



## **ASIIN Seal & AMSE Seal**

## **Accreditation Report**

***Doctor of Medicine and Surgery - M.D.***

Provided by:

**University of Malta, Faculty of Medicine and Surgery**

Version: 20 September 2019

# Introduction

This pilot accreditation procedure conducted at the Faculty of Medicine and Surgery at the University of Malta from April 10<sup>th</sup> to 11<sup>th</sup> 2019 is one of altogether 6 pilot procedures in various European countries, organised in cooperation between The Association of Medical Schools in Europe (AMSE) and the internationally recognized German Accreditation Agency ASIIN in 2019.

AMSE und ASIIN in this context have entered into an agreement in the wake of a decision by the Education Commission for Foreign Medical Graduates (ECFMG) in the United States of America regarding the exercise of the medical doctor profession in the country. ECFMG therein stipulates that as of the year 2023, only those graduates emanating from international medical programs which have been accredited against the standards of the World Federation of Medical Education (WFME) for basic medical education are entitled to take the United States Medical Licencing Examination (USMLE). Only upon successful completion of this three-step examination, international doctors, who comprise 25% of all medical doctors in the U.S., are entitled to practice their profession within the U.S.

Against this background, ASIIN has been commissioned by AMSE to conduct this and another five pilot accreditation procedures in Europe, testing the WFME Standards in the process. WFME uses altogether nine criteria in its standards for basic medical education. The rubrics of fulfilment of these criteria foresee so-called “basic standards” as a minimum requirement as well as more challenging “quality development standards” signalling best practice. The experts, who were jointly selected by AMSE and ASIIN, decide after the onsite visit whether and at which level these nine criteria (and their subsets) have been attained by the applicant Higher Education Institution (HEI). After completion of this procedure, ASIIN will hand over this accreditation report to AMSE. Its outcomes will be discussed by AMSE and a final decision reached, whether the basic and quality development standards of WFME have been met.

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## A About the Accreditation Process

### General Data

<b>Website of the Medical School</b>	<a href="https://www.um.edu.mt/ms">https://www.um.edu.mt/ms</a>
<b>Faculty/Department offering the Degree Programme</b>	Faculty of Medicine and Surgery
<b>Name of the degree programme (in original language)</b>	Lawrija ta' tabib tal-Medicina u l-Kirurgija
<b>(Official) English translation of the name</b>	Doctor of Medicine and Surgery - M.D.

<b>Certification Subjects</b>	
<b>Submission of the final version of the self-assessment report:</b> 08.02.2019	
<b>Date of the onsite visit:</b> 10. – 11.04.2019	
<b>at:</b> Msida, Malta	
<b>Peer panel:</b>	
Prof. Dr. Markus Schnare, Marburg University	
Prof. Dr. Harm Peters, Charité – Universitätsmedizin Berlin	
Dr., MME Sandy Kujumdshiev, Leipzig University	
Samin Sedghi Zadeh, student, University of Turin	
<b>Representative of the ASIIN headquarter:</b>	
Dipl. Phys. Rainer Arnold	
<b>Responsible decision-making committee:</b> AMSE Executive Committee	
<b>Criteria used:</b>	
European Standards and Guidelines as of 15.05.2015	
WFME Global Standards for Quality Improvement: Basic Medical Education 2015	

## B Characteristics of the Degree Programme

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF <sup>1</sup>	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Doctor of Medicine and Surgery	Medical Doctor (M.D.)		7	Full time	-	10 Semester	300 ECTS	every October

For the MD programme Medicine and Surgery the University of Malta (UM) has presented the following profile on its webpage:

“The Doctor of Medicine and Surgery is a five-year degree course. The content is delivered as modules, which are largely based on systems. The course is divided into preclinical and clinical phases, which are spread out over several semesters. The teaching and learning is a mix of traditional didactic teaching, such as lectures, tutorials and small group teaching as well as problem based learning where appropriate. In the preclinical years, the programme also includes practical sessions (e.g. anatomy dissection) and in the clinical years bedside teaching, shadowing, observation, skills training, theatre, and ward attendance.

Primarily the course is intended for students who completed their higher secondary education and satisfy both the General and the Special Entry Requirements and who would like to pursue a career in Medicine. The course however could also be followed by any graduates in other health professions as detailed in the Regulations of the MD Course.”

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<sup>1</sup> EQF = The European Qualifications Framework for lifelong learning

## C Analysis and Findings of Peers

### 1. Mission and Outcomes

<b>Criterion 1.1 Statements of purpose and outcome</b>
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**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- Module descriptions
- Diploma Supplement
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The programme's intended learning outcomes are easily accessible to all stakeholders through their publication on the programme's website. The objectives are divided into those for level 1 (the first two years of studies) and those for level 2 (the last three years of studies). However, the auditors are not able to clearly differentiate between the two levels and consider the description not well structured or concise.

In addition, the peers do not see in what official regulation the intended learning outcomes are anchored. The Diploma Supplement also includes a short description of the learning outcomes. However, they are not aligned with those mentioned on the webpage and do not make transparent what qualifications the graduates should obtain.

In general, the objectives and learning outcomes of the degree programme should be outlined in a brief and concise way. In addition, they should be binding and easily accessible to all stakeholders, i.e. to students, teaching staff and anyone else interested. The currently published objectives and learning outcomes do not fulfil these requirements. They should be re-drafted and aligned with UM's mission statement.

During the discussion with the programme coordinators, the auditors learn that The Faculty of Medicine and Surgery has developed a new mission statement: "Medical doctors

graduating from the University of Malta will be competent professionals who are safe to work in supervised clinical practice. They will be patient centred, hold a population needs and systems improvement perspective, and communicate well with honesty, compassion and respect. They will be able to make safe, timely and ethical decisions, strive for excellence and work effectively in a multi-disciplinary environment. They will be self-directed, reflective, life-long learners with the ability to critically appraise, adapt to and apply evidence, know their own limitations and be accountable for their actions.” The auditors acknowledge that this new mission statement for the MD programme clearly outlines its aims and objectives. However, the auditors do not see how the intended competence profile of the degree programme has been developed (regarding launch of the process, procedure, participants).

As a result, the Faculty of Medicine and Surgery should formulate a comprehensive mission statement for the MD programme that clearly outlines its aims and objectives. The draft, as presented during the audit, is a good starting point, but it should be verified with the stakeholders, aligned with UM’s general Mission Statement, be included in the Diploma Supplement, and finally published on the Faculty’s website.

### **Criterion 1.2 Participation in the formulation of mission and outcomes**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

According to the Self-Assessment Report, several bodies (Board of Studies, Faculty Board, Programme Validation Committee (PVC), Academic Programmes Quality and Resources Unit (APQRU), University Senate) at the University of Malta are involved in the programme validation process.

There are two main stages in academic programme planning. Stage 1 concentrates on the practicality and feasibility of the idea generated within the overall vision and strategy of the University. Stage 2 focuses on the design and detailing of the academic programme given that the original idea has been approved in principle by the Senate.

In addition, the Faculty has regular meetings with representatives of the Malta Medical Students Association (MMSA) and with students from the MD programme. The students have a voice in the decision-making process and are nominated or elected on the Board

of Studies and the Faculty Board in accordance with the General University Undergraduate Regulations.

The peers confirm that there is a well described and established process for designing and validating new programmes, however they cannot see how the objectives and learning outcomes have been developed and who was involved in the process. For this reason, the auditors expect that all principal stakeholders participate in formulating the mission statement and that a process is established for verifying and further developing the mission statement.

### **Criterion 1.3 Institutional autonomy and academic freedom**

**Evidence:**

- Self-Assessment Report
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The University of Malta has full institutional autonomy and is able to formulate and implement policies and degree programmes according to their own agenda. Thus, academic freedom is given.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 1:**

The peers judge the new mission statement to be suitable and appreciate the changes to the learning outcomes.

The peers consider criterion 1 to be fulfilled.



## 2. Educational Programme

<b>Criterion 2.1 Curriculum model and instructional methods</b>
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**Evidence:**

- Self-Assessment Report
- Study Plan
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-0>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The curriculum of the MD programme includes basic sciences and clinical sciences but also covers leadership and professionalism as well as issues relating to health and society. The curriculum is covered through class and small group teaching as well as practical hands-on clinical skills through clinical placements in a number of health settings, which are both hospital and community based. Students are guided in developing desirable attitudes and behaviours through appropriate role modelling. Throughout the five years of training appropriate assessment processes ensure that only students whose performance, skills, competences, attitudes, and behaviours meet the standards required of a practising doctor are able to complete the programme.

The programme has the following modes of teaching: lectures, small group teachings, clinical skills sessions, simulation sessions, clinical placements, and seminars. Computer based instruction via the Virtual Learning Environment (VLE) supplements the attendance-based classes.

The auditors discuss with the programme coordinators the recently established “shadowing programme”. The shadowing programme was introduced to the second semester of the final year in order to facilitate the transition from student to doctor (from studying at UM to joining the Foundation Programme). Students shadow young doctors and perform medical tasks under supervision to enhance their preparedness and their confidence in assuming the role of a doctor on completion of their studies. The supervision takes place on a one to one basis with a foundation doctor. Student shadow “their” doctor for four

weeks. The concept is similar to an apprenticeship. The shadowing programme has been introduced last year and the feedback from the students was very positive.

According to the academic regulations, attendance for lectures, tutorials, seminars, practical, laboratory and clinical placements, and any other teaching session in whatever mode is obligatory for students. At least 80% of the classes have to be attended; the teachers keep attendance lists for each class. Students that fail to attend the classes may be excluded from the final exam and thus may fail the class. Eleven departments carry out teaching in the MD programme.

The auditors confirm that the MD programme has a defined study plan and the curriculum ensures that students are prepared for lifelong learning. Furthermore, they point out that the curriculum model should be oriented towards qualification objectives and it should be made transparent at which point in the degree programme the competence areas named in the mission statement are depicted and how they are conveyed.

In addition, the individual forms of teaching and learning (lectures, tutorials, seminars, electives, project work, small group teaching, OSCE) need to be defined in a way that students know what to expect.

### Criterion 2.2 Scientific method

#### **Evidence:**

- Self-Assessment Report
- Study Plan
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The curriculum of the MD programme includes the study-unit “Anatomy and Physiology Projects” in the second year of studies as well as a class on “Research Skills” in the third year. Students are required to prepare an Anatomy Project, which carries 50% of the assessment weighting and the other 50% of the weighting is on an essay on a Physiology and Biochemistry topic. As stated in the module description “The aim of the anatomy project is to show a deep understanding of any particular aspect of anatomy, histology or embryology through the presentation of a piece of work related to the study and understanding of the human body.” The class on Research Skills introduces students to aspects of research in medicine and gives an overview of basic epidemiology principles. It also

familiarises students with qualitative research and aspects of medical statistics are discussed to expose students to the methods used in scientific papers.

In addition, since the academic year 2018-19 students who have completed their second year of studies have the opportunity to interrupt their studies and follow an intercalated year, which is focused on research. During this year, students are introduced to lab and research activities and have to conduct two research projects.

The auditors confirm that students learn the principles of scientific methods and are introduced to medical research methods and evidence-based medicine.

### Criterion 2.3 Basic Biomedical Sciences

#### **Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

As described in the curriculum, the MD programme encompasses several classes covering the different aspects of basic biomedical sciences. In the first two years of studies students have classes such as “Pharmacology”, “Microbiology”, “Anatomy Practical Skills”, “Integrated Biomedical Sciences”, “Molecular Biology and Genetics”, and “Cell Biology and Biochemistry”.

The integration of new developments in the field of biomedical sciences into the core content of the programme is ensured through active participation of researchers in the design of the programme and its content.

The peers confirm that the curriculum incorporates basic biomedical sciences and that students are introduced to fundamental biomedical concepts and methods.

<b>Criterion 2.4 Behavioural and social sciences and medical ethics</b>
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**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The following study-units deal with behavioural sciences, social sciences, medical ethics, and medical jurisprudence: “Medical Leadership - Interpersonal Communication Skills and Teamwork”, “Medical Leadership - Intrapersonal Communication Skills 1”, “Medical Leadership - Intrapersonal Communication Skills 2 and Reflective Practice”, and “Medical Leadership and Psychological Aspects of Health Care”. The peers see that there is a focus on “Medical Leadership”, although this is a rather vague term and its definition remains unclear. It might be a good idea to introduce a study-unit on psychology, social behaviour and legal aspects. The goal is to familiarise students with the changing scientific, technological, demographic and cultural contexts, and what the anticipated needs of the society and the health care system are.

The auditors discuss with the programme coordinators if there is a lack in social sciences and ethics and how students are introduced to evidence based medicine, health promotion and preventive medicine. They learn that some of these aspects are covered by the courses on Family Medicine, Public Health, Clinical Practise I, Clinical Practise II, and Palliative Care. However, it is not made transparent, neither in the Self-Assessment Report nor in the study-unit descriptions, in what courses behavioural and social sciences and medical ethics are taught. This is a typical example how the goals mentioned in the mission statement (e.g. ethics) should be broken down to the specific classes that cover these topics. In addition, the newly drafted mission statement explicitly mentions that graduates of the MD programme should have the ability to “apply evidence”. As the programme coordinators explain, evidence based medicine is part of the course on Research Skills and the Anatomy and Physiology Project. The auditors point out, that it should be made transparent what is expected from students and what the standards for evidence-based medicine are. This would also facilitate the critical review of the students’ log-books.

For this reason, the auditors ask the Faculty of Medicine and Surgery to provide additional documents describing in detail how evidence based medicine, behavioural and social sciences are covered by the curriculum.

<b>Criterion 2.5 Clinical sciences and skills</b>
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**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-0>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Clinical sciences and skills are introduced early on during the MD programme through students' exposure to the clinical setting and through the provision of a well-supported clinical environment. Bedside teaching in small groups as well as simulation equipment are used to expose students to the application of clinical science.

In addition, students learn about health promotion and preventive medicine as part of the module "Public Health" study-unit. Attendance at smoking cessation clinics, exercise clinics for claudication, school visits expose students to the importance of health promotion and preventive medicine.

Supplementing the lectures, small group teaching (clinical skills sessions, simulation sessions and case-based scenarios) are conducted during the clinical years of the MD programme. Students are required to attend clinical placements on rotation basis in the specialties (Medicine, Pathology, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, and Family Medicine).

Most of the Faculty's academic staff members have a number of years of clinical experience. In addition, there are also new teachers who are currently pursuing a doctoral degree. Students generally make positive comments on the academic teaching and the research and/or clinical experience of the teachers. Most of the Faculty members are themselves actively involved in research activities and supervise doctoral or master students.

The auditors confirm that students acquire sufficient knowledge and clinical and professional skills and spend a reasonable part of the programme in planned contact with patients.

### **Criterion 2.6 Curriculum structure composition and duration**

#### **Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-0>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The programme extends over a period of five years and is divided into two parts: the Pre-Clinical Part, of two years' duration, that is, Years 1 and 2 and the Clinical Part, of three years' duration, that is, Years 3, 4 and 5.

The study programme for each year comprises study-units to which 60 ECTS credits are assigned and include practical, laboratory and clinical placements as detailed in the description for each study-unit on offer during the year.

The study plan and the study-unit descriptions (module descriptions) are available through the university's website. The study-unit description includes information such as the aims, description, learning outcomes, the bibliography, the methods of teaching and assessment, and the names of lecturers involved in teaching.

The MD curriculum does not include any electives. All study-units are compulsory. However, students are encouraged to attend medical elective placements or exchanges abroad during the summertime. Some students take the opportunity to attend Optional Summer Attachments, which are organised by the Faculty. In 2018, 133 medical students have attended an Optional Summer Attachment.

The auditors analyse the study-unit descriptions (module descriptions) and observe that they do not include all necessary information. First, the module descriptions do not include any information about the number of contact hours, the amount of self-studies and the methods of teaching (lectures, tutorials, seminar, and small group teaching). Thus, the

students' total workload and the conversion into ECTS is not transparent. Second, only the lecturers are mentioned but not who is responsible for the class (study-unit coordinator) and the exact form and length of the exams are not mentioned.

During the discussion with the programme coordinators the auditors learn that all this information is available for each study-unit, but it is not included in the published module descriptions. For example, UM awards 1 ECTS per 25 - 30 hours of students' workload. Therefore, the auditors expect UM to publish all relevant information in the study-unit descriptions.

<b>Criterion 2.7 Programme management</b>
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**Evidence:**

- Self-Assessment Report
- Transcripts of Board of Studies Committee meetings
- General Regulations for University Undergraduate Awards

**Preliminary assessment and analysis of the peers:**

There is a Board of Studies for the MD programme; its tasks are:

- (a) implementing the regulations and bye-laws governing the Programme,
- (b) subject to the general directions given by the Board concerned;
- (b) monitoring and evaluating the Programme;
- (c) making proposals to the Board for the revision of the Programme; and
- (d) monitoring the assessments and the procedures used in the assessment of the performance of the students.

The Board of Studies (with two student members) has an advisory role and makes recommendations to the Faculty Board, which is chaired by the Dean of the Faculty. Students are also represented in the Faculty Board, which is the decision-making body of the Faculty.

The academic members of the Board of Studies are nominated by the Dean based on their professional and academic background and subsequently need to be approved by the Faculty Board and the University Senate. The two students' representatives on the Board of Studies are nominated or elected by fellow students following a call issued by the Faculty. Similarly, their appointment is approved by Faculty Board and subsequently by the Senate.

The further details are regulated in the General Regulations for University Undergraduate Awards.

<b>Criterion 2.8 Linkage with medical practise and the health sector</b>
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**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The Chairman of the Board of Studies is also one of the Malta Foundation Programme Directors and thus has direct experience on the quality of the graduates. He is in a position to identify the shortcomings and has been instrumental in making recommendations on how these can be addressed. The ongoing feedback is translated in constant but steady improvements. The Dean of the Faculty of Medicine and Surgery also sits on the Malta Foundation Programme Board having direct input and feedback from the programme that takes the majority of medical graduates. The Faculty also receives feedback from employers during the annual Stakeholders' Meeting.

There have been several changes in the MD programme in the last years due to feedback from teachers, students and other stakeholders. For example, the Optional Summer Attachments were introduced to give students more clinical experience, a neurology seminar and a class on pharmacology were introduced. Other changes are described in detail in the Self-Assessment Report.

After completing the MD programme most of the graduates continue their medical education by joining the Malta Foundation Programme. Several other graduates are accepted by the UK Foundation Programme and are placed in foundation training posts throughout the UK. Following successful completion of the Foundation Programme, medical students get their licence to practice from the Malta Medical Council or from the General Medical Council in the UK.

As described in the Self-Assessment Report, the Faculty of Medicine and Surgery supports the students through their application process for entry in both Foundation programmes, by providing them with the possibility of sitting for the Prescribing Safety Assessment



(PSA). This assessment is organised by the British Pharmacological Society and the Medical Schools Council. Although, this assessment is not obligatory, it helps students to sit for this international examination which can be used as a benchmarking mechanism that gauges the performance of UM's students vis-à-vis that of other Medical Schools in the UK and Ireland.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 2:**

The peers acknowledge that UM has drafted tables that show the actual students' workload for each module. These tables will be made available for students at the beginning of the academic year 2019-20. In addition, the respective tables will be uploaded on the Virtual Learning Environment (VLE).

The peers confirm that the study unit descriptions have been updated and now show in what courses behavioural and social sciences and medical ethics are taught. In addition, information about the workload, the teaching methods, and the form of assessment have been added. The new study-unit descriptions will be available online.

The peers consider criterion 2 to be fulfilled.

### 3. Assessment of Students

<b>Criterion 3.1 Assessment methods</b>
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**Evidence:**

- Self-Assessment Report
- Module descriptions
- General Regulation for University Undergraduate Awards
- University Assessment Regulation
- Examination timetables
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

The methods of assessment and the weighting if there is more than one component for each study-unit are indicated in the respective module description and published on the University's webpage. The grade for each class takes into account all assessment components. In any academic year students who fail a class are allowed a supplementary assessment in September of the same year. If she or he fails also more than 10 ECTS credits

following the second attempt in September it is necessary to repeat the whole year. There are a few students whose performance fails to reach the minimum standard and these are then required to repeat the year. The regulations allow students to repeat a year once in each of the two parts of the course, once in the pre-clinical years and once in the clinical years.

When students present a medical certificate or a valid reason approved by the Senate, the student is excused from sitting the first attempt and is allowed to sit for the same assessment during the supplementary session as a first attempt.

The Faculty of Medicine and Surgery provides additional support to students who fail one or more of the assessments of the clinical skills. To increase the chances of getting a pass during the resit session in September and to address any deficits in the students' clinical skills the respective department designs a tailor-made revision programme for each student. This also includes one-to-one coaching where the student is given feedback and is closely supervised.

Assessment of the first semester classes is held between late January and the beginning of February, while the examinations of the second semester classes are scheduled between the end of May and the end of June.

The supplementary session gives students the opportunity who failed in one or more study-units in the first or second session of examinations to re-sit the failed study-unit(s) in the first half of September.

The peers also inspect a sample of examinations and project papers and are overall satisfied with the general quality of the samples. They conclude that the examinations are suitable to verify whether the intended learning outcomes are achieved or not.

### **Criterion 3.2 Relation between assessment and learning**

#### **Evidence:**

- Self-Assessment Report
- Module descriptions
- General Regulation for University Undergraduate Awards
- University Assessment Regulation
- Examination timetables
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

Forms of assessment include written examinations (multiple choice questions, short answer questions), oral examinations, assignments, portfolios, logbooks, participation in

small group discussions, clinical and practical examinations, and the Objective Structured Clinical Examination (OSCE). During final clinical examinations there are two examiners at a time examining the same student. There are multiple stations for each clinical examination such that each student is assessed by various observers with two examiners present at each station. For the clinical scenarios live patients are used, which brings the medical examinations, diagnosis and management closer to real life practice.

The methods of assessment are indicated in the study-unit descriptions. However, the examination form is usually communicated to the students around two months prior to the examination weeks.

Students, who obtain less than 45% have failed the study-unit and are automatically eligible to sit for the second attempt of the examination during the supplementary examination session in September of the same year.

### **Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 3:**

The peers consider criterion 3 to be fulfilled.

## 4. Students

### **Criterion 4.1 Admission policy and selection**

#### **Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit
- Admission regulations

#### **Preliminary assessment and analysis of the peers:**

As described on UM's webpage applicants must satisfy the General Entry Requirements for admission, namely, the Matriculation Certificate and Secondary Education Certificate passes at Grade 5 or better in Maltese, English Language and Mathematics. Applicants must also satisfy the following Special Course Requirements:

(a) be in possession of passes in the Matriculation Examination at Advanced Level at Grade B or better in Biology and Chemistry and

(b) be in possession of a pass in any subject taken in the Matriculation Examination at Intermediate Level and obtained at Grade B or better except for Environmental Science and Systems of Knowledge,

(c) (i) Maltese applicants who, in terms of paragraph (5) of regulation 12 of the Admissions Regulations 2016 are exempted from possessing a pass in Secondary Education Certificate in Maltese are required to present the Medical Maltese Proficiency Certificate awarded by the University of Malta prior to the commencement of the Course, and

(c) (ii) non-Maltese applicants are required to present the Medical Maltese Proficiency Certificate awarded by the University of Malta, or a pass in the study-unit in Medical Maltese as part of the Certificate in Medical Foundation Studies course, prior to the commencement of the Course.

The Maltese language test has been introduced, because it is important for doctors to speak also Maltese during communication with the patients. Although most Maltese are bilingual a lack of language proficiency may lead to legal issues if there are some complications during patient treatment. In addition, UM offers a language programme for foreign students, which want to study at UM and need to acquire the language certificate.

In summary, the auditors find the terms of admission to be binding and transparent. They confirm that the admission requirements include a practice for admitting disabled students and that UM has implemented regulations for transfer students from other programmes and institutions.

<b>Criterion 4.2 Student intake</b>
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**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-O>
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit
- Admission regulations

**Preliminary assessment and analysis of the peers:**

From 2012 to 2018, the intake in the MD programme varied between 142 (in 2015) and 202 (in 2013). Among the accepted students between 88 % and 60 % were from Malta while the rest came from countries such as UK, other EU, Gulf states, and other non-EU. The by far largest number of international students come from the UK, but as indicated in the Self-Assessment Report, there was a sharp drop in the number of accepted British students from 2015 and later (from a maximum of 59 in 2013 to only 8 in 2015). This is due to the fact, that since 2015 international applicants who do not present the Certificate in Medical Foundation Studies are required to present a Certificate in Medical Maltese Proficiency awarded by the University of Malta.

The highest demand for the MD programme is from Maltese applicants. They want to study in Malta, because they do not have to pay any tuition fees, can get a stipend throughout their 5 years of study and are able to live at home with their family.

Tuition fees are also waived for European Union citizens, which explains the demand for entry from these countries.

As the programme coordinators confirm, the MD programme is not capped. All eligible applicants are accepted for entry into the MD programme. The number of applications is currently not rising and additional restriction could be put into place for non-EU students if their number would increase significantly. As the peers learn during the audit, the Faculty's goal is to have a maximum of 200 new students every year. This number is determined by the number of available teachers and facilities, especially in the clinical classes and needs to be observed in order to sustain the quality of education. If there were an upward trend in applications, adjustments to the admission requirements would have to be made.

<b>Criterion 4.3 Student counselling and support</b>
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**Evidence:**

- Self-Assessment Report
- General Regulations for Undergraduate Awards
- Discussions during the audit
- Orientation Programme M.D. First Year Students

**Preliminary assessment and analysis of the peers:**

UM offers a “freshers’ programme” for the first year MD students, which is designed to better prepare new students for the academic life at UM in general and specifically for

the requirements of the MD programme. It includes visiting the different facilities at UM, speaking with the Dean of the Faculty of Medicine and Surgery, an introduction to the MD Regulations, information on professional medical standards and clinical practise, and an introduction to learning techniques.

In addition, new students receive the “Guidelines for Medical and Dental Students: Professional Values and Fitness to Practice” published by the Malta Medical Council in 2010. This booklet is like the code of conduct of a medical student, which specifies the expected attitude and behaviour of a medical student.

Another tool which facilitates the medical student’s life at the University is the Handbook for the Pre-Clinical Years, which includes information such as the academic calendar, details about the dress code, an introduction to the course content including the programme of studies, important links and resources etc.

The Self-Assessment Report includes a detailed table summarising what services, facilities and support is provided to all students enrolled in one of the programmes offered by UM as well as the particular services and support infrastructure of the Faculty of Medicine and Surgery.

Finally, the Faculty of Medicine and Surgery is currently working on the establishment of a mentoring programme, with the goal to better guide students and to provide personal advice in case of problems and academic difficulties. The mentoring system will include one academic advisor for the pre-clinical years and one for the clinical years. It also requires training the mentors. The system will be established step by step within the next few years.

The peers see that the members of the teaching staff are available on any issues regarding the degree programmes and offer academic advice. They appreciate this “open door policy” and also notice the dedication of the teaching staff. There are enough resources available to provide individual assistance, advice and support for all students. The support system helps students to complete their studies successfully and without delay. The students are well informed about the services available to them.

### **Criterion 4.4 Student representation**

#### **Evidence:**

- Self-Assessment Report
- General Regulations for Undergraduate Awards
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

There is a Student's Council called Kunsill Studenti Universitarji (KSU) at UM. Its goals are

- to represent students in whatever issues concern them, whether it is on a national or international level,
- to serve as an official link between students and the relevant authorities,
- to achieve the democratization of education in Malta,
- to coordinate activities with other organizations,
- to cultivate an interest in students in the fields of education, socio-political and cultural issues, and
- to pressure authorities into assuring the highest level of quality in Higher Education.

If there are issues with respect to classes, students can also address the lecturer or the Head of Department. For more serious matters students can direct their complaint to the Faculty Board, or the Ombudsman. Finally, students may submit an anonymous online complaint form.

The students have a voice in the decision-making process. Two students are nominated or elected on the Board of Studies of the MD programme in accordance with the General University Undergraduate Regulations. Another two students are nominated or elected as members of the Faculty Board. Furthermore, the Faculty has regular meetings with representatives of the Malta Medical Students Association (MMSA) and with class representatives.

UM's Senate has five student members, which are elected by and from among UM's students, at least two of whom shall be post-graduate students. Finally, students are also eligible to be members on the University Council, which is the supreme governing body of UM. One of the current two student members of the University Council is a third year medical student.

UM has established the Athlete Support Programme in order to support students who participate in national and international sports competitions. Support includes mentoring and adjustments to the teaching timetable to accommodate their training as well as the possibility to request examinations to be held at a different date.

The peers observe that students at the Faculty of Medicine and Surgery are involved in all study related panels and thus actively participate in evaluating and further developing the MD programme.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 4:**

The peers consider criterion 4 to be fulfilled.

## 5. Academic Staff/Faculty

### Criterion 5.1 Recruitment and selection policy

#### **Evidence:**

- Self-Assessment Report
- Collective Agreement for Academic Staff
- Malta Education Act
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

At UM the academic staff members hold different positions: professor, associate professor, senior lecturer, and lecturer. All of them should have a doctoral degree. Most of the teachers are qualified doctors and have continued or are continuing their studies and specialisation and are listed in the Specialist Register.

The policies that regulate staff recruitment and selection are agreed upon by the University's management and the unions of the academic, administrative, technical and industrial staff respectively. Promotion from one academic level to the next e.g. from senior lecturer to associate professor takes all aspects of academic duties and responsibilities (teaching, research, administration and development) into consideration. Regulations on the appointment, promotion etc. of the academic staff members are stipulated in the Malta Education Act and the Collective Agreement for Academic Staff.

The auditors discuss with UM's management and the programme coordinators how new staff members are hired and what are the requirements with the respect to qualification of staff members. The recruitment of new teachers is a shared responsibility between the Faculty of Medicine and Surgery and UM's Department of Human Resources Management and Development (HRMD). Every year in July the Departments determine how many teachers are needed and this information is related to HRMD. All vacancies for resident academic posts and visiting teaching posts are advertised through an open call for applications. The turnover rate is rather low; less than 10% of the teachers need to be replaced every year. The demand is rather high; many junior doctors are very interested in teaching, so it is no problem for the Faculty to find enough qualified teachers.

Most of the academic staff members are part time teachers (in the clinical classes), only a few are working full time at UM. After four years of uninterrupted service a visiting teacher is eligible for a permanent post, before that they have to reapply every year and are on probation. Students' feedback is taken into account while deciding on prolonging the employment of the clinical teachers (availability for students, teaching methods, etc.).



Academic members who have a teaching academic effort of less than 28 hours a year are employed on casual basis. The appointment of visiting academic members of staff could vary on an annual basis and it is at the discretion of the Head of Department.

Each Head of Department is responsible for the assignment of teaching hours to the academic members of her/his Department. Because most of the academic members of the Faculty engaged in the teaching of the courses in the clinical years are Clinicians, they hold a part-time visiting academic post with the Faculty.

As the programme coordinators confirm, there is no complete staff handbook; however, the website of each Department includes a list of Council-appointed academic staff members who teach with the respective Department.

The students confirm during the audit that there are enough staff members and the teacher-tutor ratio ensures that the students have sufficient exposure to practical patient care and that teachers can dedicate enough time for each student (small group teaching). The teachers point out that it is very important for students to have sufficient hands-on experience and problem-solving skills.

As mentioned in the Self-Assessment Report, the Faculty is concerned “that there are instances when an academic member contributing to the teaching of more than one department is still considered as a casual lecturer as she/he is not allowed to add the academic effort of one department to another.” This means the total teaching load is above 28 hours per year, but it is divided between different departments. These teachers cannot receive a permanent position, which the programme coordinators consider unreasonable. Obviously, this is a union issue and needs to be regulated with the next collective agreement between UM and the unions. The auditors support this point of view and think it would be consistent to allow all teachers with a teaching load of more than 28 hours per year to achieve a permanent position.

The auditors observe that the teachers are professionally qualified and their qualification profiles fit well with the focus of the MD programmes. Clinical expertise and activities are well integrated into the curriculum, which leads to a good interaction between teaching and patient care. The auditors explicitly laude the involvement of junior teachers in training the students and the supervision by senior teachers.

<b>Criterion 5.2 Staff activity and development policy</b>
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**Evidence:**

- Self-Assessment Report

- Collective Agreement for Academic Staff
- Malta Education Act
- Discussions during the audit

### **Preliminary assessment and analysis of the peers:**

The Office of Professional Academic Development (OPAD) at UM organises mandatory Continuous Professional Development (CPD) courses for lecturers before they are promoted to senior lecturers. UM also organises a course “Foundations of University Teaching & Learning” with the goal of supporting teachers in developing an integrated understanding of teaching methods and learning issues and enhance their didactic abilities. The course provides early career academics with a solid foundation in the practical principles of teaching and learning and exposes experienced academics to a variety of new teaching approaches and techniques. In addition, with effect from academic year 2017-18 the Faculty of Medicine and Surgery offers supplementary CPD sessions and plans workshops on specific areas such as professionalism and assessment. The Learning Technologies Unit within UM’s IT Service offers workshops related to instructional technologies (VLE, Plagiarism Detection, Lecture Capture etc.). This unit also delivers pedagogical training related to hybrid/online teaching and learning.

Furthermore, academic staff members are entitled for receiving funding for participating in local and international conferences, access to specialised journals, membership of professional organisations, the provision of books, equipment etc. Full time staff members are entitled for a sabbatical every 6 years. The auditors observe that most of the staff members have spent some time abroad and have been exposed to medical education outside Malta. Staff members can take part at ERAMUS+ programmes and visit medical schools in other European Countries (e.g. France, UK). Moreover, young doctors are encouraged to pursue a PhD and engage in research activities. UM offers scholarships and awards internal research grants to teachers who are carrying out scientific research activities. Finally, it is also possible to apply for grants from the EU. Teachers are motivated to engage in research activities, because it is an important criterion for being promoted to a higher academic level.

In general, there are good opportunities for teachers to further developing their didactical skills and teaching methods. Nevertheless, the auditors ask UM to submit a detailed description of the courses and workshops that are offered for teachers to promote their teaching abilities. This information was not included in the Self-Assessment Report.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 5:**

The peers support the Faculty's effort to make possible that academic members who have a minimum of 28 hours of teaching per year with two or more departments of the same Faculty will be eligible to a Council appointment.

UM has submitted together with its statement details of mandatory and optional training courses available for the academic members of the Faculty of Medicine and Surgery. The peers are satisfied with the additional documents and see that enough opportunities for teachers exist to develop their professional teaching abilities.

The peers consider criterion 5 to be fulfilled.

## 6. Educational Resources

<b>Criterion 6.1 Physical facilities</b>
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**Evidence:**

- Self-Assessment Report
- Visitation of relevant facilities during the audit
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

Most of the pre-clinical classes are taught at the University campus. This is because the dissection and laboratory facilities are also located on UM's main campus. The clinical classes are mostly held at the Medical School at Mater Dei Hospital. The clinical placements are held at Mater Dei Hospital, Sir Anthony Mamo Oncology Hospital, Karen Grech Geriatric Hospital, St. Vincent De Paul Home for the Elderly, Sir Paul Boffa Dermatology Hospital, Mount Carmel Hospital for Mental Health, at Health Centres, and General Practitioners' Clinics.

In addition, the Faculty of Medicine and Surgery collaborates with the Post-Graduate Medical Training Centre, which makes its Simulation Centre available for surgery seminars and Surgery clinical examinations; and the Faculty of Health Sciences, which hosts some clinical examinations.

As mentioned in the Self-Assessment Report, students and staff would prefer a smaller teacher: student ratio especially in the clinical classes. Because of the rising number of admitted students, the number of student groups and the size of the groups was in-

creased. Since there are more students' groups than available clinical placements for one semester, the placements have to be spread over the whole year and therefore the study programme in the third year is not balanced.

During the audit, the auditors also visited the wards, the laboratories, the library, the skills labs, the simulation settings, and the lecture rooms in order to assess the quality of infrastructure and technical equipment. The financial resources of the university are sufficient for guaranteeing the sustenance of the MD programme. Overall, there are no problems at the Faculty of Surgery and Medicine with respect to resources. The auditors highlight the modern and comprehensive technical equipment, which allows for adequately teaching the students.

<b>Criterion 6.2 Clinical training resources</b>
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**Evidence:**

- Self-Assessment Report
- Visitation of relevant facilities during the audit
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

All students are given the same exposure opportunities, as they are required to attend the same number of weeks for each respective specialty, in the above-mentioned hospitals, through a rotation system.

UM and the government signed an agreement that guarantees a total of 600 medical students to have clinical placements at Mater Dei Hospital at any one time. This number is calculated on an estimated total of 200 medical students per year in each of the three clinical years. There is no limit set on the other hospitals.

During their clinical and lab placements medical students are exposed to various clinical settings. These include inpatient and outpatient wards, operating theatres, radiology facilities, clinics, and labs. As the auditors find out during the audit, students are supervised by visiting teachers during the clinical rotations. The focus is on small group teaching with not more than 7 students in one group. However, the group size is considerably smaller in some Departments (e.g. in Anaesthesia, Pathology).

In general, there are sufficient clinical training resources available for adequately teaching the students. In addition, cooperations with other medical schools in Europe and sending staff members abroad for using sophisticated instruments that are not available in Malta are implemented. The auditors observe that some investment in simulation facilities is

already underway but should be increased. The usage of modern media instruments (e-learning, lecture capture etc.) should be introduced as well as the use of robots for clinical applications e.g. in surgery.

<b>Criterion 6.3 Information technology</b>
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**Evidence:**

- Self-Assessment Report
- SIMS guidelines and documentation
- Information about VLE

**Preliminary assessment and analysis of the peers:**

Learning Technology is 'the use of information and communications technology (ICT) to enhance and/or support learning'. Currently, learning technology is primarily delivered through the University's Virtual Learning Environment (VLE) maintained by IT Services.

The UM VLE is a web-based learning environment, which provides teachers with a range of tools to support students during their studies. The UM VLE contains study-unit areas that are only accessible to students who are registered to the respective study-units on SIMS (Student Information Management System). Notes and presentations are posted by the teachers and VLE is also used for communicating with students.

The Students Information Management System (SIMS) is used by students to manage and access their student's records. In addition, exam results are registered in SIMS and students informed via e-mail. For the scheduling of all pre-clinical teaching and all lectures of the clinical years the Faculty of Medicine and Surgery uses the google calendar. This is shared online with staff and students on the Faculty's website.

In addition, there is the Distance & E-Learning Committee (DEC), which was set up in 2006 with the goal of implementing a university-wide policy and a support framework for e-learning and possibly other forms of distance learning. The DEC has published the E-Learning Strategy Development Framework 2012 in order to firmly embed e-learning as a key element of learning and teaching at UM. The objectives presented in this document provide a framework for the progressive improvement of the e-learning experience of both students and staff at UM.

During the discussion with the students the auditors learn that especially in the fourth year when students have to do their clinical placements in several different places they have often problems to be on time for the lecture and it costs them a lot of time travelling from one place to another. For this reason the auditors follow the students' sugges-

tion to record lectures in the fourth year and to provide the recordings on VLE so that students may follow the lecture at their own convenience. The programme coordinators confirm that a proposal to this effect was made by the Faculty but it was turned down by UM's management. However, the auditors are convinced that it is very useful to introduce lecture capture and strongly recommend UM taking up the proposal.

### **Criterion 6.4 Medical research and scholarship**

#### **Evidence:**

- Self-Assessment Report
- Module descriptions
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The auditors discuss with the programme coordinators what courses promote the students' independent scientific work. They learn that the curriculum includes an Anatomy Project and an Essay on Physiology and Biochemistry. The Anatomy Project and the essay each carries 50% of the assessment weighting. Students write a comprehensive literature review on a particular aspect of physiology and conduct experimental procedures related to research in physiology as well. Furthermore, the MD programme includes the module "Research Methods", which exposes students to the literature research methods, citation rules and scientific work ethics.

In addition, since the academic year 2018-19 students who have completed their second year of the MD programme have the opportunity to interrupt their studies and conduct research activities. During this year, students have to complete two research projects.

### **Criterion 6.5 Educational expertise**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

The auditors confirm that students are generally satisfied with the teachers' expertise, delivery and support. This is verified through the study-unit feedback exercise conducted for randomly selected study-units by APQRU as well as by independent student feedback surveys.

UM recognises that not only academic performance is important for becoming a successful medical doctor but also soft skills and behaviour skills (communication skills, teamwork) need to be imparted. UM tries to address these areas by offering classes on medical leadership. However, the auditors see that the curriculum is very competitive and exam oriented and leaves not much room for extracurricular activities. For this reason, the teachers should encourage more critical thinking and thinking outside the box.

### Criterion 6.6 Educational exchanges

#### Evidence:

- Self-Assessment Report
- Discussions during the audit

#### Preliminary assessment and analysis of the peers:

The Faculty of Medicine and Surgery encourages students to spend a few weeks abroad as part of an elective or exchange programme to experience another health care system. Such elective or exchange programme abroad usually take place during summer time when the university is in recess. In addition, there is an agreement with the University of Leuven whereby students from Leuven can attend a clinical placement in Malta and vice versa.

Students are obliged to inform the Faculty before undergoing a medical elective placement abroad. In 2017 a total of 125 students took this opportunity, the number rose to 155 in 2018.

The Faculty of Medicine and Surgery runs a Medical Elective Programme in conjunction with the Malta Medical Students Association (MMSA). This programme commenced in 2006 and experienced a steady growth until 2016 (425 students). However, because the application requirements had changed for 2017 this led to a sharp drop in the number of accepted applicants (200 in 2019). The new requirements included the need for an English certificate if the student's language of instruction is not English; a police conduct certificate and proof of medical malpractice insurance coverage.

Academic staff members can attend workshops and conferences abroad or can conduct their research activities at international universities. Some teachers are part of international projects such as those funded by the European Union or participate in local and international events related to their speciality. The University of Malta supports such activities through the Academic Work Resources Fund.

With respect to the academic mobility of the students, the auditors find that studying abroad for a limited period during the MD programme is so far only possible for attachments during the summer time or for clinical electives. Since the auditors learn from stu-

dents that they are very interested in participating in ERASMUS+ programmes the Faculty of Medicine and Surgery should start to initiate exchange programmes with international universities. The auditors emphasize that it is very useful for students to spend some time abroad already during their MD studies.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 6:**

The peers appreciate that the Faculty will introduce lecture capture, as this is particularly needed for the first semester of the fourth year of the M.D. programme.

With respect to academic mobility the peers see that a lot of foreign students (400 in 2019) come to UM in order to do their electives. On the other hand, Maltese students are interested in spending some time abroad during their studies and for this reason the peers support UM's plan to establish Erasmus+ cooperations for medical students. The Faculty met members of the Executive Board of the Malta Medical Students Association (MMSA) and the students welcomed the idea and proposed that it is more feasible for students to partake an Erasmus+ placement during the fourth year of studies. The Faculty nominated two academic members to facilitate Erasmus exchanges: one for the pre-clinical years and another one for the clinical years. The peers explicitly support these plans and encourage the Faculty to send more medical students abroad.

The peers consider criterion 6 to be fulfilled.

## 7. Programme Evaluation

<b>Criterion 7.1 Mechanisms for programme monitoring and evaluation</b>
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**Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports
- Policy and Procedures for the Operation of Teaching Programme Review

**Preliminary assessment and analysis of the peers:**

Staff and students are encouraged to participate in further developing the MD programme.



The student representatives on the Board of Studies gather feedback from all cohorts of the MD programme and compile a report. In addition, student feedback is also gathered through the random selection of study-units by the Academic Programmes Quality and Resources Unit (APQRU). Student feedback contributes significantly to changes made to the programme, the study-unit content or assessment methods as detailed in the Annual Review Reports. It includes a section in which Department Heads or study-unit coordinators are asked to comment on the strengths, weaknesses and any action taken following the study-unit feedback.

The Senate of the University of Malta approves external examiners of international repute to monitor the examination process and make recommendations for improvement. Another section of the Annual Review Report highlights the strengths, weaknesses and any action taken following receipt of the report prepared by the external examiner/s of the respective study-unit.

The Board of Studies of the MD programme makes recommendations, which aim to improve the students' educational and clinical experience. Examples of such recommendations include the introduction of clinical pharmacology as a separate study-unit in the third year of studies, the introduction of the Prescribing Safety Assessment (PSA) an international examination prepared by the UK Medical Schools Council and the British Pharmacological Society, the introduction of SCRIPT – a prescribing course made of 47-online modules, the introduction of a system whereby medical students shadow qualified doctors, the replacement of the Medicine and Surgery logbook by the Clinical Competencies Form.

Furthermore, in 2010 the first four semester of the MD programme, the pre-clinical years, were translated into the European Credit Transfer System (ECTS) in accordance to the Bologna Process. One ECTS credit is equivalent to 5 to 7 hours of learning in the presence of an academic member of staff. Subsequently in 2012, study-units of the last three years, the clinical part, was also re-organised and now follows the ECTS.

### **Criterion 7.2 Teacher and student feedback**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports
- Policy and Procedures for the Operation of Teaching Programme Review

**Preliminary assessment and analysis of the peers:**

The Annual Review Reports demonstrate that there were several instances when necessary changes to the content and/or assessment of particular study-unit were made by the Faculty following students' feedback.

The most active stakeholder who participates in survey-type feedback is the student body. This feedback manifests itself in these ways:

- Study-unit feedback on randomly selected study-units following the examination period. This exercise is conducted by APQRU and is applicable for all courses;
- Board of Studies students' representatives compile survey-type feedback;
- The Standing Committee on Medical Education (SCOME) as part of the Malta Medical Students Association (MMSA) conducts surveys;
- Surveys prepared by the Department of Psychiatry on the Medical Leadership Seminars (MLS);
- Questionnaires designed by the respective Head of Department on the teaching and/or clinical exams of the final year; and
- After each examination the class representatives get feedback from their cohort to assess whether the content of the examination was as expected by the students.

The Faculty of Medicine and Surgery documents results of these on-going self-evaluation processes in the Annual Review Reports of the MD programme.

Through the Annual Review Report Heads of Departments and Study-Unit Co-ordinators are required to identify the strengths, weaknesses and the action to be taken because of the study-unit feedback exercise co-ordinated by APQRU.

The Annual Review Reports contribute to the Periodic Programme Review, which is done every 4 or 5 years. The scope of both mechanisms is that the Faculty has the opportunity to gather information from students and staff in order to conduct a self-evaluation exercise. The Periodic Programme Review also includes external stakeholders, which are involved in the discussions to outline in what ways the MD programme can be improved.

In summary, the peer group confirms that feedback from teachers and students is used to identify weaknesses and for improving the degree programme.

<b>Criterion 7.3 Performance of students and graduates</b>
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**Evidence:**

- Self-Assessment Report
- Discussions during the audit

- Annual Review Reports
- Policy and Procedures for the Operation of Teaching Programme Review

### **Preliminary assessment and analysis of the peers:**

Following each examination session the Faculty compiles a table indicating the overall performance of students who have failed from at least one study-unit. Students who normally obtain high marks and experience a drop are asked to meet the Senior Executive of the Faculty to discuss what could have led to the drop in the student's performance. Furthermore, sometimes students request a meeting to discuss personal circumstances.

The Board of Studies ensures that the assessment methods are appropriate and effectively assess the learning outcomes. The Academic Programmes Quality and Resources Unit (APQRU) internally reviews each study-unit description before referring them to the Programme Validation Committee (PVC) and subsequently to Senate. The duty of PVC as a sub-committee to Senate is to determine whether the assessment is adequate and pictures the student's performance in a fair way.

The assessment forms are included in the online description of each study-unit and are reviewed on an annual basis. There have been cases when changes to the assessment forms were brought about following students' feedback.

The vast majority of the graduates continues directly with the Malta Foundation Programme. This is a two-year programme and is followed by the specialist training. The UK Foundation Programme recruits most of the other graduates who do not join the Malta Foundation Programme.

The auditors observe that the MD programme is very competitive and the entrance requirements are very strict. For this reason, the students are very motivated to complete the degree programme in time and only a few (1 to 2 %) drop-out and do not complete the programme successfully.

<b>Criterion 7.4 Involvement of stakeholders</b>
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### **Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports
- Policy and Procedures for the Operation of Teaching Programme Review

### **Preliminary assessment and analysis of the peers:**

As part of the Periodic Programme Review the latest graduate cohort was asked to participate in a survey, however the number of respondents in this survey was extremely low. From 112 graduates there were only 12 respondents.

In addition, the Dean holds meetings with alumni to get their feedback on their experience as medical students with an emphasis to further improve the degree programme to enhance the preparedness of the students for their future careers. Because of such meetings a number of Surgery lectures and tutorial titles have been amended.

The Senate of the University of Malta approves external examiners to monitor the examination process and make recommendations for improvement. It is standard procedure to appoint external examiners for Anatomy, Physiology and Biochemistry, Pathology, Family Medicine, Clinical Skills in Surgery, Clinical Skills in Obstetrics and Gynaecology, Clinical Skills in Medicine, and Essential Core Competences.

The respective Head of Department sends the examination paper to the external examiner to review ahead of the examination. This is done to ensure that the standard of the questions asked is of an undergraduate level and that the time allocated is fair. During Clinical Exams there are two external examiners who evaluate the student's level of clinical skills in the different clinical stations.

The auditors discuss with the programme coordinators if UM follows their graduates and how they find out about the employment of the graduates. Although, there is an alumni office at UM data safety regulations hinder UM to keep in contact with all its alumni, especially with those that leave Malta. On the other hand almost all graduates continue with the Foundation Programme. Since there is a very close linkage between the Faculty of Medicine and Surgery and the Foundation Programme, they are well informed about the further academic education of their graduates. In addition, the medical community in Malta is rather small and all involved stakeholders know each other.

### **Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 7:**

The peers consider criterion 7 to be fulfilled.

## 8. Governance and Administration

### Criterion 8.1 Governance

**Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports
- Malta Education Act

**Preliminary assessment and analysis of the peers:**

As described in the Self-Assessment Report the governance of the University of Malta and subsequently of the MD programme are regulated by the Malta Education Act. The Education Act defines the University's governing bodies and its Principal Officers.

The University Council is the supreme governing body of UM; its composition and functions are detailed in the Education Act. Academic matters of the University fall under the responsibility of the Senate. It includes academic representatives of the Faculties, students, representatives of the Minister, members appointed by Directors of Institutes, and the Librarian. The further details are stipulated in the Education Act.

There is a Faculty Board for each of UM's 14 faculties, which is composed of Heads of Departments, a representative of each department, representatives of undergraduate and post-graduate students, and two members appointed by the Minister.

UM is currently undergoing a strategic process with the goal to re-think its mission and vision for the next decade in terms of its competitiveness, internationalisation and research. To this effect, all students, teachers, partners, and staff members have been invited to contribute to the debate. The main activities are indicated on UM's website.

### Criterion 8.2 Academic leadership

**Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports
- Malta Education Act

**Preliminary assessment and analysis of the peers:**

The academic leaders at UM are the Deans. The Dean's appointment is regulated by the Education Act: "The Dean of a Faculty shall be elected for a term of four years by the aca-

ademic staff of that Faculty and from among the heads of departments of that Faculty and shall be the president ex officio of the Faculty Board in the absence of the Rector.”

The Dean chairs the Faculty Board and refers academic matters to Senate, of which he is a member. Other matters, e.g. issues related to human resources are referred to the University Council.

### **Criterion 8.3 Educational budget and resource allocation**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports

#### **Preliminary assessment and analysis of the peers:**

Most of UM’s funding (80%) is covered by the government. However, UM provides fee-paying courses, participates in projects and organises other activities to supplement its revenue. The Finance Office is responsible for the financial administration of UM and the Faculties.

UM is obliged to have its accounts audited on an annual basis by an independent auditor. The annual reports are available via UM’s website.

Each Department and each Faculty presents an annual budget plan so that the Finance Office can design a budget for the whole University.

### **Criterion 8.4 Administrative staff and management**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit

#### **Preliminary assessment and analysis of the peers:**

Each Department Head is responsible for assigning teaching hours to the academic members of the Department. Because most of the staff members that teach clinical classes are Clinicians, they hold a part-time visiting academic post with the Faculty. Staff members with a teaching load of less than 28 hours a year are employed on casual basis. The details on the employed professional staff are accessible via each Department’s homepage.

When a Department Head has teaching vacancy, he makes a request to the Office of the Human Resources Management Training and Development (HRMD) to issue a call for applications.

After four years of uninterrupted service (28 hours of teaching a year), the academic member of staff is eligible for a permanent post.

Full-time members of staff work 36 hours a week. Resident academics are visiting part-time members of staff with a total of 16 hours a week dedicated to teaching, preparation for teaching or assessment, administration, and research.

As outlined in the Self-Assessment report most teachers in the MD programme are visiting teachers who have at least 28 hours of teaching throughout the academic year. Other teachers whose academic effort is below 28 hours of teaching are considered as casuals.

Resident or visiting teachers are employed part-time by UM and are either employed by the government full-time or self-employed in their clinical practice.

In addition, there are sufficient administrative and professional staff members for managing the MD programme and for helping to implement changes that have been decided by the Faculty Board. Other members are lab officers who support undergraduate teaching such as lab and dissection sessions as well as post-graduate research.

### **Criterion 8.5 Interaction with health sector**

#### **Evidence:**

- Self-Assessment Report
- Discussions during the audit
- Annual Review Reports

#### **Preliminary assessment and analysis of the peers:**

The programme coordinators point out that the Faculty of Medicine and Surgery has a strong working relationship with the health sector. This is because the Chairman of the Board of Studies and of the Fitness to Practice Implementation Committee is also one of the Malta Foundation Programme Directors. Thus, he is in a position to identify the shortcomings of the Foundation Trainees. In addition, the Dean also sits on the Malta Foundation Programme Board and the Senior Executive of the Faculty is in regular contact with Malta Foundation Programme in order to ensure that UM's students are able to apply for posts and have the necessary requirements. Further areas of interaction with the health care sector are that the Post-Graduate Medical Training Centre make its Simulation Centre available for use by the Department of Surgery; there is collaboration with the Royal

College of Surgeons of Ireland (RCSI) with respect to the organization of the Basic Surgical Skills Course; part of the Medical School is located within Malta's acute hospital, Mater Dei Hospital; most of the Faculty's academic members of staff are employed full-time within the national health care system; and seminars are organized jointly by the Faculty and the Barts Cancer Institute of Queen Mary University.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 8:**

The peers consider criterion 8 to be fulfilled.

## 9. Continuous Renewal

**Evidence:**

- Self-Assessment Report
- Webpage of the MD programme:  
<https://www.um.edu.mt/courses/overview/UMDFT-2018-9-0>
- Module descriptions
- EDUCATION ACT (CAP. 327) Doctor of Medicine and Surgery - M.D. - Degree Course Regulations
- Discussions during the audit

**Preliminary assessment and analysis of the peers:**

As described in the previous chapters continuous renewal of the MD programme is an essential part of the auditor's analysis.

For example, there is a continuous process at UM in order to improve the quality of the MD programme and it is carried out through internal and external evaluation. Internal evaluation of the quality of the degree programmes is mostly provided through students' feedback (see Criterion 7.4). In addition, a graduate survey has been conducted, but the return rate was rather low. Consequently, the results are not representative. The Faculty should try to keep in closer contact with its alumni (e.g. by establishing a comprehensive alumni database) and aim at significantly increasing the return rate for the next graduate survey. The goal should be to include the graduate's expertise and feedback in the further development of the programme.



Moreover, UM collects data about enrolment and academic results. These indicators are used to analyse the programme's success and if deficits are found, they are addressed.

As an overall judgement the peers generally find that continuous monitoring and renewal is indeed taking place and the quality assurance loops are closed. Furthermore, the peer group confirms that the quality management system is suitable to identify weaknesses and to improve the MD degree programme. The stakeholders are involved in the process.

**Final assessment of the peers after the comment of the Higher Education Institution regarding criterion 9:**

The peers consider criterion 9 to be fulfilled.

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## **D Additional Documents**

Before preparing their final assessment, the panel asks that the following missing or unclear information be provided together with the comment of the Higher Education Institution on the previous chapters of this report:

- Description of the courses and workshops offered for teachers to promote their teaching abilities
- Documents describing how evidence based medicine, behavioural and social sciences are covered by the curriculum

## **E Comment of the Higher Education Institution (07.06.2019)**

The following quotes the comment of the institution:

### **“Criterion 1.1:**

The draft mission statement presented during the audit visit was a work in progress following discussions held between academic members of the Faculty during four training courses organised by the Faculty’s Medical Education Unit. This statement was also discussed by academic members (some of them are also representatives of the employers) and student representatives during the Faculty Board meeting held on 16 April 2019 and referred to members for subsequent reflection and feedback. All the feedback was analysed and integrated into the final version presented on 14 May 2019 as Annex 1.1.

This mission statement has been added to the Diploma Supplement as per Annex 1.2 also submitted on 14 May 2019.

The original objectives and learning outcomes of the M.D. programme which are currently included in the course description of the M.D. Course on the University website were drafted by the Curriculum Committee just before the introduction of ECTS in the pre-clinical years in 2010. However, these have just been reviewed and updated. During this review the stakeholders distinguished between level 1 and level 2 of the old format of the learning outcomes as follows:

Level 1 refers to main domains such as consultation with a patient; and

Level 2 refers to more detailed outcomes, which aim to achieve the main domains such as taking a history or taking blood pressure.

Please note that level 1 does not refer to the learning outcomes achieved in the pre-clinical years and level 2 does not refer to those achieved in the clinical years.

Following discussions it was agreed that with a view to keep the learning outcomes brief and clear, the level 2 learning outcomes should be removed and to focus on and elaborate the level 1 type of learning outcomes only. As the objective of level 2 learning outcomes is to achieve those in level 1, the level 2 learning outcomes are going to be kept for internal use only, as these are useful for Heads of Departments and study-unit co-

ordinators. Thus the newly revised learning outcomes do not include levels. The changes are indicated in Annex A1.

The revised learning outcomes are now aligned to the M.D. curriculum of 2019, and to the Faculty's and the University's mission statement. The following stakeholders have contributed to this exercise: - The Dean;

- Heads of Departments;
- The Board of Studies which includes representatives of employers;
- The Medical Education Unit;
- Faculty Board students' representatives;
- Board of Studies students' representatives;
- Representatives of the Malta Medical Students Association (MMSA); and
- Representatives of alumni

A revised version of the Diploma Supplement as approved by the Registrar of the University is being submitted as per Annex 1.2 v2 which now includes the revised objectives and learning outcomes of the M.D. programme. The revised learning outcomes on the course description of the M.D. Course will be made available on the University website as per Annex A2.

The Faculty plans to continue to develop the M.D. curriculum in terms of the mission statement and the needs of the community.

### **Criterion 2.1**

A logbook is not kept to record the experience during the shadowing programme. However, a logbook is kept to record the clinical skills acquired during the M.D.4th and M.D.5th Paediatrics clinical placements;

a logbook is also kept for the Psychiatry clinical placements in fourth year; a portfolio is kept for Obstetrics and Gynaecology skills in fourth and fifth year and the Clinical Competencies Record documents the basic core clinical skills in Medicine and Surgery between the third and the fifth year of studies.

The M.D. regulations state that students whose attendance is unsatisfactory may be barred from sitting the examination of the respective study-unit. This provision applies to all study-units offered in the M.D. programme and there no percentage mark is indicated.

However, for the intake of 2018 and later, students who fail to attend at least 80% of the shadowing programme during the final year of studies are deemed ineligible to sit for one of the final clinical examinations, namely MDS4033 Essential Core Competences.

Reference is made to the need to define the different teaching methods. A document which includes the Definition of Terms was submitted on 14 May 2019 as Annex 3.

**Re: Criterion 2.4**

In addition to the information as to how evidence-based teaching, ethics and behavioural science are included in the curriculum as submitted by the Faculty on 14 May 2019, the Faculty has a number of updates as detailed below:

With reference to the following statement: “It might be a good idea to introduce a study-unit on psychology, social behaviour and legal aspects” the Faculty had addressed this matter in terms of going through the standard procedures required for changes to the titles of study-units.

1. MDS1023 “Introduction to Clinical Practice 1” was changed to “Introduction to Medical Ethics and Professionalism”
2. MDS2022 “Introduction to Clinical Practice 2” was changed to “Psychological and Social Aspects of Health Care and Ethics”. The Academic Programme Quality and Resources Unit (APQRU) deemed the changes to the learning outcomes as extensive and asked the Faculty to also change the study-unit code. With effect from academic year 2019-20 the new code reads MDS2034.
3. MDS4028 “Medical Leadership and Psychological Aspects of Health Care” was changed to “Medical Leadership and Psychological and Social Aspects of Health Care”

The above titles were proposed by the respective study-unit co-ordinator, approved by the Board of Studies of the M.D. Course and by Faculty Board approval. APQRU considered the changes to the titles of the study-units, the programmes of studies of each student cohort effected by the changes as per Annex B and the updated study-unit descriptions of each study-unit as per Annex C. Due to the nature of the changes it was not deemed necessary to request Senate approval. All changes have been approved by APQRU and the updated programmes of studies and the updated study-unit descriptions are now available on the University website.

The changes indicated above led to minor changes to the programme of studies of MDS1023. There used to be a lecture on Imaging and a tutorial on Imaging Techniques, which did not fit in the teaching programme with its revised title. Therefore these have been shifted to the teaching programme of MDS1013 Organisation of the Body.

There were a few minor changes to the teaching programmes of the first semester of MDS1012 Musculo-skeletal System as per Annex D1 and MDS1013 Organisation of the Body as highlighted in Annex D2. The study-unit descriptions of these two study-units have also been updated as indicated in the track changes as per Annex C. These changes were brought about following student feedback. The students pointed out that there was too much Neuro in first year and that many topics are then repeated during the second year. Thus, following a study-unit review these duplicated lectures have been removed from the first year of studies. Please note that no changes were required to the teaching programme of Semester 2 of MDS1012 as submitted on 14 May 2019.

Medical Leadership refers to learning within the context of a rapidly changing and demanding health care environment, to provide an understanding of engagement and a development of competencies in communication skills, teamwork, self-development, reflection, quality improvement and patient safety, with the aim of providing fulfilled and competent service providers, delivering best service. This definition has now been included on page 12 of the revised Definition of Terms as per Annex 3 v2. This is the only change to the Definition of Terms document submitted by the Faculty on 14 May 2019.

There are a number of study-units which cover legal aspects. These include: MDS3001 Forensic Medicine, MDS3002 Research Skills and MDS4017 Public Health and MDS4020 Psychiatry.

The following legal aspects are included in MDS3001 Forensic Medicine:

- The Maltese legal system;
- Comparative systems of medico-legal investigation;
- Laws relating to: Death Certification. Disposal. Deaths reported to Magistrate, Organ Donation;
- The Criminal Code: Grievous Bodily Harm, Intimate and non intimate samples, torture, interrogation of arrested suspects;
- Traffic laws: drink driving, seatbelts, helmets;
- Laws relating to sexual offences, child abuse, infanticide, elder abuse;
- Legislation regulating medical practice: Health Care Professions Act ( Medical Council, SAC, Ethics) brief mention of negligence;
- Laws on drugs of abuse: Dangerous Drugs Ordinance; Drug Dependence (Treatment not Imprisonment) Act; and

- Legal duties of doctors:
  - o patient rights, consent for treatment (Health Act)
  - o drug prescribing, including narcotics & psychotropics & free medicines (Medicines Act, Medical & Kindred Professions Ordinance, Social Security Act)
  - o notification of disease, immunisation (Public Health Act)
  - o notification of cancer (Notification of Cancer Act)
  - o notification of drug addicts

The teaching programme of MDS3002 Research Skills has just been updated as per Annex D3. One of the changes includes a new lecture entitled “Data Privacy Principles and Research (including Clinical Trial) Regulation”.

The teaching programme of MDS4017 Public Health has also been updated as per Annex D4 to include the following new lecture titles:

“Malta’s Health Legislative Framework: Comparisons with the EU” and

“Medico-Legal Principles in Public Health.”

There was also a change in two lecture titles related to legal aspects, which now read as follows:

“Occupational Health Laws and Applications I” and

“Occupational Health Laws and Applications II”

Furthermore, the Mental Health Act is covered in MDS4020 Psychiatry.

The review in MDS4017 Public Health also led to revised lecture titles to make the promotion of health and disease prevention more clearly visible in the teaching programme as per Annex D4 referred to above.

The study-unit descriptions of all the above mentioned study-units as well as of MDS4015 Geriatric Medicine, Oncology and Palliative Care have all been updated as indicated in Annex C and all revised study-unit descriptions are available online.

### **Criterion 2.5**

Students have clinical placements on rotation basis in the following specialties: Medicine (and its sub-specialties), Surgery (and its sub-specialties), Pathology (and its sub-specialties), Psychiatry, Obstetrics and Gynaecology, Paediatrics, and Family Medicine. Although there are no clinical rotations in Clinical Pharmacology and Therapeutics stu-

dents are exposed to clinical skills in prescribing during the clinical placements of the specialties indicated above. In addition to the clinical placements students are also exposed to clinical skills during the simulation sessions.

There are no clinical placements in Anatomy, Physiology and Biochemistry and Public Health. However, students in the pre-clinical years have dissection sessions and clinical skills using simulation equipment as part of the Anatomy teaching.

### **Criterion 2.6**

The student workload has been included in the tables submitted on 14 May 2019 as Annexes 2.1 to 2.6. A revised version of the respective tables is attached and titled as follows:

Annex 2.1 v2 Table 1 Student Workload for M.D.1,

Annex 2.3 v2 Table 3 Student Workload for M.D.3,

Annex 2.4 v2 Table 4 Student Workload for M.D.4,

Annex 2.6 v2 Table 6 Student Workload M.D.1 to M.D.5

All changes are highlighted in yellow and reflect the changes to the teaching programmes as indicated in Annex D which were made by the study-unit co-ordinators following receipt of the Preliminary Report. These tables shall be made available for students at the beginning of the academic year, with effect from academic year 2019-20. The respective table shall be uploaded on the Virtual Learning Environment (VLE) together with the teaching programmes of each respective cohort.

We confirm that there were a number of co-ordinators who were not indicated in the study-unit descriptions. These updates, have since been carried out and are now available online.

### **Criterion 3.1**

There is a provision in the M.D. regulations that allows students who failed up to 10 ECTS credits to progress to the following year conditionally and to be assessed in these failed study-units over and above the study-units of the subsequent year. However, this provision is allowed once only throughout the course and is not possible after the second year.

### **Criterion 3.2**

With reference to the following statement: "For the clinical scenarios live patients are used, which brings the medical examinations, diagnosis and management closer to real life practice": This applies to the exams of the following final year study-units: MDS4029



Clinical Skills in Medicine and MDS4030 Clinical Skills in Surgery. For the clinical exam of MDS4033 Essential Core Competences qualified and experienced doctors act as actors and for the clinical exams of MDS4031 Clinical Skills in Obstetrics and Gynaecology and MDS4032 Clinical Skills in Paediatrics simulation equipment is used as it is not logistically possible to have real patients considering the number of medical students.

#### **Criterion 4.3**

It is being envisaged that the mentoring should compliment the e-portfolio. The primary objective of the e-portfolio is to monitor the students' performance in non-academic indicators such as: attitude, behaviour, attendance, skills etc.

#### **Criterion 5.1**

With reference to the fact that academic members who have a minimum of 28 hours of teaching per year with two or more departments of the same Faculty are not eligible to a Council appointment, the Faculty asked the office of the Human Resources Management and Development (HRMD) to re-consider its position.

HRMD informed the Faculty that presently there are ongoing discussions in view of a new Collective Agreement for Academics, which might have an impact on the visiting stream.

#### **Criterion 5.2**

Details of mandatory and optional training courses available for the academic members of the Faculty of Medicine and Surgery were submitted by the Faculty on 14 May 2019 as a zipped folder dedicated to Continuous Professional Development (CPD) titled Annex 4.

The academic members of staff of the Faculty participate in Erasmus+ placements in European institutions. Furthermore, the Faculty is also actively involved in the hosting of incoming academic Erasmus+ placements.

#### **Criterion 6.1**

Although the Medical School is located within Mater Dei Hospital, the clinical placements are not held at the Medical School, which falls under the remit of the University, but these are held in Mater Dei Hospital.

#### **Criterion 6.2**

The group size is of around 7 students. However, this does not apply to the operating theatre, where only half the group is allowed at any one time and students are asked to rotate, in accordance with infection control procedures. While some students are in the operating theatre others are asked to go to outpatients or on the wards.

Furthermore, clinical placements in Anaesthesia are on a one-to-one student-teacher basis. Lab placements in the Pathology sub-specialties namely: Haematology, Histo-pathology and Microbiology are also one-to-one student-teacher basis.

### **Criterion 6.3**

The Faculty asked the Programme Validation Committee (PVC) to reconsider the Faculty's request to pilot lecture capture, as this is particularly needed for the first semester of the fourth year of the M.D. programme.

Following re-consideration the Faculty's request has been acceded to subject to the provisions below:

- the Faculty's proposed course of action is compliant with the provisions outlined in the Lecture Capture Policy;
- lecturers involved in the delivery of study-units have no objection to the recording of their lectures; and
- recorded lectures are supplemented by other teaching activities, including online discussion fora, which provide a means of interaction for students with their lecturers and peers.

The relevant extract from the minutes of the PVC meeting is enclosed as per Annex E.

The Faculty welcomes this decision as lecture capture will not only provide fourth year students in the first semester to benefit more from clinical exposure, but will also be useful for students who opt to participate in an Erasmus+ exchange programme. This is due to the fact that while some students attend an Erasmus+ programme in a European University, they can still follow recorded lectures which their cohort had physically attended. Further details about developments related to Erasmus+ are included in Criterion 6.6 below.

### **Criterion 6.5**

Students are encouraged to attend Degree Plus activities and in the pre-clinical years there are no timetabled teaching sessions on Wednesday and Friday afternoons when Degree Plus sessions are held. Degree Plus activities include music, sports, medical maltese, sign language etc. The sign language sessions are particularly popular with medical students in different cohorts. Students participate in extracurricular activities organised by the Malta Medical Students Association, and other initiatives which they participate in on a personal basis. There are students who participate in international sports, music and

art. Others who participate in activities such as voluntary work and activities related to international organisations such as the United Nations.

### **Criterion 6.6**

There was a drop in the number of incoming medical elective students in 2017 from 425 to 253 students, due to a change in the requirements. But there was a steady growth after that as there were 299 incoming elective students in 2018 and 200 who had been accepted for 2019 by 14 January 2019. The number of accepted students in 2019 as at 4 June 2019 is 345 students. It is estimated that the number of incoming medical elective students in 2019 would exceed 400.

The Faculty met members of the Executive Board of the Malta Medical Students Association (MMSA) and among other matters, students were asked about their views on the introduction of Erasmus+ placements in European Universities. The students welcomed the idea and proposed that it is more feasible for students to partake an Erasmus+ placement during the fourth year of studies.

The Faculty nominated two academic members to facilitate Erasmus exchanges: one for the pre-clinical years and another one for the clinical years. Dr Christian Zammit, a senior full time academic member of the Department of Anatomy who is heavily involved in the teaching of pre-clinical students was nominated as the contact person for the pre-clinical students. Dr Pierre Ellul, a senior visiting academic member of the Department of Medicine and a full time Gastroenterology Consultant at Mater Dei Hospital has been asked to facilitate Erasmus+ exchanges for clinical students.

The Dean requested a meeting with the participation of these academic members whose nomination was approved by Faculty Board, the Director of International Office and two administrative members who manage the Erasmus section of this office, and Dr Francesca Wirth an academic member of the Department of Pharmacy who has a number of years of experience in facilitating incoming and outgoing Erasmus+ placements of Pharmacy students. During this meeting the Faculty was informed about the following key points:

- students are unable to participate in Erasmus+ during the first year of studies as they are required to complete the first year of studies in their home university;
- two types of Erasmus activities are available: Erasmus+ studies and Erasmus+ placements
- the minimum placement period is of two months, and this can be during the academic year or in summer; the minimum study period for students taking up ECTS credits in a non-practice setting is three months.

- students may also opt to participate in a study mobility period for the entire semester or for the entire year; this would require the transfer of ECTS credits obtained at the host Institution
- students on research or training placements may or may not be assessed by the host institution, and this may be determined by the home University in consultation with the host University;
- there is also the possibility that assessment for research or training placements may be co-shared between the two partner universities, with an agreed percentage weighting to be assessed by the two universities;
- students may/may not be given ECTS credits for the Erasmus+ placement, and this is also determined by the home University;
- students apply through the International Office of the University;
- students are eligible to receive a grant which would offset a good part of their expenses.
- Although Erasmus+ placements do not require the setting up of a bilateral agreement, there is consensus that in order to ensure that mobile students meet pre-established criteria and all arrangements are clearly set out, it would be more advisable for an agreement to be drawn up.
- it was highlighted that it is not advisable for students to participate in an Erasmus+ programme during the second year of studies in view of the fact that this is a critical year for them, and they cannot progress to the third year of studies conditionally. A pass in all study-units offered in the second year of studies is required for students to progress to the third year of studies. The M.D. regulations do not allow second year students to refer study-units of up to 10ECTS credits to third year.

To this effect following this meeting, the Dean met the two academic members nominated by the Faculty to discuss the periods when students can participate in an Erasmus+ programme.

During this meeting it was agreed that:

- a. as there are only four study-units which include four specialties during the second semester of the fourth year, it is indeed the year which is more practical for students to participate in an Erasmus+ exchange programme;
- b. it is being envisaged that fourth year students would spend two months in a European University, from the beginning of the second semester in early February till early April and during this time they would follow clinical and possibly class teaching in Paediatrics and

Obstetrics and Gynaecology in a European University. Arrangements shall be made for such students to have access to recorded lectures, which their cohort would have attended in Malta. During this time students would have the opportunity to attend a four-week clinical placement in Obstetrics and Gynaecology, and another four weeks in Paediatrics. Normally the total number of clinical placements in these two specialties in fourth year is six weeks in each specialty, thus the students will be able to complete the remaining two-week placement in each specialty on their return to Malta. Furthermore on their return they will also have the opportunity to attend the small group teaching and the community placements of Family Medicine.

c. The Faculty noted that as the majority of the teaching programme of Public Health consists of lectures, students can have access to those lectures scheduled during the time when he/she is on an Erasmus+ placement through the lecture capture facility, and then physically attend the rest in Malta.

d. Furthermore the fact that the teaching programme of Family medicine includes online postings, this facility gives students the flexibility to participate in online forums while on an exchange. It was also pointed out that the community placements of Family Medicine are organised by the student and an assigned family doctor at a mutually convenient time. Therefore such flexibility also facilitates the students' possible outgoing Erasmus+ placement in the second semester of fourth year.

e. The Faculty considered that the number of ECTS credits, the programmes of studies and the assessment in the various institutions may vary. Thus as a piloting exercise opted to make arrangements with partner countries for outgoing placements of two-months with assessments being carried out by the University of Malta.

f. The Faculty shall discuss other possible placement options for incoming students. Incoming Erasmus+ students may not necessarily attend during their fourth year of studies, their placement may be longer than two months and the University of Malta can assess incoming students while they are in Malta for study-units offered to them by the University of Malta.

e. Another Erasmus+ placement which was considered was for students who are between their first and second year, whereby during the summer period they could start working on the Anatomy project and Physiology essay in a European institution. They may continue to work on the project and the essay on their return to Malta, and will be assessed by the University of Malta at the end of the second year as per the requirements of MDS2028. The Physiology project could be lab-based and could be a stepping stone for those students who opt to take the intercalated year (a year dedicated to research between the second and third year of the M.D. Course)

Following discussions with the respective Heads of Departments the two academic members responsible for facilitating incoming and Erasmus+ placements have contacted a few Universities. So far an Italian and a Greek University have confirmed their participation in this initiative and expressed their interest to discuss the setting up of an Erasmus+ inter-Institutional agreement:

It is being envisaged that once the Faculty has put all the arrangements in place the Faculty with the support of the International Office of the University of Malta, shall issue a circular and hold an information session to inform all eligible students about the Erasmus+ initiative, its opportunities, application process etc.

#### **Criterion 7.4**

Kindly note that the following study-units have been added to the above text: Clinical Skills in Medicine and Essential Core Competences.

Information related to the study-units for which an external examiner is invited now reads as follows:

It is standard procedure to appoint external examiners for Anatomy, Physiology and Biochemistry, Pathology, Family Medicine, Clinical Skills in Surgery, Clinical Skills in Obstetrics and Gynaecology, Clinical Skills in Medicine, Essential Core Competences.

Although the University is unable to keep in contact with its alumni through its mailing list in accordance with data protection legislation, facebook has become an important communication tool with current students and alumni. It is also part of effective marketing strategy.

## F Summary: Peer recommendations (28.06.2019)

Taking into account the additional information and the comments given by the University of Malta, the peers summarize their analysis and **final assessment** for the award of the seals as follows:

<b>Degree Programme</b>	<b>ASIIN seal</b>	<b>Subject-specific labels</b>	<b>Maximum duration of accreditation</b>
Doctor of Medicine and Surgery - M.D.	Without requirements	AMSE	30.09.2024

## **G Decision of the AMSE Executive Committee (27.08.2019)**

The AMSE Executive Committee decides to award the following seals:

<b>Degree Programme</b>	<b>AMSE seal</b>	<b>Maximum duration of accreditation</b>
Doctor of Medicine and Surgery - M.D.	Without requirements	30.09.2024



## H Comment of the Technical Committee 14- Medicine (03.09.2019)

*Assessment and analysis for the award of the ASIIN seal:*

The Technical Committee sees that the University of Malta has taken up the suggestions and proposals of the experts in an exemplary manner, so that neither conditions nor recommendations need to be expressed.

The Technical Committee 14 – Medicine recommends the award of the seals as follows:

<b>Degree Programme</b>	<b>ASIIN seal</b>	<b>Subject-specific labels</b>	<b>Maximum duration of accreditation</b>
Doctor of Medicine and Surgery - M.D.	Without requirements	AMSE	30.09.2024

# I Decision of the Accreditation Commission (20.09.2019)

*Assessment and analysis for the award of the ASIIN seal:*

The Accreditation Commission decides to accredit the MD programme at the University of Malta without any requirements and recommendations for five years. They follow the peers' assessment that the University of Malta has already solved all problems identified by the peers.

The Accreditation Commission for Degree Programmes decides to award the following seals:

<b>Degree Programme</b>	<b>ASIIN seal</b>	<b>Subject-specific labels</b>	<b>Maximum duration of accreditation</b>
Doctor of Medicine and Surgery - M.D.	Without requirements	AMSE	30.09.2024

# Appendix: Programme Learning Outcomes and Curricula

According to the university's webpage, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the MD programme Medicine and Surgery:

## Learning outcomes/competences for the MD Degree

### Level 1

At the end of their course of studies graduates will have the ability to:

- carry out a consultation with a patient;
- assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan
- provide immediate care of medical emergencies, including First Aid and resuscitation
- prescribe drugs;
- carry out practical procedures;
- communicate effectively in a medical context;
- apply ethical and legal principles in medical practice;
- assess psychological and social aspects of a patient's illness;
- apply the principles, skills and knowledge of evidence-based medicine;
- use information and information technology effectively in a medical context;
- apply scientific principles, method and knowledge to medical practice and research;
- promote health, engage with population health issues and work effectively in a health care system;

### Level 2

Carry out a consultation with a patient

- take a history;

- carry out physical examination;
- assess the patient's mental state;
- make clinical judgements and decisions;
- provide explanation and advice;
- provide reassurance and support;

Assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan

- recognise and assess the severity of clinical presentations;
- order appropriate investigations and interpret the results;
- make differential diagnoses;
- negotiate an appropriate management plan with patients and carers;

Provide immediate care of medical emergencies, including First Aid and resuscitation

- recognise and assess acute medical emergencies;
- provide basic First Aid;
- provide Basic Life Support and Cardio-Pulmonary Resuscitation according to current European guidelines;
- treat acute medical emergencies;

Prescribe drugs

- prescribe clearly and accurately
- match appropriate drugs to the clinical context
- review the appropriateness of medication and evaluate the potential benefits and risks;

Carry out practical procedures

- administer oxygen;
- measure accurately basic physiological variables (e.g., temperature, blood pressure);
- venepuncture and cannulation of veins;
- administer IV therapy and use infusion devices;
- subcutaneous and intramuscular injection;

- move and handle patients;
- suturing;
- blood transfusion;
- bladder catheterisation;
- urinalysis;
- electrocardiography;
- basic respiratory function tests;

Communicate effectively in a medical context

- communicate with patients;
- communicate with colleagues;
- communicate with relatives and carers;
- develop effective strategies for breaking bad news;
- communicate with disabled people;
- communicate in seeking informed consent;
- communicate in writing;
- develop effective strategies to deal with aggression;
- communicate by telephone;
- communicate with those who require an interpreter;

Apply ethical and legal principles in medical practice

- maintain confidentiality and ensure protection of sensitive data;
- apply ethical principles to clinical care;
- obtain and record informed consent;
- certify death;
- request autopsy;
- apply Maltese and European Union law to clinical care;
- notify specified conditions as required by Maltese law;

Assess psychological and social aspects of a patient's illness

- assess psychological factors in presentations and impact of illness;
- assess social factors in presentations and impact of illness;
- detect stress in relation to illness;
- detect alcohol and substance abuse, dependency;

Apply the principles, skills and knowledge of evidence-based medicine

- apply evidence to practice;
- define and carry out an appropriate literature search;
- critically appraise published medical literature;

Use information and information technology effectively in a medical context

- keep accurate and complete clinical records;
- use information technology;
- access information sources;
- store and retrieve information;

Ability to apply scientific principles, method and knowledge to medical practice and research

to be designed specifically for each objective within all teaching programmes

Promote health, engage with population health issues and work effectively in a health care system

- provide patient care which minimises the risk of harm to patients;
- apply measures to prevent the spread of infection;
- recognise own health needs and ensure own health does not interfere with professional responsibilities;
- conform with professional regulation and certification to practise;
- receive and provide professional appraisal; and
- make informed career choices.

The following **curriculum** is presented:

**University of Malta**

**Faculty of Medicine and Surgery**

**Doctor of Medicine and Surgery**

**YEAR ONE**

**Year** (This/these unit/s start/s in Semester 1 and continue/s in Semester 2)

**Compulsory Units** (All students **must** register for this/these unit/s)

<a href="#"><u>MDS1004</u></a>	Cardiovascular System	10 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1011</u></a>	Medical Leadership - Interpersonal Communication Skills and Team-work	2 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1012</u></a>	Musculoskeletal System	8 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1015</u></a>	Anatomy Practical Skills 1	4 ECTS	<b>(NC)</b>

**Semester 1**

**Compulsory Units** (All students **must** register for this/these unit/s)

<a href="#"><u>MDS1005</u></a>	Respiratory System	6 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1013</u></a>	Organisation of the Body	4 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1021</u></a>	Cell Biology and Biochemistry	5 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1023</u></a>	Introduction to Clinical Practice 1	2 ECTS	<b>(NC)</b>

**Semester 2**

**Compulsory Units** (All students **must** register for this/these unit/s)

<a href="#"><u>MDS1010</u></a>	Blood and Body Defence Mechanisms	4 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1014</u></a>	Renal System	5 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1026</u></a>	Molecular Biology and Genetics	6 ECTS	<b>(NC)</b>
<a href="#"><u>MDS1029</u></a>	Reproduction	4 ECTS	<b>(NC)</b>

**YEAR TWO**

**Year** (This/these unit/s start/s in Semester 1 and continue/s in Semester 2)

**Compulsory Units** (All students **must** register for this/these unit/s)

<a href="#"><u>MDS2009</u></a>	Pharmacology	4 ECTS	<b>(NC)</b>
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## 0 Appendix: Programme Learning Outcomes and Curricula

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<a href="#">MDS2028</a>	Anatomy and Physiology Projects	4 ECTS	(NC)
<a href="#">MDS2029</a>	Integrated Biomedical Sciences	10 ECTS	(NC)
<a href="#">MDS2030</a>	Anatomy Practical Skills 2	4 ECTS	(NC)

### Semester 1

#### Compulsory Units (All students **must** register for this/these unit/s)

<a href="#">MDS2004</a>	Microbiology	4 ECTS	(NC)
<a href="#">MDS2022</a>	Introduction to Clinical Practice 2	4 ECTS	(NC)
<a href="#">MDS2025</a>	Medical Leadership - Intrapersonal Communication Skills 1	2 ECTS	(NC)
<a href="#">MDS2026</a>	Integrated Metabolism and Endocrinology	6 ECTS	(NC)
<a href="#">MDS2031</a>	Gastrointestinal System	4 ECTS	(NC)
<a href="#">MDS2032</a>	Nervous System 1	7 ECTS	(NC)

### Semester 2

#### Compulsory Units (All students **must** register for this/these unit/s)

<a href="#">MDS2008</a>	Pathology	4 ECTS	(NC)
<a href="#">MDS2033</a>	Nervous System 2	7 ECTS	(NC)

### YEAR THREE

Year (This/these unit/s start/s in Semester 1 and continue/s in Semester 2)

#### Compulsory Units (All students **must** register for this/these unit/s)

<a href="#">MDS3005</a>	Surgery 1 (General Surgery)	8 ECTS	(NC)
<a href="#">MDS3006</a>	Surgery 2 (Cardiothoracic, Vascular and Urology)	4 ECTS	(NC)
<a href="#">MDS3008</a>	Medical Leadership - Intrapersonal Communication Skills 2 and Reflective Practice	2 ECTS	(NC)
<a href="#">MDS3009</a>	Pathology	10 ECTS	(NC)
<a href="#">MDS3010</a>	Integrated Clinical Skills	3 ECTS	(NC)
<a href="#">MDS3011</a>	Clinical Pharmacology and Therapeutics 1	5 ECTS	(NC)
<a href="#">MDS3013</a>	Medicine 2 (Gastroenterology, Endocrinology, Nephrology, Rheumatology)	8 ECTS	(NC)
<a href="#">MDS3014</a>	Surgery 3 (Orthopaedics and ENT)	7 ECTS	(NC)

### Semester 1

#### Compulsory Units (All students **must** register for this/these unit/s)

<a href="#">MDS3001</a>	Forensic Medicine	3 ECTS	(NC)
<a href="#">MDS3002</a>	Research Skills	2 ECTS	(NC)
<a href="#">MDS3012</a>	Medicine 1 (Cardiovascular and Respiratory)	8 ECTS	(NC)



## YEAR FOUR

### Semester 1

#### Compulsory Units (All students **must** register for this/these unit/s)

<u>MDS4012</u>	Anaesthesia	3 ECTS	(NC)
<u>MDS4013</u>	Neurology and Ophthalmology	6 ECTS	(NC)
<u>MDS4014</u>	Dermatology, Venereology and Infectious Diseases	4 ECTS	(NC)
<u>MDS4015</u>	Geriatric Medicine, Oncology and Palliative Care	5 ECTS	(NC)
<u>MDS4020</u>	Psychiatry	11 ECTS	(NC)

### Semester 2

#### Compulsory Units (All students **must** register for this/these unit/s)

<u>MDS4016</u>	Family Medicine	6 ECTS	(NC)
<u>MDS4017</u>	Public Health	3 ECTS	(NC)
<u>MDS4018</u>	Obstetrics and Gynaecology 1	12 ECTS	(NC)
<u>MDS4019</u>	Paediatrics 1	10 ECTS	(NC)

## YEAR FIVE

Year (This/these unit/s start/s in Semester 1 and continue/s in Semester 2)

#### Compulsory Units (All students **must** register for this/these unit/s)

<u>MDS4029</u>	Clinical Skills in Medicine	8 ECTS	(NC)
<u>MDS4030</u>	Clinical Skills in Surgery	8 ECTS	(NC)
<u>MDS4031</u>	Clinical Skills in Obstetrics and Gynaecology	4 ECTS	(NC)
<u>MDS4032</u>	Clinical Skills in Paediatrics	4 ECTS	(NC)
<u>MDS4033</u>	Essential Core Competences	6 ECTS	(NC)

### Semester 1

#### Compulsory Units (All students **must** register for this/these unit/s)

<u>MDS4024</u>	Medicine	8 ECTS	(NC)
<u>MDS4025</u>	Surgery	8 ECTS	(NC)
<u>MDS4026</u>	Obstetrics and Gynaecology 2	6 ECTS	(NC)
<u>MDS4027</u>	Paediatrics 2	6 ECTS	(NC)
<u>MDS4028</u>	Medical Leadership and Psychological Aspects of Health Care	2 ECTS	(NC)