

Quality Assurance of Basic Medical Education

Report on Malaysia Campus,
University of Newcastle

December 2010

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

Contents

The GMC's role in medical education.....	2
Introduction	3
The QABME team.....	3
Our programme of visits in 2009/10	5
The report	6
Summary of our key findings	6
Requirements.....	6
Recommendations	7
Areas of innovation and good practice	7
Priorities for 2010/11	7
Curricular outcomes, content, structure and delivery	7
Outcomes.....	7
Content	8
<i>The scientific basis of practice</i>	<i>8</i>
Treatment.....	8
<i>Clinical and practical skills</i>	<i>9</i>
<i>Communication Skills</i>	<i>9</i>
<i>General skills.....</i>	<i>9</i>
<i>The working environment</i>	<i>10</i>
<i>Medico-legal and ethical issues.....</i>	<i>11</i>
<i>The health of the public</i>	<i>11</i>
<i>The individual in society</i>	<i>11</i>
Structure	12
Delivering the curriculum	12
Joint working with the Malaysian Authorities	12
Staffing for NUMed campus.....	12
<i>Supervisory structures.....</i>	<i>13</i>
Teaching and learning	14
<i>Learning resources and facilities</i>	<i>14</i>
<i>Student selection.....</i>	<i>14</i>
<i>Student support, guidance and feedback</i>	<i>15</i>
Training for NUMed graduates	15
Assessing student performance and competence	16
<i>The principles of assessment.....</i>	<i>16</i>
<i>Assessment procedures.....</i>	<i>16</i>
<i>Appraisal.....</i>	<i>17</i>
<i>Student progress.....</i>	<i>17</i>
<i>Student health and conduct</i>	<i>18</i>
Acknowledgement.....	18

The GMC's role in medical education

1. The General Medical Council (GMC) sets and monitors standards in medical education. The standards and outcomes for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing school documentation and completing a range of quality assurance activities at the School and partner institutions. The GMC has revised the standards and outcomes for undergraduate medical education following an extensive consultation. Schools must comply with the standards and outcomes of *Tomorrow's Doctors* (2003) while working towards compliance with *Tomorrow's Doctors* (2009) for students of all years by the academic year 2011-12.
4. The determinations in this report have been scrutinised by the GMC's Undergraduate Board.

Introduction

5. This is a report to the GMC on the quality assurance programme for the University of Newcastle Medical School, Malaysia campus, for 2009/10.

6. Newcastle University is developing a medical school campus (NUMed) in Malaysia where it plans to deliver an undergraduate medical programme. The development of a new campus and undergraduate medical programme in Malaysia constitutes a major change to the undergraduate medical education currently provided by Newcastle University. Consequently Newcastle University are required to notify the GMC of the proposed arrangements and to confirm how the UK primary medical qualification (PMQ) delivered in Malaysia will meet the standards and outcomes of *Tomorrow's Doctors*.

7. The first two cohorts of NUMed students will spend the first two years of their programmes in Newcastle before moving to Malaysia for their third year. From 2011 all students accepted for the NUMed UK PMQ will begin studying the Newcastle curriculum on the campus in Malaysia. The 24 students in the first cohort of the NUMed UK PMQ began the programme in September 2009. The second cohort of 40 students is scheduled to start in September 2010.

8. In June 2009 the Undergraduate Board agreed a multi-cycle quality assurance model for Newcastle University's medical school campus in Malaysia that will follow the first cohort of students through to graduation. The visit team submitted a report to the Undergraduate Board on 21 January 2010, following their initial consideration of the application submitted by NUMed regarding the plans for the Malaysia campus.

9. The GMC has met with representatives of both the Malaysian Medical Council (MMC) and Quality Assurance Agency (QAA), to discuss opportunities for joint working. It has been agreed that joint working with MMC, including using an MMC representative on the visit team once quality assurance activity in Malaysia begins, would be beneficial to both parties. In addition the QAA are using the NUMed campus in Malaysia as a case study, and have agreed to the GMC using this information as appropriate to inform the visit, as well as agreeing the inclusion of Dr Gillian King of the QAA as a member of the visit team.

The QABME team

10. The visiting team members appointed by the GMC Undergraduate Board to undertake the quality assurance visits were:

Professor Peter McCrorie (Team Leader)
Professor Richard Hays
Dr Gillian King
Ms Raisha Nurani

11. Sarah Beattie and Alison Lightbourne (GMC Education Quality) supported the QABME team.



Our programme of visits in 2009/10

12. The team conducted a quality assurance visit on 2 and 3 June 2010.
 13. The findings of the team have been reached by reviewing documentary evidence submitted by the School and undertaking the following activities:
 - a. Meetings with members of the School responsible for:
 - i. curriculum development and adaptations for delivery in Malaysia
 - ii. assessment in Stages 1 and 2 and planned adaptations in Malaysia
 - iii. student support and selection, with specific regard to arrangements for the 2009/10 and 2010/11 cohorts, including careers advice
 - iv. quality management in Malaysia and student feedback.
 - b. Discussion with stage one NUMed students.
 - c. Discussions with stage one teaching staff, currently teaching the NUMed Malaysia cohort in Newcastle.
 - d. Discussions with staff who will be teaching in NUMed Malaysia.
-

The report

Summary of our key findings

14. Subject to the requirements in paragraph 17, the School is progressing appropriately to introduce Year 1 of its medical degree in Malaysia in 2011/12 to meet the standards and outcomes in *Tomorrow's Doctors* (2003) at this stage of development.

15. Given the unique context within which this degree will be delivered in Malaysia, and the development of hospital and community placements required to support its delivery, the QABME process will monitor progress during the period of study of the first cohort of students. We will also need to review the delivery of Stage 1 and Stage 2 training once this is being delivered in Malaysia.

16. Where there are requirements, the School is requested to respond to the requirement with the timelines for action within the 28 day right of reply to the report.

Requirements

17. The School is required to:

- a. Put in place further communications to ensure that current students are fully aware of their options for postgraduate training (see paragraph 65)
 - b. submit the report of the recent Mental Health review from June 2010 to the GMC (see paragraph 29)
 - c. review their approach to Objective Structured Clinical Examinations (OSCE). If the Stage 2 OSCE continues to be a summative assessment, the number of stations must be increased to improve reliability and fairness (see paragraph 68)
 - d. introduce a more formal approach to assessment blueprinting, to ensure an appropriate balance of questions in assessments. It should be clear from looking at the assessment blueprint (or blueprints) of the adaptations that have been made to suit delivery within Malaysia (see paragraph 66 and 68)
 - e. provide an update on the arrangements for the provision of student support services when the students transfer to Malaysia when this is available, in particular counselling and occupational health (see paragraphs 61 and 62)
 - f. provide an updated timeline to indicate when decisions and updates on key issues are due to be made, for example the building of the NUMed campus and staffing appointments in Malaysia (see paragraphs 50 and 51).
-

Recommendations

18. To enhance the quality of the School's programme, we have identified the following recommendations. The School should:

- a. consider piloting the key cases for learning adapted to fit the Malaysian context with the second cohort of students (see paragraph 24 and 58)
- b. consider revising the blueprinting of the teaching of professional behaviour in the curriculum (see paragraph 23).

Areas of innovation and good practice

19. We commend the School on considering the potential use of a Student Selected Component (SSC) block as an opportunity for the NUMed Malaysia students to come to the UK and gain some experience in a general practice or mental health setting within the UK (see paragraphs 36 and 45)

Priorities for 2010/11

20. The priorities we identified for the next cycle of visits in 2010/11 are to review:

- a. development of the building of the NUMed campus
- b. programme/timetable of staff recruitment
- c. curriculum delivery decisions, particularly with regard to General Practice, community health care and mental health
- d. progress towards compliance with *Tomorrow's Doctors* (2009).

Curricular outcomes, content, structure and delivery

Outcomes

21. The School's curriculum mapping document clearly shows the intended learning outcome (ILO) mapped to the curricular outcomes within *Tomorrow's Doctors* (2003). The curriculum map indicates the year (or Stage) and module for the teaching of each ILO as well as for the assessment of the ILO. The curriculum map also indicates the School's progress towards compliance of all of the outcomes for graduates in *Tomorrow's Doctors* (2009).

22. We note there are a small number of outcomes and standards in *Tomorrow's Doctors* (2009) that require further work to be included in the curriculum to be fully compliant by 2011/12. This is in common with all schools across the UK. We will review the School's progress towards compliance with *Tomorrow's Doctors* (2009) during the 2010/11 visit cycle.

23. We explored the delivery of teaching on professional behaviour, and were reassured by the staff met that this element of the curriculum was delivered in a number of ways such as through lectures and the Family Study in Stage 1, and Patient Study in Stage 2. We are concerned that there is no formal mapping document which ensures coverage of professional behaviour across the entire curriculum. We indicated that the blueprinting of the curriculum for both teaching and assessment should be revised with a view to improving this, and to formalise the coverage for professional behaviour in the curriculum in order to provide a more coherent and detailed coverage of teaching and learning in professionalism. We would be keen to see through the curriculum mapping the amendments that have been made for delivery of professionalism, according to the UK curriculum, in Malaysia.

Content

24. The students in the NUMed programme are currently training in Newcastle, and are often taught alongside students within the Newcastle Medical School programme. The content of the curriculum does not currently include the adaptations for the Malaysian context. The opinions of students within Stages 1 and 2 will need to be gauged again once the programme transfers to Malaysia, so that we can assess whether the curriculum content is deliverable in Malaysia.

The scientific basis of practice

25. We are satisfied that teaching in basic clinical sciences is integrated within the curriculum, and taught in a way that is relevant to clinical medicine. Staff within the School emphasised that although the curriculum mapping documents indicated the formal location of the teaching, application of this knowledge was implicit within the entire curriculum and throughout medical practice.

26. The document mapping the curriculum to the *Tomorrow's Doctors* (2009) outcomes for graduates, that the School submitted as part of the 2009 enhanced annual return, indicates that the School has further work to do to develop Psychology teaching within the course. A review of this to ensure that the requirements for *Tomorrow's Doctors* (2009) can be met is currently underway.

27. The School indicated that the implementation of the Newcastle curriculum in Malaysia will provide useful enhancements to the Newcastle programme. The ethnic diversity within Newcastle is limited and the School will look to the experiences in Malaysia to provide experience/case studies to further develop the Newcastle Medical School programme.

Treatment

28. We were reassured to hear that the School has identified a difference in the range of alternative and complementary therapies between Malaysia and the UK and that the range may be greater within Malaysia. We will need to assess the appropriateness of teaching once the programme is being delivered in Malaysia.

29. The School is still considering the strategy it will implement in Malaysia to provide students with experience of mental illness in Malaysia. The School has undertaken visits to a number of Mental Health providers within Malaysia, and a report is due to be produced following the fifth of a series of ongoing visits for feasibility assessment and logistic evaluations at the end of June 2010. The School must submit the report of the recent Mental Health review from June 2010 to the GMC to allow the team to better evaluate the potential challenges and possibilities for the delivery of necessary curriculum requirements relating to mental health.

Clinical and practical skills

30. We were satisfied that the teaching of clinical skills seems appropriate and were reassured by the School that appropriate staffing is in place to deliver this teaching. The NUMed students, their trainers and the School management were questioned regarding cultural obstacles to undertaking physical examinations such as inter-gender examination. The students and their teachers stated that there was no cultural barrier to such examinations and confirmed that they had been undertaken. It will be important for the team to monitor this when the students transfer to Malaysia.

Communication skills

31. We were reassured that communication skills within the curriculum are taught in a variety of ways including small group teaching and role play. The Dean for Clinical Affairs will take on the role as communication skills lead for the NUMed programme in Malaysia. The School recognises the differing role of relatives within patient care in the Malaysian context and the need for students to be aware of these cultural differences.

32. Teaching and assessments must be undertaken in English and we are concerned that the variety of languages in use in clinical practice in Malaysia could cause a potential issue. The School advised that this could be addressed through the use of interpreters within clinical practice where needed. In addition the School indicated that they were considering the use of interpreters as a part of the assessment at an OSCE station. We remain concerned, particularly with regards to the additional time the use of interpreters will add to busy clinical work periods and OSCEs, and wish to see this working in practice before we can be assured that this proposal will resolve the issues identified.

General skills

33. The School's curriculum map indicates that some further work is required before they will be fully compliant with requirements around the use of research skills. Currently the School in Newcastle runs open afternoons for students to get exposure to the opportunities available. The School reported that NUMed students could potentially access this through the RECAP system of recorded lectures.

34. The School indicated that there would be opportunities for intercalation within Newcastle which the NUMed students would be entitled to access. The School have

had preliminary conversations with Majlis Amanah Rakyat (MARA), a Malaysian government agency, regarding funding or sponsoring of NUMed students to facilitate this.

35. We also discussed the School's plans for balancing the use of placements within Newcastle with the development of research and intercalation opportunities within Malaysia, and the School indicated that discussions have been taking place with regards to collaborating with local Universities to provide student access to research environments. The School plan to start placing students in appropriate settings in 2012/13, and the team will need to review this then. The School also indicated that a Newcastle University Biomedical Science School due to open in Malaysia in 2012 could provide further research opportunities for NUMed students.

The working environment

36. We were encouraged by the investigations into Malaysian community healthcare provision and the School reported a number of options they were considering to ensure appropriate experience was gained in GP and community care. These options include the potential use of an SSC block as an opportunity for the NUMed Malaysia students to come to the UK and gain direct knowledge and experience in the NHS of a general practice or mental health setting.

37. The School is planning to deliver experience of community care through the community centre Health Clinics in Malaysia. The School indicated that these Health Clinics operate in a similar way to large primary care centres within the UK. In addition to the provision at these centres, the School will use a compare and contrast technique to address the differences between the health service provision in Malaysia and the UK. We remain concerned however about the ability of the programme to deliver clinical experience equivalent to that provided within the NHS.

38. NUMed are liaising directly with local education providers (LEPs) to organise the training provision within each location. MMC and the Malaysian Qualifications Agency (MQA) have indicated that although the arrangements and infrastructure for the LEPs providing training for NUMed students must be made between NUMed and the providers directly. The arrangements will have to comply with the *Guidelines for The Accreditation of Medical Programmes* of the Joint Technical Committee of the MMC and MQA.

39. We will need to specifically monitor the curriculum mapping and assessment blueprint as it applies to NUMed students from the third cohort onwards with regards to the delivery of appropriate outcomes for clinical experience in mental health and community care. This is because the first two cohorts of students will have spent two years within the UK, with some direct experience of community care and general practice within the NHS.

40. The provision of inter-professional learning within Malaysia is currently under review and we await the outcome of this review. Although the School consider there will be adequate experience to learn from other professionals, opportunities to learn with them is acknowledged to be a more challenging area. The School is discussing ways in which interprofessional learning opportunities might be arranged.

Medico-legal and ethical issues

41. We are concerned that NUMed students are currently being taught alongside the Newcastle programme students with no adapted teaching for the Malaysian context. The School is working on some case studies that have been adapted by a Malaysian national working within Newcastle to reflect the cultural background of Malaysia (see paragraph 58). The School plan to use a compare and contrast approach for teaching of medico-legal issues when the programme transfers to Malaysia, but will not be trialling the case-studies in the formal curriculum prior to implementation in Malaysia. The students were supportive of this approach and wanted to train with their colleagues on the Newcastle programme, as they thought this gave them a unique opportunity to debate issues with colleagues from a different cultural background.

42. Medico legal and ethical legislative training requirements for medical students in Malaysia are provided for in section 34A (Examination & Treatment of Patients By Students of Medicine) of the Malaysian Medical Act 1971. The MMC have clearly indicated that issues with regards to these requirements should be referred directly to them.

The health of the public

43. We have been reassured through data provided by the MMC, through Newcastle Medical School, that the profile of disease prevalence and the top 10 causes of mortality, admissions to hospital and infectious diseases in Malaysia is broadly similar to the UK. There are a few key differences, for example leprosy is more common in Malaysia than the UK, but outcomes required should be achievable in the face of a similar experience to public health. In addition the School acknowledged the need to arrange teaching on the specific differences in public health issues such as Dengue Fever, as a matter of urgency for students transferring to Malaysia.

The individual in society

44. The Medical School indicated that NUMed students will learn about social, cultural and equality and diversity issues through the Medicine in the Community modules in Stages 1 and 2 of the curriculum. The School has observed the service provision and approach to the treatment of patients with mental and physical disabilities in their visits to Malaysia and is confident that appropriate exposure will be available to meet the outcomes and standards. This will need to be reviewed when the programme transfers to Malaysia, in order to ensure that the equivalent experience can be gained either through direct experience or through the compare and contrast approach.

45. We were encouraged to hear that the School were considering the use of an SSC block in Stage 4 as an opportunity for the NUMed Malaysia students to gain some experience in a general practice or mental health setting within the UK. The current NUMed students were complimentary with regard to the Family Study within Stage 1 of the curriculum. The students thought the assignment provided them with

valuable experience, particularly working with people from the local community and those from a different social, cultural or ethnic background.

46. The curriculum offers a number of opportunities for experience within primary and secondary care within the UK, and the School plan to replicate this within the Malaysian context (see also paragraphs 36 and 37). Students currently have two and a half days of GP visits in Stage 1 and three half days of hospital visits.

Structure

47. There is a wide choice of SSCs available within the Newcastle programme. The School is confident that it will be able to make these opportunities available to students in Malaysia and to further expand this provision to accommodate the projected number of students once the NUMed programme is at full capacity in Malaysia.

48. The School indicated that opportunities for intercalation existed and that these would be open to NUMed students. Intercalated degrees will be undertaken in the UK. Currently the proportion of students who intercalate is approximately 15%, and the University foresee this proportion being similarly applied to the NUMed students when the programme reaches full capacity. Until the research capacity of NUMed is realised there will be a limit on alternative research opportunities, outside of those demanded by the curriculum, such as gaining an understanding of research methods and critical reviews. The School is exploring other possible collaborative arrangements.

Delivering the curriculum

Joint working with the Malaysian authorities

49. The MQA and MMC approved the NUMed programme with conditions in February 2009. NUMed staff are liaising with regulatory and government authorities within Malaysia and the CEO and Assistant Registrar of NUMed meet regularly with relevant staff at the MMC. The MMC and MQA meet quarterly at a Joint Technical Committee meeting, which comprises representatives from five government departments in total, also including the Public Service Department, Ministry of Higher Education, and Ministry of Health. The Joint Technical Committee is run by the MMC, and is responsible for discussing and making decisions about the NUMed programme. NUMed are required to send reports and updates to the Committee as requested.

Staffing for NUMed campus

50. The School provided a timeline that indicated some of the key appointments for staffing in Malaysia but must provide a more comprehensive timeline of key milestones relating to the building project, staffing and when decisions on implementation, changes, and completion of documentation, will be made.

51. A recommendation in the MMC and MQA's approval of the NUMed programme was that NUMed should consider the potential unbalancing of the

teaching workforce employed by existing medical schools in Malaysia if NUMed begin to employ local teaching staff. It was also noted that at the time of approval (February 2009) NUMed's intended total teaching staff did not sufficiently match the projected increase of the student population. The School have since reviewed their overall staffing plan, and the corresponding number of Whole Time Equivalent (WTE) staff is much higher. The relative proportions of local Malaysian/regional staff and Newcastle School staff are built into a staffing plan. There was a clear indication from the School that many senior appointments would be given to local faculty wanting a transfer to the NUMed campus, and also to Malaysian nationals currently working in the UK wishing to return home, and also of a desire to recruit local faculty to deliver the curriculum. The concerns of the MMC and MQA may be addressed through the updated timeline being provided by NUMed, but will need to be followed up as the programme and faculty become embedded in Malaysia.

Supervisory structures

52. We consider the governance structures proposed by the School for implementation in Malaysia are clear and that the links between the governance in Malaysia and Newcastle appear to be appropriate. The committee and reporting structures designed for Malaysia mirror those in place within the Newcastle programme. Each board and committee in Malaysia is accountable to its equivalent counterpart in Newcastle, and through the Newcastle equivalent, feeds into the overarching University Teaching and Learning Committee. Some members of the NUMed faculty also sit on the Board of Medical Studies within Newcastle University.

53. We note that the core management team for the NUMed programme is cognisant of the issues they face in implementing this programme within the Malaysian context. We acknowledge that the implementation of the programme is at an early stage, with the construction of the School in Malaysia still underway, but an indication of timescales for the project would be useful to indicate how the School will continue to prepare to ensure that the programme is ready to transfer to Malaysia in September 2011. The School has produced action plans and risk registers for the NUMed programme. However these must be updated to indicate the progress that has been made to date regarding building work and staff recruitment. In addition the School must add more detail to these plans about risks to and developments required for implementation of the curriculum and assessment systems in Malaysia. Where it is not possible to provide final detail at present, the School must indicate when these issues will need to be clarified, so that we can better understand the prioritisation of the issues faced by the School.

54. Quality Management systems within NUMed will mirror those employed in Newcastle. End of placement evaluation forms are collected from students, including the NUMed students training in Newcastle, and there is also a link on the Learning Support Environment (LSE) e-system for students to provide immediate evaluation. Although evaluation provided by students is anonymous, the form does contain detail on the programme the student is training in, so issues for NUMed students should be identifiable. Student evaluation is discussed at QA meetings, and NUMed will have their own QA group in order to undertake this and other roles. Feedback is provided to students and available for discussion at staff/student committees, the School plans to replicate these structures in Malaysia. Feedback is also available from the

patients involved in the Family and Patient study modules regarding students' performance. Currently this feedback is private between the patient and student, but the School is investigating making this a more formal arrangement in future.

Teaching and learning

55. The LSE provides students with access to a range of information to support their learning. This has been specifically tailored so that the LSE portal accessed by NUMed students is relevant to them. The LSE will provide students based in Malaysia with access to a wide range of electronic resources. Although the LSE will be supported by IT staff in the UK, the School is working to ensure that a mirror-site of the LSE for the students in Malaysia is also available.

56. The School indicated that it intends to place some GP or family medicine doctors within training practices in Malaysia, in order to further compensate for the different health systems between the UK and Malaysia (see paragraphs 36 and 37). These placements are being planned to acknowledge the need for students to have access to an appropriate role-model within their community placements, and the GP trainers will also be able to fulfil the feedback needs of the students. We will need to review the effectiveness of role-modelling within Malaysian placements when the programme moves to Malaysia and the placements are being undertaken.

57. Training for the local faculty in Malaysia will be carried out by some of the visiting faculty. Lead faculty members, who are experienced in training and have undertaken the formal training the trainer course run by Newcastle Medical School, will disseminate their learning to local faculty in Malaysia to develop them as trainers.

Learning resources and facilities

58. Adaptations to the programme for the Malaysian context are ongoing; we were encouraged by the description of how the key cases for learning at Stages 1 and 2 have been adapted to fit the Malaysian context, although the current NUMed cohort are not using these cases currently. The School plans to implement these when the programme moves to Malaysia. We indicated to the School that they should consider piloting the key cases for learning adapted to fit the Malaysian context with the second cohort of students. The students we met were extremely positive about their experience so far, particularly about the peer teaching they received and the LSE. We heard that significant planning is underway to ensure the functionality of the LSE is maintained and accessible in Malaysia.

Student selection

59. The standard for selection to the NUMed programme is equivalent to the standard for Newcastle Medical School. The requirement for approval set by MMC/MQA in relation to the NUMed MBBS programme, was that only 40 students should be enrolled as the first cohort in 2009.

60. We were satisfied with the selection process outlined by the School. The application process for the NUMed course involves a number of semi-structured interviews. Two selectors are present at each interview, they are provided with a set

of indicative questions around personal attributes such as commitment and a scoring framework. The two selectors at each interview independently score each candidate and then their scores are added together. There was no weighting applied to the interviews and offers are made on the basis of the interview scores.

Student support, guidance and feedback

61. There is a Student Wellbeing Service in place in Newcastle to support students with disabilities and its policies and processes will be used to support students with disabilities in the NUMed campus but the School will need to operationalise local support in Malaysia for the students. There is a government University in Malaysia which has close links with Newcastle University and the School therefore hope to be able to access some of its services.

62. The arrangements for the provision of student support services such as counselling and occupational health when the programme transfers to Malaysia are still to be finalised, but it is intended that these facilities will be outsourced to local providers. The School must provide an update on the arrangements for the provision of student support services when the students transfer to Malaysia when this is available, in particular counselling and occupational health.

63. The School reported a response rate of over 80% for their end of placement evaluation forms and the students we met on the NUMed programme were all engaging with this process. The evaluation forms, although anonymised, do contain detail on the specific site the student is being trained in and the stage of training the student is at. This allows the School to triangulate information and address issues. Data from the student evaluations is discussed at QA meetings for each base unit, so the NUMed programme will have their own QA group, and feedback is also provided to students for discussion at staff/student committees.

64. The end of placement evaluation forms have been reviewed to ensure that they are used effectively and deliver the most useful data. This has culminated in a reduction in the number of questions asked and a focus on free-text comments over pure numerical indicators of satisfaction, which should assist in isolating the reasons for overall satisfaction being reported at around 90%. In addition to the end of placement evaluation forms, there is a link on the LSE through which immediate evaluative comments can be made by students.

Training for NUMed graduates

65. Houseman training, which is the equivalent of the foundation programme in Malaysia, takes place after a student graduates from the medical programme. The Ministry of Health Malaysia provides training placements for all Malaysian graduates. The MQA confirmed that due to the growing number of Medical graduates, placements were limited to Malaysian nationals, or those related to Malaysian nationals. The MQA and School indicated that non-Malaysian graduates of local universities would also be provided training if their originating country requires them to complete such training only in Malaysia. Most students we met confirmed that they were contracted to work in Malaysia for two years, including houseman training after graduation.

Assessing student performance and competence

The principles of assessment

66. The School advised that assessment of professional behaviour at Stages 1 and 2 is through assessment of several pieces of reflective writing including that within the Family Study at Stage 1, and the Patient Study at Stage 2. The School monitors absence and lateness indicators of their students however this is not currently used as an assessment of professional behaviour. The School should revise their reporting of the assessment of the outcomes around professional behaviour to fully reflect the work they are doing.

67. The assessment system for Stage 1 includes Extended Matching Items, Data Interpretation/Problem Solving Questions, and an OSCE, together with a number of in-course assessments, and appears to be appropriate.

68. We are concerned that a seven station OSCE as a summative assessment for Stage 2 is not reliable or fair. The School must review their approach to the OSCE, particularly at Stage 2, and if the Stage 2 OSCE continues to be a summative assessment the number of stations must be increased in order to be more reliable.

Assessment procedures

69. Questions for the examinations are selected from a bank that links questions to the relevant module. The strand leaders review all exam papers once they are drawn up to ensure there is a balanced coverage across all areas of the curriculum and report back to the Chair of the Board of Examiners if they feel there is an issue. The assessment blueprint does not go down to this level, and examinations assess across a range of disciplines, for example Pharmacology might be covered as a part of a set of questions on gastrointestinal acid-reflux. The School must introduce a more detailed assessment blueprint to formalise the work done by the School and demonstrate that an appropriate balance of questions across the curriculum has been achieved.

70. The School will identify appropriate markers for each SSC dependant on the subject matter and two specialists will mark each SSC against the agreed criteria. The School plans to utilise the same pool of markers used for the Newcastle programme as well as identifying experts in Malaysia. The School is piloting the use of grade marking software this year with one of their other programmes and hopes to be able to make this process electronic when the NUMed programme moves to Malaysia.

71. We were impressed with the processes the School has in place to ensure that the assessment procedures are open and fair. Examiners use marking descriptors, which are shared with the students, to guide their marking. The examiners then map this information onto a grid that only the markers see. If a two grade discrepancy is identified between two markers, this is automatically flagged up and reviewed by a course manager.

72. We were assured by the process that the School is instigating for the use of external examiners. The current external examiners employed for the Newcastle programme will be used in Malaysia at first, but the School will also employ some faculty from other Malaysian Universities to observe examinations in Newcastle next year, so that can then be trained to work as external examiners in Malaysia in future. The School will probably require the external examiners identified in Malaysia to have trained in the UK previously, so that they have a sound knowledge of the UK system. The School also indicated that it plans to continue to use external examiners from Newcastle in the early years, in addition to the Malaysian external examiners recruited, to ensure that the standards are the same in both countries.

73. We were assured that appropriate structures and processes were planned for the training of assessors. The School reported that all examiners they use for OSCE assessments were trained for their role which includes attendance at an annual half day training session in marking.

74. New OSCE examiners are trained by the School heads and interactive benchmarking sessions are also run for them in which all attendees vote on the result and then the outcomes are discussed. The School also reported that they have stopped using examiners where issues have been found with their marking.

Appraisal

75. Feedback to students in Stages 1 and 2 is provided in a number of forms. In addition to ad-hoc verbal feedback, each student has a formal appraisal at the end of every year at which their portfolios are discussed and areas for future development are identified. Further feedback is provided following students clinical experience, for example, students in Stage 2 undertake a mini-clinical assessment at the end of their four week secondary care placement, and their clinical supervisor provides feedback after this.

76. Written feedback is provided to students by each of the two examiners following the in-course assignments in Stages 1 and 2, including the Family and Patient studies. Some students also receive a transcript of their written examinations. In addition students get a breakdown of marks from each station of the OSCE and the mock OSCE in Stage 1.

Student progress

77. The policies in place in Newcastle for dealing with students causing concern, either through academic performance or ill health, will be used in NUMed also.

78. There is an electronic system, MedSAS, for faculty that allows them to communicate and pass information between each other regarding student progress. This system allows for the immediate communication of a students' record and will be accessible to faculty in NUMed.

Student health and conduct

79. There is a unit in place at Newcastle to support students with disabilities and its policies and processes will be used to support students with disabilities at the NUMed campus, but the School will need to operationalise local support in Malaysia for the students. The arrangements for the provision of student support services such as counselling and occupational health when the programme transfers to Malaysia are still to be finalised, but the School is in talks with a local University which they hope will provide this facility.

80. Each student is designated a personal tutor. While the NUMed students currently in the UK will be allocated new personal tutors when they transfer to Malaysia, there will be four senior officers in Malaysia with whom they are familiar. The students we met were not all aware of these arrangements.

81. The students were all aware of the support services available through the School and of how they could access them. The counselling service had been introduced to them during their induction. The students were asked about their eligibility to work in the UK on completion of their postgraduate medical qualification, and most stated that they were clear they were not eligible to undertake Foundation training within the UK, and would all be undertaking further training in Malaysia.

Acknowledgement

82. The GMC would like to thank Newcastle Medical School, NUMed faculty and all those they met during the visits for their co-operation and willingness to share their learning and experiences.

RESPONSE TO FINAL REPORT OF QABME VISIT TO NEWCASTLE MEDICAL SCHOOL (NUMED CAMPUS) FOR 2009/10

Requirements	Response
<p>a. Put in place further communications to ensure that current students are fully aware of their options for postgraduate training (see paragraph 65)</p>	<p>The main routes for communicating the options for postgraduate training to current students are Induction sessions and bespoke sessions throughout the year.</p> <p>The options were emphasised at induction at the start of the 2010-11 academic year to Cohort 1 and there was a separate session for Cohort 2 at which the options were outlined.</p> <p>All MBBS students receive a transition talk between Phase I and Phase II. A bespoke session will be delivered in February 2011 for Cohort 1 which will provide detail relating to the transition from Newcastle to NUMed including a reiteration of the options for postgraduate training.</p> <p>Prospective students are informed of their options for postgraduate training in the NUMed Malaysia MBBS Programme Brochure. The wording of the 'After you Qualify' section of this brochure for 2011 Entry has been revised to accurately reflect the current legal position. Similarly the fully revised NUMed website (http://www.newcastle.edu.my) includes, under the MBBS Programme tab, a section entitled 'Career Path' which matches with the brochure text. Further, the website includes a section entitled 'Quality Assurance and Accreditation', in which NUMed Malaysia's engagement with both the GMC and MMC is outlined. Postgraduate training opportunities are discussed with prospective applicants for entry.</p>
<p>b. submit the report of the recent Mental Health review from June 2010 to the GMC (see paragraph 29)</p>	<p>This report can be found at http://mbbs-gmc.ncl.ac.uk/accounts/login/?next=/ as Document Register No 23 / NUMed Mental Health Report September 2010</p>
<p>c. review their approach to Objective Structured Clinical Examinations (OSCE). If the Stage 2 OSCE continues to be a summative assessment, the number of stations must be increased to improve reliability and fairness (see paragraph 68)</p>	<p>The School has considered this requirement. Currently the summative Stage 2 OSCE has seven stations, and contributes to the assessment of the 'skills' domain. We have considered the reliability of the 2010 Stage 2 OSCE and a reliability study has demonstrated a score of 0.777. Scores of 0.780 and 0.776 were determined for the 2009 and 2008 OSCEs respectively. We are therefore satisfied that the OSCE in its current format is a reliable assessment of skills in Stage 2 but will monitor the reliability of the OSCE scheduled for May 2011. Retrospective data will be available for the visiting team for the March 2011 visit.</p>
<p>d. introduce a more formal approach to assessment blueprinting, to ensure an appropriate balance of questions in assessments. It should be clear from looking at the assessment blueprint (or blueprints) of the adaptations that have been made to suit delivery within Malaysia (see paragraph 69)</p>	<p>The School recognises the need for a more formal approach to assessment blueprinting and this is in progress under the leadership of the Senior Tutor for Assessment.</p> <p>We have reformed the way we manage and quality assure assessment and are currently revising and making appropriate adaptations for the Malaysian context. However, the overall intention is that NUMed assessment will be as similar as possible to that in Newcastle, but where changes have to be made, they will be apparent in the blueprint.</p>
<p>e. provide an update on the arrangements for the</p>	<p>All non-academic aspects of the student experience, including accommodation, student organisations, health and</p>

<p>provision of student support services when the students transfer to Malaysia when this is available, in particular Counselling and Occupational Health (see paragraphs 61 and 62)</p>	<p>counselling services, study skills and learning styles, career guidance, and international matters, will be managed by the Dean for Student Affairs. Reporting directly to the Provost/Chief Executive Officer, the post of Dean of Student Affairs will be appointed between January and April 2011.</p> <p>To assist the Dean of Student Affairs in managing the Student Wellbeing Service, two professional Student Affairs Counsellors will be appointed by July 2011. Both these posts will be held by individuals qualified to degree level, registered and licensed in Malaysia as student affairs counsellors, with at least two years relevant experience.</p> <p>The Student Wellbeing Service will be housed within dedicated facilities within the Learning Resource Centre (the Sir Christopher Edwards Building).</p> <p>All students will be allocated a Personal Tutor from within the academic staff of NUMed Malaysia. The ~20 students of Cohort 1 transferring to Malaysia to commence Stage 3 in August 2011 will be allocated a Personal Tutor from within that group of senior staff seconded long-term from Newcastle University. A student Peer Pairing Scheme will also be put in place.</p> <p>Student Health Services (including Occupational Health) will be outsourced to a private provider. Columbia Asia, a private health company which is part of the Seattle-based Columbia Pacific group, has been providing student health services to University of Nottingham in Malaysia for some time. The newest \$22 million Columbia Asia hospital facility has been opened recently in Nusajaya as part of the Iskandar Malaysia 'medical hub'; this facility is a close neighbour of the NUMed Malaysia campus at Nusajaya, and Professor Jordan will be meeting the Columbia Asia - Nusajay General Manager, Mr Rahani Yaacob, in January 2011 to finalise arrangements.</p>
<p>f. provide an updated timeline to indicate when decisions and updates on key issues are due to be made, for example the building of the NUMed campus and staffing appointments in Malaysia (see paragraphs 50 and 51).</p>	<p>Please see Gantt chart attached which provides an indicative timeline.</p> <p>With respect to staffing, six offers have been made to non-clinical academic staff and we currently have five firm acceptances. These offers include two native Malay speakers. All individuals offered also hold an MBBS degree and have teaching experience in other Medical Schools in Malaysia. A programme of staff induction sessions will be scheduled in summer 2011 once staff have taken up their posts.</p> <p>Offers have also been made to clinical academic staff, and we are currently finalising terms and conditions with seven staff. These are a strategic mix of experienced senior clinical teachers, and younger staff in training. Four are Malaysian speakers, two have been teaching fellows delivering the Newcastle curriculum, and two are Newcastle graduates. Again, a programme of staff induction sessions will be devised according to need.</p>

Recommendations	
a. consider piloting the key cases for learning adapted to fit the Malaysian context with the second cohort of students (see paragraph 24 and 58)	Whilst NUMEd students are in Newcastle it is neither appropriate nor feasible for the School to use the adapted cases for NUMEd students but use the standard cases for all other students. This is particularly pertinent this year since at the request of the NUMEd students, they have been integrated throughout the standard seminar/practical groups i.e. are not being taught as a defined group of NUMEd students. However we plan to run a focus group to which Cohort 1 and 2 will be invited to consider the adapted Phase I cases. The adaptation of all Phase I cases has now been completed.
b. consider revising the blueprinting of the teaching of professional behaviour in the curriculum (see paragraph 23).	The School has considered the content of the Professionalism 'strand' throughout the curriculum which begins right at the start of the course, and becomes more and more integrated as the programme moves from Phase I to Phase II, where it is largely seamless within the courses and rotations. A document has been produced which brings together all the elements of professionalism teaching and assessment. This will be available to the visiting team for the March 2011 visit. The Board of Medical Studies will determine how best to communicate this information, already well signposted in individual Study Guides, to students and staff and how to use such information to identify any changes necessary to the delivery of professionalism in Malaysia.
Areas of innovation and good practice	
We commend the School on considering the potential use of a Student Selected Component (SSC) block as an opportunity for the NUMEd Malaysia students to come to the UK and gain some experience in a general practice or mental health setting within the UK (see paragraphs 36 and 45)	We thank the visiting team for this.