Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
RCSI & UCD Malaysia Campus
Direct Entry to Medicine

Wednesday 22 – Thursday 23 February 2023

CONTENTS OF REPORT

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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. RCSI & UCD MALAYSIA CAMPUS MEDICAL PROGRAMME SHOULD BE APPROVED BY COUNCIL UNDER THE TERMS OF SECTION 88(2)(a)(i)(I) OF THE MEDICAL PRACTITIONERS ACT 2007. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE MEDICAL COUNCIL TEAM'S FINDING THAT THE PROGRAMME ADHERES TO THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL, AS SPECIFIED IN SECTION 88(2)(a) AND 88(2)(d) OF THE MEDICAL PRACTITIONERS ACT 2007.

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

2. RCSI & UCD MALAYSIA CAMPUS SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE UCD'S ONGOING COMPLIANCE WITH THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL AS SPECIFIED IN SECTION 88(2)(a)(i)(II) AND 88(2)(e) OF THE MEDICAL PRACTITIONERS ACT 2007.

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

C. PREFACE

1. Context of the visit

RCSI & UCD Malaysia Campus (RUMC) 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 staff, clinical staff and students on Wednesday 22 and Thursday 23 February 2023. Inspections of the education and training facilities was undertaken, and several teaching sessions were observed. The Medical Councils remit was to assess the programmes and to formulate a recommendation on accreditation 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 also thanks the RUMC Team, led by Professor Premnath Nagalingam, Dean Faculty of Medicine, Professor Patrick Felle, Interim President of RUMC, Professor Simon Jones, Vice President, Professor Hannah McGee, Chair of Board of Governors, Professor Michael Keane, Chair of Board of Directors, Dr Devaki Nagaya, Deputy Registrar, and Ms Siti Nur Afiqah, Head of Quality Assurance for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the staff and students who met the Team, 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, and information submitted in the form of a survey of RUMC medical students, academic teaching staff and clinical site teaching staff. The questionnaire completed by RUMC is based on the World Federation of Medical Education's *Global Standards for Quality Improvement: Basic Medical Education.*

4. Schedule

The accreditation visit included a presentation by Professor Premnath Nagalingam, Professor Patrick Felle, Professor Simon Jones and Dr Devaki Nagaya; 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, 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 RUMC Campus, Penang Hospital, Hospital Seberang Jaya, Taiping Hospital and Seberang Perai Tengah District Health Office.

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

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

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

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

1) Recommendations additional to the conclusion above, based on the evidence provided by RUMC and the information provided by the staff and students interviewed:

It is recommended that RUMC:

Communication

1. Carry out a review of the mission and vision statement be conducted as part of the curriculum review and on an ongoing basis.
2. Provide clarity around the policy and practice for admission of students with disabilities, albeit in accordance with the national law and regulations.

Curriculum

1. Consider a more consistent "hands-on" approach to procedural skills across and within all clinical sites after being signed off in a simulated environment.

2. The planned curriculum review should include the establishment of a more balanced content over the Years 3, 4 and 5 to address the current content overcrowding in year 4.
3. The curriculum review integrates ethics teaching across years 3, 4 and 5.
4. RUMC follow the MC significant changes process for the planned curriculum review.

Assessment

1. Review the balance of formative and summative assessments.
2. Introduce Progress Testing for RUMC students.
3. Introduce central coordination of the management of assessment, including benchmarking and psychometric analysis should be enhanced.

Feedback

1. Consider students' wish to have their post rotation feedback to the relevant disciplines anonymised.
2. Survey graduates on their preparedness for practice going into internship.

Resources

1. Improve the overall administration of the programme. The introduction and coordination of a master schedule should be developed with input from all disciplines. Any change to the timetable needs to identified and communicated to all staff and students in a timely manner.
2. Consider relocating the examinations office prior to the planned new build.
3. Consider offering appropriate training and educational opportunities to clinical site staff, similar to that offered to the academic staff.
4. Actively explore the possibility of resuming educational exchanges within the UCD RCSI RUMC group and initiating same outside the group.
5. RUMC to furnish the Medical Council with the report of the planned Malaysian Medical Council accreditation when available.
6. Provide more opportunities for staff educational exchanges with Dublin

Recommendations that the Medical Council makes to all medical schools:

1. RUMC 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. RUMC 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.

2) <u>The Medical Council commends RUMC for:</u>

- The introduction of the sub-internship into the programme
- RUMC should be commended for the planned curriculum review to further enhance its alignment to the Malaysian healthcare context.
- The introduction of "Gender Inclusiveness Briefing" in the Public Health II module.
- The numbers of students attending each of the meetings was impressive.
- The Head of Anatomy's online resources for anatomy
- The availability and awareness of the Counselling service was impressive
- We would like to commend the academic staff for their commitment, dedication and professionalism in delivery of the curriculum and supporting students.
- The campus building was exceptionally clean and well-presented throughout, and the team commend the facilities office and staff.
- Students continue to have access to UCD and RCSI online library facilities whilst in RUMC

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

Compliance level rating

The levels of compliance are categorised as follows:

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

The 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		✓	✓	✓		✓	✓			5
FC	✓				✓			✓	✓	4

Area 1: Mission and Outcomes

MISSION AND OBJECTIVES	Level of compliance:	FC

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

- Footnote 1 – The RUMC Doctor

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

The mission and vision were clearly articulated by the senior management team presentation, although it was evident that the mission and vision haven't been reviewed since 2018.

It was evident that staff had opportunity to feedback on curriculum issues.

Compliance

RUMC was found to be **fully compliant** with the basic standard.

Observation(s) & Recommendation(s)

- A review of the mission and vision statement be conducted of the curriculum review and on an ongoing basis.

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 RUMC:

- Footnote 2 – Marks and Standards for Students Graduating RUMC in 2024
- Footnote 3.a – Medical Education 2019
- Footnote 3.b – Medical Education 2021
- Footnote 4 – Teaching Patient Safety for Undergraduate in RUMC
- Footnote 5 - Teaching Professionalism for Undergraduate in RUMC
- Footnote 6 – RUMC Studies Committee Terms of Reference

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

The documentation clearly outlined the various components of the curriculum adapted to meet the needs of the catchment population. There was a clear emphasis on public health, orthopaedics and trauma.

The transition from pre-clinical in Dublin to clinical years in Penang was also outlined in the documentation, presentation, and discussions with staff. It was evident from discussions with staff and students that there were no observed differences in academic standards and progression outcomes for students entering the programme from UCD and RCSI, however, there has not been a formal psychometric analysis on progression outcomes for students coming from both UCD and RCSI.

It was heard from students that they favour more integrated ethics teaching throughout the clinical years in Penang.

From discussions with staff and students, it was evident that whilst there was less emphasis on hands-on procedural skills in the clinical environment, there was more emphasis in the simulation environment.

We heard from students that they were unclear regarding which guidelines they should follow in some situations, for example there was confusion over whether to use the Penang State Protocol guidelines or the the Royal College of Obstetricians & Gynaecologists (RCOG) and National Institute of Health & Care Excellence (NICE) guidelines for the Obstetrics and Gynaecology module and whether to use the ICD guidelines or the DSM guidelines for the psychiatry module.

The students in all years explained that the administration of the programme is suboptimal. This includes the overall coordination of the programme, scheduling of in-person and online activities and changes to timetables at short notice. For example, the coordination and delivery of online tutorials in relation to the overall student timetable. Students travelling from Taiping or Seberang Jaya were not given sufficient travel time to get back to join online tutorials, students also had difficulty joining once sessions started.

The content of online tutorials was sometimes not uploaded and not available in a timely fashion.

The 4th year course is congested, it would be important for the curriculum review to look at ways to combine content and to look at the balance between all years. It was noted that the international students, in particular, do not have long enough breaks/holidays to return home.

Compliance

RUMC was found to be **partially compliant** with the basic standard.

Observation(s) & Recommendation(s)

- The planned curriculum review should include the establishment of a more balanced content over the Years 3, 4 and 5 to address the current content overcrowding in year 4.
- The curriculum review considers integration of ethics teaching across years 3, 4 and 5.
- Implementation of a more consistent “hands-on” approach to procedural skills across and within all clinical sites after being signed off in a simulated environment.
- It is recommended that overall administration of the programme be improved. The introduction and coordination of a master schedule be developed with input from all disciplines. Any changes to the timetable need to identified and communicated to all staff and students in a timely manner.
- RUMC follow the MC significant changes process for the planned curriculum review.

Commendation(s)

- The introduction of the sub-internship into the programme
- RUMC should be commended for the planned curriculum review to further enhance its alignment to the Malaysian healthcare context.
- The introduction of “Gender Inclusiveness Briefing” in the Public Health II module.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC

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

- Footnote 7 - RCSI & UCD Malaysia Campus Examination Regulations
- Footnote 8 - RCSI & UCD Malaysia Campus Examination Procedures
- Footnote 9 - RCSI & UCD Malaysia Campus Procedure for appealing the decision of an Examination Board

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

The documentation provided demonstrated blueprinting of assessments in relation to the curriculum. There was clear outline of the benchmarking of assessments.

The students received detailed information in relation to the various assessments though several student advised that the marking system for some OSCE's changed at short notice.

There are comparable pass rates for the various years in RUMC, UCD and RCSI.

There appears to be use of a degree of formative assessments. Students in all years informed us that they do not receive formative assessments universally in relation to all areas of the curriculum. For example, there are no mock OSCE exams, however, there is an orientation session in relation to OSCEs.

Students from UCD did not appear to have practice for the OSCEs unlike their counterparts in RCSI in Year 3 of the programme. Some students advised there was a discrepancy in the gap between their last clinical placement and the OSCE for different student groups.

In addition, a number of students advised that there appears to be a lack of detailed feedback on their performance in some assessments, for example, written assessments and some OSCEs.

Students were keen to have their post rotation feedback to the relevant disciplines anonymised.

Senior staff advised that progress testing has just been introduced in RCSI Dublin and there should be consideration for introducing this for RUMC students.

The documentation of the examination board (C22 final) did not reflect the participation of external examiners in the proceedings, though participation was confirmed by management. It was noted that there was variability in the detail provided by external examiner reports, external examiners should be encouraged to provide adequate detail, including positive and negative feedback.

Compliance

RUMC was found to be **partially compliant** with the basic standard.

Observation(s) & Recommendation(s)

- A review of the balance of formative and summative assessments.
- The introduction of progress testing for RUMC students.
- Central coordination of the management of assessment, including benchmarking and psychometric analysis should be enhanced.

Commendation(s)

- No commendations made

Area 4: Students

STUDENTS	Level of compliance:	PC

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

- Footnote 10 – Counselling Procedure
- Footnote 11 – RUMC Counselling Services

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

The documentation and discussions with students and staff demonstrated a breadth of student support services both academic and pastoral. In particular there were effective counselling services available to students.

There are regular student-staff liaison committees. The Student Association Committee shows evidence of student involvement in the wider aspects of the running of medical school. There are also student representatives that act as a liaison between the school, staff and student body.

There has been an observed trend with a decreasing number of student admissions over the last number of years. The discussion with the senior team suggests a projected intake of 120 students per year.

There are appointed student officers that coordinate the engagement of students with staff in the clinical sites and with the administrators in RUMC. However, it does not appear that the student officers receive training for this role.

Students receive career support services. However, we heard from some students that there was a delay in the communication of changes to the required IELTs scores for those intending to apply for a place in a UK Foundation Programme. There also appears to be a lack of adequate career guidance for the student body.

We heard from students that they are not aware of a "raising concerns" policy for students to highlight concerns regarding patient safety issues, inappropriate conduct or other ethical or health issues.

There is a lack of clarity around the policy and practice for admission of students with disabilities, albeit in accordance with the national law and regulations. On questioning staff, they were not made aware of any current students with a disability.

Meeting with Student Representatives

The Team met with Student Representatives of the Programme. They were assured of confidentiality and advised of the Medical Council's role.

The Student Representatives are elected to the Student Association from the Year 4 student cohort and serve for one academic year.

Student affair's meetings take place every two months and are attended by the Student Representatives, the President of the medical school, the Dean of the medical school and the academic staff. Minutes are taken at the meetings and decisions are emailed to all students. The Dean is unable to attend all student affairs meetings but follow up meetings are arranged with him.

The Student Representatives host events to support students, such as sports events, mental health events and celebrations such as Chinese New Year's.

The Student Representatives are an effective group for change. Their requests are listened to, and the school management try to improve on any issues which the students raise. However, there were limitations. It was described that concerns raised by students who would like to remain anonymous couldn't/wouldn't progress without a student's name being given. There is an anonymous platform available for student feedback.

The adjustment to life in Penang was felt to be hard, particularly after having had virtual teaching in Dublin due to the COVID-19 pandemic. The students received an online orientation upon their return. The students would like to see a pre and post transition orientation.

The Student Representatives were not aware of any students with disabilities.

Meeting with Year 3 Students

A number of meetings were held with students from Year 3 of the programme. They were assured of confidentiality and advised of the Medical Council's role.

The Year 3 Students returned to Malaysia from Dublin in January. The students were happy to have spent the first half of their medical programme in Ireland, as they feel it has taught them independence.

UCD was described as being self-disciplined while the students in RCSI felt they were more "spoon-fed". History taking was taught in year 1 in RCSI while it was taught in December of Year 3 to those who went to UCD, so this skill was fresher in the minds of this group. The students described a "reverse culture shock" coming back to Malaysia.

Support was offered to the Year 3 students by staff and students further ahead in their training upon their return. An online orientation session was provided, everyone was introduced to them during their orientation week and they were made familiar with the Student Association. The Student Affairs Officer is felt to be very approachable and offers guidance to students.

The Year 3 students advised that they are settling into the sites. However, they have no master timetable and there are lots of timetable clashes. Some students don't know when timetable changes take place.

Meeting with Year 4 Students

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

Lecturers were described as being supportive and enthusiastic. The students do not have much interaction with the Dean overall but students who have had one-to-ones with the Dean described him as "very nice and helpful". The students find the Dean very fair and approachable.

It is clear to the students who to go to with mental health issues, but this is not the case with physical health issues.

Students are assigned academic mentors. Students can approach these mentors for career guidance.

Students do not see the student reps very often due to the timetabling of the rotations. However, the reps were described as "friendly and approachable".

The Year 4 students outlined that they know what ward to go to on the first day of a rotation but getting the name of the doctor they need to report to can sometimes be difficult. The students try to contact the doctor they will be working with the day before the start of the rotation. The students are sometimes waiting an hour for the doctor on their first day but understand that the doctors can get called away to an emergency.

It was not clear to the students who to go to with issues on clinical sites. The students reach out to the RUMC head of department associated with the rotation they are on with any issues they have while on site.

Multi-Disciplinary Teaching (MDT) varies between rotations. MDT takes place at clinics but not on wards.

Some wards are very busy. Students also noted that they actively look for patients and gave an example of the gastroenterology ward having 5 patients but 7 students.

Students were unsure of what guidelines to follow for their exams (i.e. the NICE guidelines and the Penang State Protocols were both used on the Obstetrics and Gynaecology rotation). When students asked what guidelines to use, they felt the response was insufficient and the tutor implied that the students wanted to be "spoon-fed".

Feedback is sought from students at the end of every rotation.

Students were not put into unethical positions at clinical sites but were explicitly told by RUMC what to do if such a situation arose. The students receive pre-clinical lectures on ethics and ethical dilemmas are added to case studies. There is a professionalism module in the foundation year and professionalism is also built into other modules.

Elective placements are available, but some deadlines had passed before information was given to students.

Meeting with Year 5 Students

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

The students all agreed that their experience in Taiping Hospital was pleasant yet very different to other hospitals. They had a broader range of illnesses on the wards and all the staff were very approachable.

When asked about other medical students, they said there was no overcrowding in bedside teaching and they felt they got a full experience.

The international students said that they needed a translator in the hospital but they were not always available to them because the demand was so high, so they found it difficult at times and felt that they were missing out on some of their teaching.

The students on the surgical rotation said they got a lot more exposure to surgical procedures in Taiping Hospital compared to other hospitals. As it is currently the law in Malaysia, students are not allowed to do any hands-on practice, they could only observe, however, they felt they got good exposure to a wide variety of procedures.

The library facilities available on-site was very limited but they did not see it as an issue.

When asked about assessments, the students felt there was an imbalance between formative and summative assessments - they felt there was a lack of formative assessments. The majority of students were applying internationally for their internship and they advised that there was a clash with their OSCE exam and the IELTS exams in that both were taking place in the same week.

The students advised that there was no campus space available to them for studying while out on clinical placement.

Meeting with Interns

A number of meetings were held with students from Interns who graduated from the programme. They were assured of confidentiality and advised of the Medical Council's role.

The interns described the pre-clinical time in Ireland as "a good experience".

The teaching in RUMC is very theory based compared to the local medical schools. However, the theory aspects are very good. Better clinical experiences are needed, with more attachments. The curriculum was well organised.

The interns were unsure of where to go with ethical concerns when they were students.

The Student Association met monthly. The Student Affairs Officer is a great support to the Student Association. The staff are supportive but are working with limited resources. All the academic staff were very pleasant No official career guidance was available.

The interns felt well prepared for their internships after undertaking their clinical placements as part of their undergraduate training. The interns felt encouraged to apply for their housemanship after doing their clinical placements.

Hospital Seberang Jaya has created a friendly intern environment and is very conducive for education. It is a very busy hospital, but morale was described as "good". Interns felt students were not taking adequate time out of teaching sessions to examine patients.

Compliance

RUMC was found to be **partially compliant** with the basic standard.

Observation(s) and Recommendation(s)

- Provide clarity around the policy and practice for admission of students with disabilities, albeit in accordance with the national law and regulations.
- Students were keen to have their post rotation feedback to the relevant disciplines anonymised.

Commendation(s)

- The numbers of students attending each of the meetings was impressive.
- The Head of Anatomy's online resources for anatomy
- The availability and awareness of the Counselling service was impressive.
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Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RUMC

- Footnote 13 – RUMC Academic Executive Committee (AEC) Terms of Reference
- Footnote 14 – RUMC Student Affairs Committee Terms of Reference
- Footnote 15 – Annual Performance Appraisal for Academic Staff
- Footnote 16 - Annual Performance Appraisal Form
- Footnote 17 – RUMC Academic Promotions Policy and Guidelines 2018/19
- Footnote 19 – RUMC Research Committee Terms of Reference
- Footnote 20 – RUMC Guide to Application of RUMC Publication Grant
- Footnote 21 - RUMC Guide to Application of RUMC Research Grant
- Footnote 22 – Research Report for IMC (2019-2022)

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

The visiting team had the opportunity to meet with a number of academic staff from various disciplines who are involved in the delivery of the curriculum and its assessment. Staff generally were happy with the level of support provided by the school including faculty development opportunities. They were also able to avail of relevant educational CPD. We heard from some students that it would be good for staff to receive formal training in the use of online delivery platforms e.g. Zoom, to enhance the student experience in online sessions.

The visiting team heard that there are some shortages of staff in a number of disciplines which impact on the workload of staffing those areas however more recently there has been an improvement in this area for example with appointments in Medicine.

Academic staff tend to liaise with staff in the clinical sites and oversee the learning opportunities students have in those sites. There appears to be a pause in the staff/faculty exchange/flying faculty programme for all staff between Dublin and Penang which existed in the past.

Staff have the opportunity to contribute to the curriculum.

We heard that staff were engaged in getting feedback from students in a systematic way.

Academic staff operated under challenging conditions caused by the Covid 19 pandemic and demonstrated a commendable degree of professionalism and resilience.

Compliance

RUMC was found to be **fully compliant** with the basic standard.

Observation(s) and Recommendation(s)

- Provide more opportunities for staff educational exchanges with Dublin

Commendations

- We would like to commend the academic staff for their commitment, dedication and professionalism in delivery of the curriculum and supporting students.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

Description of documentary evidence of compliance with this standard provided by RUMC

- Footnote 10 – Counselling Procedure
- Footnote 11 – RUMC Counselling Services
- Footnote 12 – RUMC Senate Terms of Reference
- Footnote 13 – RUMC Academic Executive Committee (AEC) Terms of Reference
- Footnote 14 – RUMC Student Affairs Committee Terms of Reference
- Footnote 15 – Annual Performance Appraisal for Academic Staff
- Footnote 16 - Annual Performance Appraisal Form
- Footnote 18 – Clinical Teaching Sites
- Footnote 19 – RUMC Research Committee Terms of Reference
- Footnote 20 – RUMC Guide to Application of RUMC Publication Grant
- Footnote 21- RUMC Guide to Application of RUMC Research Grant
- Footnote 22 – Research Report for IMC (2019-2022)
- Footnote 23 – Student Feedback Survey

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

Physical facilities:

Members of the visiting team had an opportunity to visit some of the physical facilities and learning environments in RUMC including the new library which is available for use 24 hours. A full-time librarian has been appointed to support the library services for the students. Wealso heard from students about the virtual learning environments, internet access and online resources available to them.

The physical facilities have benefitted from refurbishment/upgrades and there is a cafeteria available offering students and staff good quality food at affordable prices. A gym has been established for use untillate in the evening.

We were provided with details ofplans to develop a new building with enhanced learning environments and the capacity for additional students.

The visiting team noted that staff accommodated in the examination's office had restricted working space.

Clinical Training Resources:
The visiting team appreciated the breadth of learning and patient exposure the students had in the various clinical sites. The senior management and staff in the clinical sites were dedicated and enthusiastic about providing support to RUMC students despite the high clinical demand and workload. There were plans in place to avoid overlap of RUMC students with students from other medical schools to avoid competition for appropriate experience within the same clinical environment. The RUMC student groups were reasonably sized with 6-10 students in a group, which allowed for a good interaction with clinical staff and patients.

Clinical staff had very busy workloads which sometimes impacted on their ability to spend enough time teaching students. There appears to be good coordination between RUMC academic staff and staff in the clinical sites overseeing the clinical learning of students. Staff in the clinical sites have the opportunity to raise concerns about students and are aware of the routes for such communication to the school.

Clinical staff are not offered specific training in teaching and assessment methods.

There is a need to encourage students to be more proactive regarding the exploration of learning opportunities with patients and self-directed learning while on clinical sites.

IT Facilities:
There appears to be adequate IT facilities and IT access for students and staff. We heard that students are using their own mobile data and are happy with this approach.

There is no access to Wi-Fi on clinical sites, but students use their own mobile data for this and were clear it was not problematic

The students have some difficulty joining online tutorials once they have commenced and felt this may be an admin and\or training issue for staff.

Medical Research and Scholarship:
Students have the opportunity to apply the research methodology learnt throughout the pre-clinical and clinal years in the various modules of the curriculum with integrated opportunities for research rather than the need for a stand alone module.

Educational expertise:
There appear to be no dedicated staff training/development activities provided in relation to the RUMC curriculum and its assessment.

Educational Exchanges:
Students are required to complete an 8-week elective placement. We did not hear of specific student exchange schemes during our discussions.

Compliance

RUMC was found to be **partially compliant** with the basic standard.

Observation(s) and Recommendation(s)

- The team recommend that RUMC should look at relocating the examinations office prior to the planned new build.
- The team recommend that RUMC offer appropriate training and educational opportunities to clinical site staff, similar to that offered to the academic staff.
- The team actively encourage RUMC to explore the possibility of resuming educational exchanges within the UCD RCSI RUMC group and initiating some outside the group.

Commendation(s)

- The campus building was exceptionally clean and well-presented throughout, and the team commend the facilities office and staff.
- Students continue to have access to UCD and RCSI online library facilities whilst in RUMC.

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by RUMC

- Footnote 23 – Student Feedback Survey

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

The school has a systematic approach to program evaluation using student surveys. The surveys happen at the end of each rotation, however the students had some concerns about anonymity.

The student survey produced as part of the accreditation visit had a low response rate with difficulty in making conclusions because of this.

The most recent Malaysian Medical Council accreditation report is from 2019 with the next inspection planned for 2023.

There is no formal survey of graduates on their preparedness for practice but the limited number of Interns the team met with felt that overall, they were prepared for practice.

Compliance

RUMC was found to be **partially compliant** with the basic standard.

Observation(s) and Recommendation(s)

- RUMC to furnish the Medical Council with the report of the planned Malaysian Medical Council accreditation when available.
- Survey graduates on their preparedness for practice prior to commencing internship.

Commendation(s)

- No commendations made

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RUMC

- Footnote 6 – RUMC Studies Committee Terms of Reference

- Footnote 7 - RCSI & UCD Malaysia Campus Examination Regulations
- Footnote 8 - RCSI & UCD Malaysia Campus Examination Procedures
- Footnote 9 - RCSI & UCD Malaysia Campus Procedure for appealing the decision of an Examination Board
- Footnote 11 – RUMC Counselling Services
- Footnote 12 – RUMC Senate Terms of Reference
- Footnote 13 – RUMC Academic Executive Committee (AEC) Terms of Reference
- Footnote 14 – RUMC Student Affairs Committee Terms of Reference
- Footnote 15 – Annual Performance Appraisal for Academic Staff
- Footnote 16 - Annual Performance Appraisal Form
- Footnote 17 – RUMC Academic Promotions Policy and Guidelines 2018/19
- Footnote 19 – RUMC Research Committee Terms of Reference
- Footnote 20 – RUMC Guide to Application of RUMC Publication Grant
- Footnote 21- RUMC Guide to Application of RUMC Research Grant
- Footnote 24 – RUMC Governance Structure
- Footnote 25 – RUMC Procurement Policy

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

The school provided a comprehensive governance structure that incorporates the contribution of UCD and RCSI. This was supported by further documentation clearly outlining the roles of the Dean and other Senior Management.

The appointment of a liaison officer is particularly welcomed in enhancing ongoing communication with the Irish Medical Council.

It was evident from documentation provided that there was a strong relationship built between RUMC and the Malaysian Ministry of Health. The proposed new build development on campus and the planned new RUMC curriculum provided evidence of the autonomy of RUMC.

Compliance

RUMC was found to be **fully compliant** with the basic standard.

Observation(s) and Recommendation(s)

- No recommendations made

Commendation(s)

- No commendations made.

Area 9: Continuous Renewal

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

Description of documentary evidence of compliance with this standard provided by RUMC

- **No additional documentation provided**

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

Academic and clinical staff appeared not to be aware of the function of the Industrial Advisory Group. The terms of reference and function of the Industrial Advisory Group should be shared with staff if still meeting and functioning.

Compliance RUMC was found to be **fully compliant** with the basic standard.
Observation(s) and Recommendation(s) • No recommendations made
Commendation(s) • No commendations made

INSPECTION OF CLINICAL TRAINING SITES

Penang Hospital

The Team met with the hospital management, clinicians and staff involved in education and training at Penang Hospital and received a presentation about the hospital and clinical training provided on site. Penang Hospital was established in 1854 and is a state-funded specialist hospital. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions and some research. It is a 1163-bed hospital.

Students receive a general hospital induction and orientation, which is organised by the group leader for each student in the group. The hospital does not provide an induction booklet, but the staff confirmed that RUMC provides one for the students. Students are allowed full access to hard copy patient records, but they are not allowed to remove records or make copies.

On inspection of the facilities on site, the Team was shown large and small areas for group teaching, the day clinics, the orthopaedic ward the labour ward, the ICU and the High Dependency Unit. It was noted that there isa focus on orthopaedics which reflects the high level of motorcycle accidents in the country. There is a Clinical Research Centre on site, where students can get involved with research.

The Team observed teaching of a large lecture. The Team were impressed by the structure of the lecture and the approach of the lecturer. The lecturer was clearly a skilled teacher and had an ease of dealing with a large group of students in a multi-disciplinary setting. There were some issues around the microphone which affected the flow of the session.

Hospital Seberang Jaya

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

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

Hospital Seberang Jaya is a Central District major specialist hospital with 413 beds and over 2200 staff. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions and it is MSQH accredited.

Development of a new 316 bed block is currently underway and is likely to open in February 2023. This block will focus on surgery while the original building will have a focus on women and children.

Overall the students are given access to a wide range of specialties with Hospital Seberang Jaya.

There is no translator service provided at Hospital Seberang Jaya for international students, and the majority of patients only speak the local Malay language. Colleagues translate for students who do not speak Malay.

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

On inspection of the facilities on site, the Team was shown large and small areas for group teaching, the clinics and wards, procedure rooms, NICU and the Acute Stroke Unit. However, it was very evident that there were space constraints in the hospital.

The Team observed bedside teaching in the medical ward and were very impressed with the learning opportunities available to students.

Taiping Hospital

The Team met with the hospital management, clinicians and staff involved in education and training at Taiping Hospital (608 beds) and received a presentation about the hospital and clinical training provided on site.

Taiping Hospital was established in 1880, is a state-funded hospital and the second-largest hospital in Perak. Clinical and non-clinical services are provided at the hospital, as well as teaching and training for medical and other allied health professions.

Taiping Hospital staff reported that they have a good relationship with RUMC and that they feel supported by the University. The clinical staff welcomed and embraced the opportunity to teach undergraduate students and felt the training is well-structured.

Students complete two weeks of their clinical training experience on site.

The clinical staff described RUMC students as well-prepared, professional and knowledgeable, just in need of clinical practice.

On inspection of the facilities on site, the Team was shown large and small areas for group teaching. There is a library on site for access to academic journals.

The visiting team attended part of the bedside teaching on a busy ward in Taiping hospital. This was high-quality teaching by one of the hospital clinicians with a small number of students. The teaching included instruction on history taking and assessment of a patient with a breast lump. The students were given instructions on how to assess the patient with their permission. There was also effective feedback given to the students

Seberang Perai Tengah District Health Office

The Team met with the management, clinicians and staff involved in education and training at Seberang Perai Tengah District Health Office and received a presentation about the district health office and clinical training provided on site.

The clinics available at Seberang Perai Tengah District Health Office include a methadone clinic, a nutrition clinic, an environmental health clinic and a small family health clinic.

Students attend the Seberang Perai Tengah District Health Office for their Public Health I and Public Health II rotations. Students observe procedures, undertake home visits to mothers with new-born

babies, visit schools and undertake illness prevention activities. Students receive briefings from allied health professionals. Students give a presentation at the end of their rotation on what they have learnt.

On inspection of the facilities on site, the Team was shown areas for small group teaching and the clinics where patient contact takes place. The Team sat in on a tutorial and were very impressed with how interactive the discussion was between the students and lecturer including IT utilisation. Students were provided with a QR code which gave them a link to a shared document regarding the procedure which was to be demonstrated during the tutorial. The importance of consent was stressed to the students throughout the tutorial.

End of report