



هيئة ضمان جودة التعليم و التدريب
Quality Assurance Authority for Education & Training

Higher Education Review Unit

Programmes-within-College Reviews

Report

**Bachelor of Medicine, Bachelor of Surgery, and Bachelor of
the Art of Obstetrics –
School of Medicine**

**Royal College of Surgeons in Ireland –
Medical University of Bahrain –
Kingdom of Bahrain**

Date Reviewed: 20 - 22 May 2012

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Acronyms

AWG	Assessment Working Group
B. Medicine	Bachelor of Medicine, Bachelor of Surgery, and Bachelor of the Art of Obstetrics
ECTS	European Credit Transfer System
GCC	Gulf Cooperation Council
HEC	Higher Education Council of the Ministry of Education, Kingdom of Bahrain
HERU	Higher Education Review Unit
ILO	Intended Learning Outcome
MGP	Medical Graduate Profile
P&DR	Performance and Development Review
PAL	Peer Assisted Learning
QAAET	Quality Assurance Authority for Education & Training
QAC	Quality Assurance Committee
QEO	Quality Enhancement Office
RCSI-MUB	Royal College of Surgeons in Ireland – Medical University of Bahrain
SER	Self-Evaluation Report
SMAC	School of Medicine Academic Committee
SSC	Student Selected Component
TOSBA	Team Objective Structured Bedside Assessment
TOSCE	Team Objective Structured Clinical Evaluation
VLE	Virtual Learning Environment
WFME	World Federation of Medical Education

1. Programmes-within-College Reviews Process

1.1 The Programmes-within-College Reviews Framework

To meet the need to have a robust external quality assurance system in the Kingdom of Bahrain, the Higher Education Review Unit (HERU) of the Quality Assurance Authority for Education & Training (QAAET) has developed and is implementing two external quality review processes, namely: Institutional Reviews and Programmes-within-College Reviews which together will give confidence in Bahrain's higher education system nationally, regionally and internationally.

Programmes-within-College Reviews have three main objectives:

- to provide decision-makers (in the higher education institutions, the QAAET, the Higher Education Council (HEC), students and their families, prospective employers of graduates and other stakeholders) with evidence-based judgements on the quality of learning programmes
- to support the development of internal quality assurance processes with information on emerging good practices and challenges, evaluative comments and continuing improvement
- to enhance the reputation of Bahrain's higher education regionally and internationally.

The *four* indicators that are used to measure whether or not a programme meets international standards are as follows:

Indicator 1: The Learning Programme

The programme demonstrates fitness for purpose in terms of mission, relevance, curriculum, pedagogy, intended learning outcomes and assessment.

Indicator 2: Efficiency of the Programme

The programme is efficient in terms of the admitted students, the use of available resources - staffing, infrastructure and student support.

Indicator 3: Academic Standards of the Graduates

The graduates of the programme meet academic standards compatible with equivalent programmes in Bahrain, regionally and internationally.

Indicator 4: Effectiveness of Quality Management and Assurance

The arrangements in place for managing the programme, including quality assurance, give confidence in the programme.

The Review Panel (hereinafter referred to as ‘the Panel’) states in the Review Report whether the programme satisfies each Indicator. If the programme satisfies all four Indicators, the concluding statement will say that there is ‘confidence’ in the programme.

If two or three Indicators are satisfied, including Indicator 1, the programme will receive a ‘limited confidence’ judgement. If one or no Indicator is satisfied, the judgement will be ‘no confidence’, as shown in Table 1 below.

Table 1: Criteria for Judgements

Criteria	Judgement
All four Indicators satisfied	Confidence
Two or three Indicators satisfied, including Indicator 1	Limited Confidence
One or no Indicator satisfied	No Confidence
All cases where Indicator 1 is not satisfied	

1.2 The Programmes-within-College Reviews Process at the Royal College of Surgeons in Ireland – Medical University of Bahrain

A Programmes-within-College review of the School of Medicine was conducted by HERU of QAAET in terms of its mandate to review the quality of higher education in Bahrain. The site visit took place on 20-22 May 2012 for the academic programme offered by the School, this is: Bachelor of Medicine, Bachelor of Surgery, and Bachelor of the Art of Obstetrics (B. Medicine).

This report provides an account of the review process and the findings of the Panel for the B. Medicine based on the Self-Evaluation Report (SER) and appendices submitted by the Royal College of Surgeons in Ireland – Medical University of Bahrain (RCSI-MUB), the supplementary documentation made available during the site visit, as well as interviews and observations made during the review site visit.

RCSI-MUB was notified by the HERU/QAAET in March 2012 that it would be subject to a Programmes-within-College review of its School of Medicine with the site visit taking place in May 2012. In preparation for the review, RCSI-MUB conducted a self-evaluation of its programme and submitted the SER with appendices on the agreed date in April 2012.

HERU constituted a panel consisting of experts in the academic field of Medicine and in higher education who have experience of external programme quality reviews. The Panel comprised 3 external reviewers.

This Report records the evidence-based conclusions reached by the Panel based on:

- (i) analysis of the Self-Evaluation Report and supporting materials submitted by the institution prior to the external peer-review visit
- (ii) analysis derived from discussions with various stakeholders (faculty members, students, graduates and employers)
- (iii) analysis based on additional documentation requested and presented to the Panel during the site visit.

It is expected that the RCSI-MUB will use the findings presented in this report to strengthen its B. Medicine. HERU recognizes that quality assurance is the responsibility of the higher education institution itself. Hence it is the right of RCSI-MUB to decide how it will address the recommendations contained in the Review Report. Nevertheless, three months after the publication of this Report, RCSI-MUB is required to submit to HERU an improvement plan in response to the recommendations.

HERU would like to extend its thanks to RCSI-MUB for the co-operative manner in which it has participated in the Programmes-within-College review process. It also wishes to express its appreciation for the open discussions held in the course of the review and the professional conduct of the faculty in the B. Medicine.

1.3 Overview of the School of Medicine

The RCSI-MUB was set up as a result of an invitation from the government of Bahrain to support educational developments in health sciences in the Kingdom; RCSI-MUB received a license to establish a medical university in Bahrain in October 2003 and registered its first intake of medical students in October 2004. The university is wholly owned and run by RCSI-Dublin.

The B. Medicine aims to produce medical graduates with the knowledge, skills and attitudes expected of graduates of a centre of excellence. The graduate is expected to pursue postgraduate training and to assume a leadership role in their chosen area of practice in either the hospital or community health care environment. The institution has developed a Medical Graduate Profile (MGP) in which a set of defined learning outcomes have been agreed through consultation. The first cohort of 36 students graduated in 2010, the second cohort of 55 graduated in 2011 and in 2012, 66 students are expected to graduate.

1.4 Summary of Review Judgements

Table 2: Summary of Review Judgements for the Bachelor of Medicine, Bachelor of Surgery, and Bachelor of the Art of Obstetrics

Indicator	Judgement
1: The Learning Programme	Satisfies
2: Efficiency of the Programme	Satisfies
3: Academic Standards of the Graduates	Satisfies
4: Effectiveness of Quality Management and Assurance	Satisfies
Overall Judgement	Confidence

2. Indicator 1: The Learning Programme

The programme demonstrates fitness for purpose in terms of mission, relevance, curriculum, pedagogy, intended learning outcomes and assessment.

- 2.1 The Panel examined the framework of the programme, and found the aims are clearly articulated and consistent with the institution's mission. The programme is designed to ensure that the student develops a balanced perspective of community and hospital care, and acquires a sound knowledge of the principles of both the science and the art of medicine (SER: 2).
- 2.2 The five year undergraduate full-time medical programme comprises ten semesters and is divided into three cycles (Junior, Intermediate, and Senior). The programme is extended to six years, where a foundation phase consisting of two semesters is needed. The programme uses the European Credit Transfer System (ECTS), and an academic credit system based on the estimated student workload required to achieve the programme objectives and learning outcomes (SER: 3). The programme team records the credit hours for each module in the Marks and Standards document. The Panel found the programme design to provide a balance between practical and clinical care.
- 2.3 The Cycle Committee of the Programme Team monitors the workload and assessments required of students. The Cycle Committee reports to the School of Medicine Academic Committee (SMAC) and to the Academic Board (SER: 4). The Panel noted that the course modules during the foundation year include practical sessions, but, in the Junior Cycle there are few practical laboratory classes except for anatomy where the practical sessions include the use of plastic and plastinated models complemented by computerized images. During the site visit, the Panel visited laboratories, and found that the pathology and the microbiology practical components of the programme are taught by the demonstration of images on the Virtual Learning Environment (VLE). The Panel is of the view that the number of practical sessions of the pathology and microbiology need to be increased in the Junior and Intermediate Cycles.
- 2.4 The Medical School has adopted an outcomes-based approach in the curriculum which focuses on the attainment of educational outcomes (SER: 4). The Programme Team consulted academics, clinicians, students and stakeholders when they developed the 'exit outcomes' of the RCSI-MUB Medical Graduate Profile (MGP). The MGP defines the expected professional knowledge, skills, and attitudes for the medical graduates upon graduation and provides a framework for the organization, delivery, and assessment of the medical curriculum. The Panel examined all documentation and found it to be well prepared. The Medical School has defined

proper competencies and the training schedule to graduate a physician capable to take responsibility in managing patients. Outcomes are assessed and grades are distributed and documented. The Panel is of the view that the curriculum meets international norms.

- 2.5 The Intended Learning Outcomes (ILOs) in the programme specification are aligned with the school's mission and programme aims. The ILOs conform to the MGP. The programme includes elements for training students in scientific and analytic thinking. The medical programme includes all the essential basic biomedical, behavioural, social sciences, medical ethics and clinical training necessary to meet international standards.
- 2.6 The course ILOs are mapped to the programme ILOs. There is horizontal and vertical integration of courses and early introduction of clinical courses. The courses' ILOs have been aligned with assessment criteria and tasks and they are available on the VLE. During meetings at the Bahrain Defence Force (BDF) hospital, intern students indicated they are well oriented in the use of the VLE system and consider it a great support to their academic studies. The students are introduced to the National Health System in Bahrain through the Student Selected Component (SSC), and a module on Evidence Based Health Care/Public and International Health in Junior Cycle 3.
- 2.7 The students spend five semesters of a total of ten over the five years and all senior Cycle 1 and 2 in clinical settings. During these five semesters the students are introduced to the following specialities: Surgery, Medicine, Obstetrics & Gynaecology, Paediatrics and Family Medicine (SER: 6). During the site visit, the Panel found evidence that assessment and the work-based learning contribute to the achievement of ILOs. During interviews the students and alumni expressed their satisfaction with the clinical training, however, the Panel noted that there is a need to increase the work-based learning component in Paediatrics, Obstetrics and Gynaecology. The alumni also suggested exposure to some common medical specialities, such as dermatology.
- 2.8 The curriculum is delivered through different teaching methods, such as lectures, small group tutorial, practicals, small group project work, online case uploads, bedside tutorials and self-directed learning (SER: 7). These different teaching methods support the attainment of programme aims and ILOs. The Panel acknowledges the use of the VLE as a teaching method.
- 2.9 The institution defines and states the methods used for assessment of its students clearly, including the criteria for passing examinations. The Programme Team uploads all the documents of the assessment and grades on the VLE. During the site visit, the Panel found evidence that there is a clear, transparent assessment method

consistent with the Programme, including both formative and summative methods which are well described. There are multiple methods of clinical assessment which ensure coverage of a good percentage of ILOs is assessed in every course. There is a fair and transparent mechanism for grading students' achievements. There is also a system for appeal available to all students and an efficient and transparent method to assess students' feedback.

2.10 In coming to its conclusion regarding The Learning Programme, the Panel notes, *with appreciation*, the following:

- There are well documented programme outcomes and their alignment with the mission of the Medical School.
- The curriculum is well structured and is consistent with the Medical Graduate Profile.
- There is good documentation of the syllabi in terms of background, core and optional courses.
- Programme learning outcomes are aligned with programme aims.
- The ILOs of specific courses are well articulated in individual course outlines.
- Different teaching methods are used.
- There is evidence of robust and transparent assessment.

2.11 In terms of improvement the Panel **recommends** that the School should:

- increase the practical sessions in the Junior and Intermediate Cycles.

2.12 **Judgement**

On balance, the Panel concludes that the programme **satisfies** the Indicator on **The Learning Programme**.

3. Indicator 2: Efficiency of the Programme

The programme is efficient in terms of the admitted students, the use of available resources - staffing, infrastructure and student support.

- 3.1 The Admission Policy of the RCSI-MUB is clearly stated and available on the university website (SER: 31). There is clear admission criteria appropriate for the programme. The admissions' committee consists of senior administrative and academic staff. It is the responsible body for accepting students and has a clear policy and procedure for student enrolment. The institution has a policy to continue reviewing their admission requirements and maps the progress of students against entry requirements as a means to achieve this.
- 3.2 The student intake is determined by the capacity of the Medical School. In 2012 it was about 150 students. During the site visit, the Panel was informed that the maximum student intake for the programme should be less than 160 students per year.
- 3.3 There are clear lines of accountability with regard to the management of the programme. There are also clear terms of reference for all the personnel and committees that manage the programme from the module coordinator, to the academic cycle coordinator to the Dean including the Academic Board and SMAC. Meetings are facilitated with the counterpart person in RCSI-Dublin. The Panel acknowledges the continuous interaction with RCSI-Dublin in the management of the programme.
- 3.4 There is an appropriate range of academic qualifications and specializations of faculty to teach the programme in RCSI-MUB in addition to robust professional experience. The full-time staff are supported with a number of part-time clinical teachers in affiliated hospitals. The School has six clinical professorships: Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, Psychiatry, and Family Medicine.
- 3.5 The School defined four thematic areas for research that meets the needs of society in Bahrain. However the number of faculty members actively conducting research is low compared to the facilities present in the School. The institution encourages faculty members to conduct research by sponsoring their participation in conferences.
- 3.6 RCSI-MUB has a staff recruitment policy which outlines posts and responsibilities. RCSI-Dublin has developed a Performance and Development Review (P&DR) document that includes information for the academic staff in the School. All newly appointed staff have access to the policy and procedures of the School, and have to sign that they received it in their contract. The P&DR document is implemented in

the School except the part related to the promotion of faculty members. The Panel encourages the institution to implement the policy for the promotion for faculty members.

- 3.7 The VLE system and database is implemented in the School and the Panel noted that all students and faculty members are using this system. There are two other functioning data management systems; Quercus is used for the admission and performance data and Agresso is used for the data management of finances (SER: 12). The Panel appreciates the effective usage of information and communication technology in the management of the programme.
- 3.8 There is a policy and procedure for the security and management of student records and examination results. During the site visit, the Panel visited the examination room and noted the allocated space for keeping the records. The space for examination results is small compared to the amount of work done. The Panel suggests that the physical space for the storage of the examination results be increased.
- 3.9 The Panel acknowledges the physical facilities of the RCSI-MUB which include lecture halls, tutorial rooms, teaching and research laboratories, a library, information technology facilities, a clinical simulation laboratory and recreational facilities. During the site visit the Panel noted that the library is small and needs to be expanded.
- 3.10 Clinical training is done in two accredited hospitals and primary care health centres. However, the Panel noted that laboratories are not used except for the foundation years and only the anatomy laboratory is used for the Junior Cycle. The Panel suggests that RCSI-MUB consider establishing a pathology museum to complement other learning resources.
- 3.11 The institution uses a tracking system to determine the utilization of the library and the uses of VLE. There is also a centralized system to allow the institution to track student attendance.
- 3.12 There is guidance and student support for the usage of library, laboratories, e-learning and e-resources. The student welfare officer supports the personal needs of the students in the form of counselling and there is a monitoring system to follow up with the students. Students and alumni interviewed by the Panel reported satisfaction with the implementation of the Student Support Policy in the programme. However, they suggested that there is a need to establish a career guidance office. There is a policy for student representation in all committees and students are enthusiastic to serve on committees.

- 3.13 Newly admitted students to the programme receive a student handbook and attend a two-day orientation at the start of the academic year (SER: 14). In addition, all students receive a laptop and are given special training in study skills and the use of the VLE. During interviews with students, the Panel heard that they are satisfied with the orientation programme.
- 3.14 The institution has a system to track the progress of students at risk of failure through two approaches: the Cycle Director and the Student Welfare Office. During the site visit, the Panel found that the Programme Team is aware of the academic performance of students and there is an effective monitoring system. The Peer Assisted Learning (PAL) system is used to provide support for students through training students to become tutors to provide academic support and teaching clinical skills to their peers. The Panel appreciates the use of this academic student support system.
- 3.15 Teaching and learning resources are accessible through the website. The programme uses the VLE platform for the dissemination of teaching and learning materials. The Panel reviewed the on-line resources and extra-curricular activities and found them to be appropriate and fit for purpose.
- 3.16 In coming to its conclusion regarding Efficiency of the Programme, the Panel notes, *with appreciation*, the following:
- There is a clear Admission Policy and admission requirements are appropriate for the level of the programme.
 - There is evidence of clear lines of accountability for the management of the programme.
 - Information and communication technology is effectively used in the management of the programme.
 - There is an induction and orientation programme for the admission of new students.
 - There is an academic student support system.
 - Adequate learning resources are available.
- 3.17 In terms of improvement, the Panel **recommends** that the School should:
- activate the staff promotion policy
 - establish a pathology museum to complement other learning resources
 - expand the library space.

3.18 **Judgement**

On balance, the Panel concludes that the programme **satisfies** the Indicator on **Efficiency of the Programme**.

4. Indicator 3: Academic Standards of the Graduates

The graduates of the programme meet academic standards compatible with equivalent programmes in Bahrain, regionally and internationally.

- 4.1 Graduate attributes are clearly stated as learning outcomes for the programme and for each course. During the site visit, the Panel noted that reliability is achieved through using test methods that are appropriate to the mix of knowledge, skills and attitudes in assessing each examination.
- 4.2 RCSI-MUB benchmarked its programme to RCSI-Dublin and the World Federation of Medical Education (WFME). The Panel finds that benchmarking to RCSI-Dublin ensures the maintenance of the academic standards of the programme, and the standards of the programme of RCSI-MUB are conforming to the WFME. At the regional level RCSI-MUB has been recognized by the Gulf Cooperation Council's Deans' Committee. The Panel noted that all students from RCSI-MUB who had appeared for the licensure examination in Bahrain were successful.
- 4.3 The institution produces all its assessment strategies through the Assessment Working Group (AWG). There is a central guidance document for all policies and procedures related to assessment within the Medical School (SER: 17). All policies and procedures are revised annually and all marks and standard documents are published on the VLE.
- 4.4 The institution has a mechanism to ensure the alignment of assessment to learning outcomes which is described in the assessment strategy document. The Panel examined the blueprints matching the assessment to the course and to individual unit learning outcomes and found them to be appropriate.
- 4.5 The institution has a mechanism for internal programme moderation. A sample of students' scripts is examined by a moderator who ensures grades awarded are appropriate and consistent with the model answer. The institution also supplements this moderation with a moderator from RCSI-Dublin. The programme team compares MUB students' work and level of achievement to their peers in RCSI-Dublin.
- 4.6 Policies are in place for the external moderation of assessment in the form of external examiners. External examiners are involved in all aspects of assessment, including commenting on the overall assessment strategy and reviewing and commenting on examination scripts. The institution has terms of reference to nominate external examiners. During the site visit the Panel saw evidence of external examiners' reports. However, during the external examiner meeting, the Panel found a lack of awareness of the terms of reference and the reports are not written using the School's

template. The Panel suggests that examiners are briefed about the policies set in the Assessment Strategy concerning the responsibilities and function of external examiners.

- 4.7 The Programme Team uses external examiners to assure equivalence in the administration of examinations. The feedback received from the external examiners confirm the equivalence in student achievement between the graduate of RCSI-MUB, RCSI-Dublin and other international medical schools with which the external examiners are familiar. The Panel is of the view that the graduates' achievements, as demonstrated in the final results, meet the programme aims and ILOs.
- 4.8 There is no evidence to compare the ratio of admitted students to successful graduates with regional or national rates. A cohort analysis was presented to the Panel which showed that the attrition rate of the Junior Cycle in the year 2005-2006 was high (SER: 338). The Programme Team needs to review students' performance in the Junior Cycle against admission criteria at entry level and put in place further support mechanisms to address findings.
- 4.9 Work-based learning is managed using policies and procedures to ensure that the learning experience is appropriate. The institution conducts an interview with all part-time faculty members to determine their suitability before appointing them to clinical placement (SER: 18). The ILOs are described for each clinical attachment, since the clinical experience is intended to develop knowledge, skills and attitudes. Work-based learning is managed by a clinical coordinator. During the meeting at the BDF hospital, the Panel noted that a few assessment strategies like Team Objective Structured Bedside Assessment (TOSBA) and Team Objective Structured Clinical Evaluation (TOSCE) are not known to some part-time faculty members. Moreover, not all of them attended the training of the trainer workshop. The Panel suggests that the Programme Team provide part-time faculty members with an induction programme on all assessment strategies.
- 4.10 The School of Medicine has not yet established an advisory board. During the site visit the Panel saw plans to establish such a board; it has published the terms of reference and established an alumni portal for the graduates.
- 4.11 To date the programme has produced two cohorts of graduates. The Panel met with graduate students working in the BDF hospital, who expressed their satisfaction with the programme and the quality of teaching. During the site visit, the Panel saw evidence of positive feedback from the part-time faculty who supervise the interns.
- 4.12 In coming to its conclusion regarding the Academic Standards of the Graduates, the Panel notes, *with appreciation*, the following:

- The programme is benchmarked.
- There is consistent implementation of assessment policies and procedures.
- There is evidence of internal and external moderation.
- There is evidence of robust and transparent assessment and work-based learning that contribute to the achievement of ILOs.

4.13 In terms of improvement, the Panel **recommends** that the School should:

- review students' performance in the Junior Cycle against entry level requirements
- provide the part-time faculty members with an induction programme on assessment strategies.

4.14 **Judgement**

On balance, the Panel concludes that the programme **satisfies** the Indicator on **Academic Standards of the Graduates**.

5. Indicator 4: Effectiveness of Quality Management and Assurance

The arrangements in place for managing the programme, including quality assurance and continuous improvement, contribute to giving confidence in the programme.

- 5.1 The institution has a suite of policies and procedures available on the VLE (SER: 58). Documentation relating to human resource and finance issues is available on a dedicated human resource section of the VLE. The policies and procedures are effectively applied across the School. The institution periodically reviews all policies and procedures in line with guidelines and policies (SER: 58). All full-time faculty members undergo induction to familiarize them with the policies. The Panel was informed that all staff receive the policies when they sign their contracts. However, during interviews with part-time faculty members, the Panel noted that some are not aware of all the policies and procedures. The Panel suggests that the institution provide part-time faculty members with an induction on policies and procedures.
- 5.2 The programme is managed in a way that demonstrates effective and responsible leadership. An organizational chart for academic and administrative staff is uploaded on the VLE for all students and staff. Faculty members report to Cycle Directors and their Head of School. The Head of School reports to the Dean, who in turn reports to the President (SER: 21). In the School, Cycle staff meetings are chaired by Cycle Directors and any curriculum changes by Cycle Directors are forwarded to SMAC and in turn to the Academic Board. There is also evidence to suggest that the students are represented in all School Committees. The Panel appreciates the involvement of students at all levels.
- 5.3 The institution established a Quality Enhancement Office (QEO) in January 2012 to promote quality culture and enhance the development of its academic programmes. The QEO has developed and published its Quality Enhancement Strategy, which is based on the European Standards for internal quality assurance in higher education. This strategy aims at collecting feedback from faculty members, students and other stakeholders in all aspects pertaining to the quality management of the academic programmes.
- 5.4 Academic and support staff are aware of the Quality Enhancement Strategy. It is available to all staff on the VLE. Faculty members and staff are represented in the QEO. During the site visit the Panel noted that the Programme Team has developed a schedule of quality enhancement activities. However, the Institution has not yet developed a comprehensive quality assurance handbook. The Panel encourages the institution to develop its quality assurance handbook.

- 5.5 There are policies and procedures in place for the development of new programmes or modifications of the existing programmes, to ensure that the programmes are fit for purpose. Any changes in the programmes are submitted to the SMAC for discussion, and then to the Academic Board for approval. During the site visit the Panel noted that there have been some changes in some modules but at the time of review, no new programmes have been introduced.
- 5.6 Arrangements are in place for annual internal programme evaluation. The Panel was informed that periodic internal reviews of programmes take place and are reported in different ways but not in a single report.
- 5.7 There are arrangements for periodic internal and external review of programmes and associated mechanisms for improvement. The Panel noted the reports by the GCC Deans' Committee based upon the WFME goals and objectives in which it expressed satisfaction with the programme.
- 5.8 At a programme level the quality of the programme is maintained through the annual reports and external examiners' reports. During the site visit, the Panel saw some external examiner reports that recommended and suggested some improvements in the running of the clinical examination. The Panel suggests that these recommendations be followed-up and implemented.
- 5.9 There are mechanisms in place for collecting feedback from stakeholders. Student feedback is collated and shared with faculty members and students. This feedback is used in many decisions regarding the programme such as course selection, course facilities, resources and pedagogical approaches. RCSI-MUB also conducts staff surveys on an annual basis and findings are fed back to the senior management team for action and improvement.
- 5.10 There are arrangements for identifying the professional development needs for all RCSI-MUB staff. These are still relatively new. During the site visit the Panel noted evidence in the form of statistics related to staff development activities and conference attendance. In addition there is a process of staff and faculty professional review which also identifies the needs for the development of the staff.
- 5.11 Although the institution has not carried out any survey to scope the labour market, the Panel was informed that the institution is conscious and aware of the value of this input. The Panel was also informed that there are representatives in the Board of Governors from the Ministry of Health, the BDF hospital, and Tamkeen. The feedback of these different stakeholders is used to ensure the programme is relevant.
- 5.12 In coming to its conclusion regarding the Effectiveness of Quality Management and Assurance, the Panel notes, with appreciation, the following:

- There are policies and procedures in place for the development and modification of the programme.
- The programme is managed in a way which demonstrates effective and responsible leadership.
- There is evidence of student involvement in all committees.
- Internal annual programme evaluations are carried out.
- Policies and procedures are used to obtain feedback from all stakeholders.
- There is a system to collect, analyse and provide feedback on student surveys.
- Arrangements are in place for identifying professional development needs for all staff.

5.13 In terms of improvement, the Panel *recommends* that the School should:

- provide part-time faculty members with induction on policies and procedures
- develop a comprehensive quality assurance handbook
- implement the recommendations made in external examiner reports.

5.14 **Judgement**

On balance, the Panel concludes that the programme **satisfies** the Indicator on **Effectiveness of Quality Management and Assurance**.

6. Conclusion

Taking into account the institution's own self-evaluation report, the evidence gathered from the interviews and documentation made available during the site visit, the Panel draws the following conclusion in accordance with the *HERU/QAAET Programmes-within-College Reviews Handbook, 2012*:

There is confidence in the Bachelor of Medicine, Bachelor of Surgery and Bachelor of the Art of Obstetrics of School of Medicine offered by the Royal College of Surgeons in Ireland – Medical University of Bahrain.