://www.qqa.edu.bh/en/Pages/default.aspx>

³ <http://avicenna.ku.dk/>

The principle mechanism described by RCSI-B for external stakeholder involvement in programme evaluation was through external review. Consistent with earlier recommendation regarding stakeholder involvement, the Team recommends that processes for external stakeholder involvement in programme evaluation are enhanced.

WFME AREA 8

Governance and Administration

The governance structures for RCSI-B are defined and reporting relationships are described. The relationship with NUI in respect of degree award was noted by the Team. The Team recognise the multiplicity of stakeholders involved in RCSI-B and commend the University on the delineation of clearly structured governance and administrative functions. The Team were satisfied that appropriate scope of authority on academic matters rested with appropriate structures within these governance arrangements. Mechanisms are in place for interaction with the health sector including relevant government departments. However, the Team recommends that RCSI-B explores opportunities for greater lay involvement in governance structures.

The Team explored risk management as a function of governance at RCSI-B in its meeting with academic staff. The Team were informed that the recent history of conflict in Bahrain had tested risk management at RCSI-B, and a number of examples of actions were presented to the Team which safeguarded students' wellbeing and educational experience; this included examples of actions to safeguard collegiality and tolerance of difference on the RCSI-B campus. The Team reviewed current risk management arrangements at RCSI-D and RCSI-B in respect of this issue. Risk relevant to the recent history of conflict in Bahrain was identified in risk management arrangements at RCSI-D. However, the Team recommends that, through its governance structures and risk management procedures, RCSI-B satisfies itself that it has adequate assessment, monitoring and control of any potential impact on programme delivery and achievement of educational outcomes related to the recent history of conflict in Bahrain. Such risk management procedures must focus on RCSI-B campus but must also include the clinical sites which it uses to deliver its educational programme.

Academic leadership is provided by the Head of the School of Medicine, and this role is subject to a performance review procedure. Satisfactory arrangements for educational budgeting and resource allocation are in place.

RCSI-B not-for-profit status was noted, as was financial independence from the local state. While there are roles for both the Chief Operating Officer and the Head of School in educational budgeting and resource allocation, through interview with the academic staff, the Team were satisfied that respective roles were understood and relevant authority on academic matters rested with the Head. Given the relatively new status of the programme, the Team noted that financial sustainability was being closely monitored against a business plan.

The Team commends RCSI-B on the calibre of the administrative staff met on the accreditation inspection, and on their commitment to both the students and the organisation. The Team noted that these staff participated in formal performance development and review processes. Given the leadership in educational

programme design and development provided by RCSI-D, administrative staff at RCSI-B focus on programme delivery and evaluation, and support of students on campus and at the clinical sites.

The Team appreciated the attendance of Professor Cathal Kelly (Chief Executive Officer and Registrar), Professor Hannah McGee (Dean of Faculty of Medicine and Health Sciences) and the time they took to address the Team's queries. This was a clear example of the leadership provided by RCSI-D to RCSI-B. The Team noted commendations made by Professor Kelly regarding the enthusiasm, commitment and pursuit of quality among RCSI-B staff.

WFME AREA 9 Continuous Renewal

The Team noted that the programme at RCSI-B is already well-established and currently delivered on sites in Ireland and Malaysia. It also noted that the programme is subject to the Royal College of Surgeons in Ireland's quality assurance and quality improvement initiatives. The Team found this system to be dynamic, and through meeting with academic and clinical staff and meeting with students, a number of examples were identified of specific initiatives including student recruitment and selection, student assessment and educational programme which were responding to issues identified through review.

End of report

List of Appendices:

- [Appendix 1](#) – Inspection of Clinical Training Sites
- [Appendix 2](#) – Terms of reference and standards for assessment
- [Appendix 3](#) – Assessors for the Accreditation of RCSI-B
- [Appendix 4](#) – Timetable for the Accreditation of RCSI-B
- [Appendix 5](#) – Background Documents

FINAL

Appendix 1

Inspection of Clinical Training Sites

Meeting with consultants at King Hamad University Hospital

The Team met with representatives of King Hamad University Hospital, led by the Chief of Staff at KHUH and Professor and Chair of Surgery RCSI-B. An overview of the services delivered at in KHUH was provided to the team.

KHUH and RCSI-B have a joint Steering Committee to manage student matters, staff collaboration, joint staff appointments and research.

KHUH also provides the main clinical summative examination area for RCSI-B.

There are currently 4 senior academic positions with RCSI-B shared with KHUH; Professor and Head of Paediatrics, Associate Professor and Director of the ICU, Professor of Surgery and Chief of Staff, and an Associate Professor of Paediatrics who has been appointed and takes up his position in January 2015.. In addition, there are 22 shared lecturer positions and 2 RCSI-B administrative staff on site in KHUH.

The Team was impressed with the engagement of the consultants at KHUH with RCSI. They reported feeling strongly integrated with the University, with open channels of communication and many opportunities to provide feedback on the curriculum, including meetings three times a year for all RCSI-B Clinical site staff. All KHUH consultants employed by RCSI-B have formal contracts for their teaching commitments, including agreed standards for the provision of teaching.

The Team was impressed with the sub-internship program which is currently in a pilot phase in KHUH and offers students early access to a hospital based learning environment.

The Team noted positive comments made by the clinical staff regarding the performance of RCSI-B students as interns.

The Team were impressed that there is an emphasis on students and providing a good learning environment. The hospital is nearly entirely paperless, and students gain good knowledge of electronic patient management systems.

The Team were informed regarding the hospital's ethics committee, which had a research ethics focus but which could consider and advise on ethical dilemmas confronting clinical staff. Ethics symposia are also provided at the hospital. Clinical staff were conscious of their responsibility to model professional behaviours for students. Clinical staff at the hospital confirmed both local (National Health Regulatory Authority [NHRA]) and Medical Council of Ireland guidelines are references for professional behaviours.

Meeting with consultants at Salmaniya Medical Complex

The Team met with representatives of Salmaniya Medical Complex (SMC). An overview of the services delivered in the hospital was provided to the team.

The Hospital has 1200 beds and operates at an overall bed capacity of 70-80%, with approximately 800 presentations per day to the Accident and Emergency Department. The high volume of cases makes this site an attractive one for students due to the high level of exposure they receive.

There are 35 RCSI-B Consultant/Clinical Senior Lecturers along with 5 Clinical Tutors and 4 additional session consultant teachers based in SMC. This provides a student: staff ration of 2: 1. There are also 4 administrative staff supporting students based in SMC.

Students from RCSI-B have rotations in SMC in both Senior Cycle 1 and Senior Cycle 2. The hospital also provides a number of intern places each year. Students are attached to teams and are expected to attend and participate in ward rounds, outpatient clinics, journal clubs, grand rounds and other assigned teaching sessions with consultants or tutors. There is a clear emphasis on the quality of teaching in the hospital and the atmosphere is described as highly professional but friendly.

Overall, the clinicians at SMC reported that the students of RCSI-B perform well and compare favourably with students from other medical schools.

Staff at SMC are conscious of presenting positive professional role models to the students. A code of ethics at the hospital governs their conduct and examples were provided of how clinical situations, such as taking consent, are used as opportunities for teaching students about professionalism. The issue of cultural norms and teaching in obstetrics and gynaecology was discussed and it was acknowledged that the instruction of male students can be challenging and must be sensitively handled. The staff identified a strong focus on training and HR development at the site, which in their view supports staff professionalism.

Meeting with consultants at Bahrain Defence Force Hospital

The Team met a number of representatives at the Bahrain Defence Forces Hospital led by a Clinical Senior Lecturer and Consultant Haematologist. The Team were given an overview of BDF, a 400 bed facility with a wide range of medical and surgical specialities. BDF is also affiliated to the Bahrain National Cardiac Centre and is accredited by the Australian Council on Healthcare Standards.

There are 39 RCSI-B Consultant/Clinical Senior Lecturers along with 1 Adjunct Professor of Medicine, 6 Clinical Tutors and 4 additional session consultant teachers based in SMC. This provides a student: staff ration of 2: 1. There are also 4 administrative support staff based in BDF.

Additional facilities available for students in BDF include a library with dedicated RCSI-B computer terminals, laboratories, lockers and changing facilities, lecture theatres and tutorial rooms.

The clinicians at BDF felt their relationship with RCSI-B was very strong and that there was good communication regarding rotations and the organisation of teaching schedules. Clinical teaching staff stated that they felt supported in their teaching and had adequate resources.

Teaching staff are aware of the learning outcomes for the students in their rotations and adequate time is available to instruct and supervise them. The teaching staff are also aware of the schools policies in reporting issues and concerns and these have been used appropriately when necessary.

Appendix 2

Terms of Reference and Standards for Assessment

The function of the Medical Council with respect to basic medical education is defined at S88 (2) of the Medical Practitioners Act 2007:

(2) The Council shall, in relation to basic medical education—

(a) subject to section 87(2), after it has consulted with the Minister for Education and Science, and in accordance with the relevant criteria specified in rules made under section 11—

(i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of—

(I) programmes of basic medical education and training, and

(II) the bodies which may deliver those programmes,

(ii) refuse to approve a body as a body which may deliver those programmes.

The Standards used for the purpose of S88 of the Medical Practitioners Act 2007 are prescribed under S.I. No. 588/2012 - Medical Council Rules in Respect of the Duties of Council in Relation to Medical Education and Training (Section 88 of the Medical Practitioners Act 2007), and are World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007.

The Medical Council's [accreditation process](#) follows the World Federation for Medical Education's guidelines on best practice for accreditation. In addition, the process has three times been evaluated and approved by the National Committee on Foreign Medical Education and Accreditation (part of the Department of Education in the USA). Accreditation of Irish-based and overseas bodies and programmes is an ongoing cycle; approval by the Medical Council is for a specified period of time, following which a further evaluation is held and a decision is reached by Council. During the period of their approval, bodies and programmes are monitored by the Medical Council.

In the interests of transparency, reports of every accreditation undertaken by Council under the Medical Practitioners Act 2007 are published. Details about the [rules, criteria, standards and guidelines](#) the Council uses for undergraduate medical education and training are also available.

Further information

- [The Accreditation Process](#)
- [Published Accreditation Reports](#)
- More details about accreditation, Council's findings and common themes arising from the process, can be found in the [Medical Council's Progress Report on Medical Education, Training and Practice in Ireland 2008-2013](#)

Appendix 3

Assessors for the Accreditation of RCSI-B

In all accreditation activity, the main purpose of the assessment is for the Medical Council to determine if there is compliance with the standards which have been set down by Council. Assessors play a central role in this crucial activity.

Teams normally comprise a combination of medically qualified members of the Medical Council; non-medical members of the Medical Council; and external assessors. The external assessors have expertise in medical education and/or training and/or quality assurance, or represent the public interest. At least one assessor will normally be from outside the jurisdiction. Each Team has a Chairperson, normally a member of the Medical Council. The visiting team are also supported during their visit by members of the Medical Council's executive.

The visiting team for the accreditation of RCSI-B were:

Ms Anne Carrigy (Chair of the Visiting Team and Medical Council Member)
Ms Katharine Bulbulia (Medical Council Member)
Dr Anna Clarke (External Member)
Professor Tony Weetman (External Member)
Professor David Barlow (External Member)

They were assisted by members of the Medical Council executive.

Further details of the competencies required for members of the accreditation assessors are available on the Medical Councils' website:

<http://www.medicalcouncil.ie/Education/Career-Stage-Undergraduate/Quality-Assurance/Accreditation-Assessor-Panel/>

Appendix 4

Timetable for the Accreditation of RCSI-B



Comhairle na nDochtúirí Leighis
Medical Council

Medical Council Accreditation Inspection of Royal College of Surgeons in Ireland Bahrain

Monday 13th and Tuesday 14th October 2014

VISITING TEAM

Ms Anne Carrigy (Chair of the Visiting Team and Medical Council Member)
Ms Katharine Bulbulia (Medical Council Member)
Dr Anna Clarke (External Member)
Professor Tony Weetman (External Member)
Professor David Barlow (External Member)

Sunday, 12th October

Time:	Event:
17.30-19.00	Meeting of Medical Council Team in advance of inspection

Monday, 13th October

07.30	Meeting Location: Royal College of Surgeons in Ireland Bahrain Medical School
08.00	Private meeting of Medical Council Team
09.00	Meeting of Medical Council Visitors with Academic and Clinical Team from RCSI Bahrain faculty for Plenary Session including a formal presentation to the Council Team of approximately 20 minutes followed by a Question and Answer Session
10.30	Tea and coffee break
11.00	Meeting with Clinicians including RCSI Leads and full-time RCSI Bahrain Medicine and Surgery faculty
12.15	Lunch meeting for Medical Council Team in Private
13.15	Meeting with students from Foundation Year
14.15	Meeting with students from Junior Cycle 1 class
15.15	Meeting with students from Junior Cycle 3 class, Senior Cycle 1 General Practice
16.15	Private meeting of Medical Council Team
16.45	Clarification meeting between Medical Council Team and RCSI Bahrain representatives
17.00	Departure of Team

Tuesday, 14th October

07.00	Meeting Location: King Hamad University Hospital
07.30	Private meeting of Medical Council Team
08.15	Meeting of Medical Council Team with hospital management, clinicians and staff involved in education and training at Hospital for Plenary Session which may include a formal presentation to the Council Team of maximum 20 minutes followed by a Question and Answer Session
09.30	Tea and coffee break Team to Split as follows: Team A to remain in King Hamad University Hospital and visit Salmaniya Medical Complex (see agenda) Team B to visit RCSI Bahrain Medical School Facilities and Bahrain Defence Forces Hospital (see agenda)

Team A

09.45	Medical Council Team A to carry out site inspection of King Hamad University Hospital
10.30	Meeting with students from Senior Cycle 1 Paediatrics, Obstetrics & Gynaecology and Surgery
11.15	Meeting with students from Senior Cycle 2 Medicine and Surgery
12.00	Lunch meeting for Medical Council Team A in Private
13.00	Departure of Team A
13.00	Ground Transportation TEAM A: Collection to be arranged by RCSI Bahrain from King Hamad University Hospital to Salmaniya Medical Complex Meeting Location: Salmaniya Medical Complex
13.45	Meeting of Medical Council Team A with Salmaniya Medical Complex management, clinicians and staff involved in education and training at Hospital for Plenary Session which may include a formal presentation to the Council Team of maximum 20 minutes followed by a Question and Answer Session
14.45	Medical Council Team to carry out site inspection of Salmaniya Medical Complex
15.30	Meeting with students from Senior Cycle 1 Paediatrics, Obstetrics & Gynaecology and Psychiatry
16.15	Meeting with students from Senior Cycle 2 Medicine, Surgery, Otolaryngology and Ophthalmology
17.00	Departure of Team A

Team B

10.00	Team B Tour of RCSI Bahrain Medical School facilities to include: Lecture Theatres Small group tutorial rooms Library facilities Clinical Skills Laboratories Anatomy Laboratory Facilities Student recreational facilities including canteen Centre for student success
12.00	Lunch meeting for Medical Council Team B in Private

12.30	Departure of Team Ground Transportation TEAM B: Collection to be arranged by RCSI Bahrain from King Hamad University Hospital to Bahrain Defence Force Hospital Meeting Location: Bahrain Defence Force Hospital
13.15	Meeting of Medical Council Team B with Bahrain Defence Force Hospital management, clinicians and staff involved in education and training at Hospital for Plenary Session which may include a formal presentation to the Council Team of maximum 20 minutes followed by a Question and Answer Session
14.15	Medical Council Team to carry out site inspection of Bahrain Defence Force Hospital
15.00	Meeting with students from Intermediate Cycle 2
15.45	Meeting with students from Senior Cycle 1 Paediatrics, Obstetrics & Gynaecology, and Senior Cycle 2 Medicine, Surgery, Otolaryngology and Ophthalmology
16.30	Departure of Team

Team A & B

18.00-19.00	Meeting of Medical Council Team to discuss Team A and Team B's findings
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Appendix 5

List of Background Documents

- a) Guidance for Assessors, 16th July 2014
- b) Guidelines for Assessors on Interaction with Students, June 2014
- c) The Chairperson's Role in the Accreditation Team Medical School Visits, 16th July 2014
- d) WFME Scoring Sheet for Assessors, 16 July 14
- e) Ceartas Submission to the Irish Medical Council 'Human Rights Law and the Accreditation of RCSI-Bahrain,' May 2013
- f) Christopher Stokes Article 'Bahrain: From Hospital to Prison,' 17th May 2011
- g) Amnesty International Public Statement 'Bahrain, openness on human rights, but serious concerns remain,' 19th May 2014
- h) Correspondence from Joint Committee to Ms Caroline Spillane, 20th December 2013
- i) Transcript of Joint Committee Proceedings re. Accreditation for the Royal College of Surgeons in Ireland Facility in Bahrain, 27th November 2013
- j) Letter from Ms Caroline Spillane to Joint Committee, 14th of March 2014
- k) 'Accreditation of Medical Programmes WFME Questionnaire' Completed by RCSI-B, June 2014
- l) Appendices to 2014 Submission, June 2014
- m) Report of the Bahrain Independent Commission of Inquiry, 23rd November 2011
- n) Completed Self-Assessment by RCSI Bahrain, 5th August 2014
- o) QQI Institutional Review of Royal College of Surgeons in Ireland, April 2014
- p) QQI Institutional Review of Royal College of Surgeons in Ireland Summary Report, April 2014
- q) RCSI Statement to Joint Committee on Education Social Protection, 2nd April 2014
- r) Higher Education Review Unit: Programmes-within-College Reviews Report RCSI-B, 20th-22nd May 2012