Higher Education Review Unit
Programmes-within-College Reviews Report

Doctor of Medicine
College of Medicine
AMA International University - Bahrain
Kingdom of Bahrain

Date Reviewed: 18 - 20 June 2012
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## Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMAIUB</td>
<td>AMA International University Bahrain</td>
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<tr>
<td>AMH</td>
<td>American Mission Hospital</td>
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<tr>
<td>BMedSc</td>
<td>Bachelor of Medical Science</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<tr>
<td>COM</td>
<td>College of Medicine</td>
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<tr>
<td>HEC</td>
<td>Higher Education Council of the Ministry of Education, Kingdom of Bahrain</td>
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<tr>
<td>HERU</td>
<td>Higher Education Review Unit</td>
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<tr>
<td>ILO</td>
<td>Intended Learning Outcome</td>
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<td>IQA</td>
<td>Internal Quality Audit</td>
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<td>MD</td>
<td>Doctor of Medicine</td>
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<tr>
<td>MIS</td>
<td>Management Information System</td>
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<td>PIAP</td>
<td>Programme Industry Advisory Panel</td>
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<td>QAAET</td>
<td>Quality Assurance Authority for Education &amp; Training</td>
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<td>QAAO</td>
<td>Quality Assurance and Accreditation Office</td>
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<tr>
<td>SER</td>
<td>Self-Evaluation Report</td>
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<td>SMC</td>
<td>Salmaniya Medical Complex</td>
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1. Programmes-within-College Reviews

1.1 The Programmes-within-College Reviews Framework

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

Programmes-within-College Reviews have three main objectives:

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

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

**Indicator 1: The Learning Programme**

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

**Indicator 2: Efficiency of the Programme**

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

**Indicator 3: Academic Standards of the Graduates**

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

**Indicator 4: Effectiveness of Quality Management and Assurance**

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

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Judgement</th>
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</thead>
<tbody>
<tr>
<td>All four Indicators satisfied</td>
<td>Confidence</td>
</tr>
<tr>
<td>Two or three Indicators satisfied, including Indicator 1</td>
<td>Limited Confidence</td>
</tr>
<tr>
<td>One or no Indicator satisfied</td>
<td>No Confidence</td>
</tr>
<tr>
<td>All cases where Indicator 1 is not satisfied</td>
<td></td>
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</tbody>
</table>

1.2 The Programmes-within-College Reviews Process at the AMA International University Bahrain

A Programmes-within-College review of the College of Medicine (COM) was conducted by HERU of QAAET in terms of its mandate to review the quality of higher education in Bahrain. The site visit took place on 18-20 June 2012 for the Doctor of Medicine (MD) programme offered by the College.

This Report provides an account of the HERU Programmes-within-College reviews process and the findings of the Panel for the MD programme based on the Self-Evaluation Report (SER) and appendices submitted by the AMA International University Bahrain (AMAIUB), the supplementary documentation made available during the site visit, as well as interviews and observations made during the review site visit.

AMAIUB was notified by the HERU/QAAET on 4 March 2012 that it would be subject to a Programmes-within-College review of its COM with the site visit taking place on 18-20 June 2012. In preparation for the review, AMAIUB conducted its College self-evaluation of its MD programme and submitted the SER with appendices on the agreed date on 26 April 2012.
HERU constituted a Panel consisting of experts in the academic field of Medicine and in higher education who have experience of external programme quality reviews. The Panel comprised three external reviewers.

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

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

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

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

1.3 Overview of the College of Medicine

The AMAIUB is a member of the AMA Education System in the Philippines. It first opened in Bahrain in 2001 offering programmes in the field of Business, Engineering, Computing, and Medicine. The COM was established with the aim of producing health practitioners who will serve and help address health-related concerns of the Kingdom of Bahrain and the region. It is guided by the College mission ‘to prepare qualified physicians capable to practice medicine and conduct research that contribute to the development of the profession and community, dedicated to life-long learning, and responsive to the growing socio-economic needs of Bahrain and the region’. It is a six year undergraduate programme in which the first four years are mainly spent on theoretical education and the remaining two are spent on clinical rotation in a hospital environment. The College has 47 registered students, the composition of the currently registered students is mainly Bahrainis with a high majority of female students. The College has graduated six students in the past three years and is expected to graduate two this year.
### Summary of Review Judgements

Table 2: Summary of Review Judgements for the MD Programme

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Judgement</th>
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<tbody>
<tr>
<td>1: The Learning Programme</td>
<td>Does Not Satisfy</td>
</tr>
<tr>
<td>2: Efficiency of the Programme</td>
<td>Does Not Satisfy</td>
</tr>
<tr>
<td>3: Academic Standards of the Graduates</td>
<td>Does Not Satisfy</td>
</tr>
<tr>
<td>4: Effectiveness of Quality Management and Assurance</td>
<td>Does Not Satisfy</td>
</tr>
<tr>
<td>Overall Judgement</td>
<td>No Confidence</td>
</tr>
</tbody>
</table>
2. **Indicator 1: The Learning Programme**

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

2.1 The aims and objectives of the MD programme are generally linked to the Mission and Vision of the AMAIUB and the COM. This alignment and the appropriate flow of the curriculum content were apparent from the submitted documents. However, the Panel noted inconsistencies in published statements of the College's aims and mission (e.g., as they appear in the MD programme Review June 2012, Student Handbook 2011-2012, and Catalogue 2011-2012).

2.2 There is confusion about the basic academic framework of the programme, specifically relating to the offerings of a Bachelor of Medical Science (BMedSc) and MD degree. This confusion was created by mixed and conflicting information contained in the submitted documents and statements from college administrators, faculty members, students, and graduates. The SER and COM Student Handbook clearly state that students are awarded a BMedSc degree after successful completion of the programme Year 4 and a MD degree after successful completion of the programme Year 6. However, administrators and faculty members indicated repeatedly during interviews that this information reflects future plans of the COM; they were adamant that the College offers only a MD degree and is not licensed to award a BMedSc degree. As evidence, the College submitted a letter from the Ministry of Education showing that the six-year MD programme was approved in August 2006. The Panel requested evidence of the academic framework for student batches admitted in 2003-2005; this evidence was not provided by AMAIUB. However, interviews with students and graduates indicated that some students admitted in 2003-2005 were awarded both degrees. Moreover, currently enrolled students stated that, as recently as last year, they were promised a BMedSc degree after successful completion of four years of study. This lack of clarity and candour has serious professional and ethical implications for the relationship between the College and the students, communities, professional bodies, and government agencies that it serves. Indeed, it is noteworthy that, during the school year 2005-2006, nine of 11 student in batch 2 (82% of the class) transferred out of the AMAIUB COM; graduates stated that this exodus was due to student concern and uncertainty about the degree(s) to be awarded. The Panel recommends that the AMAIUB COM develop an explicit statement of its academic framework and degree offerings, in a manner which provides all stakeholders with a clear understanding of the MD programme and its associated medical qualification.

2.3 Progression of the curriculum, from premedical to preclinical and ultimately to clinical studies, was clearly outlined in the submitted documents. However, moving
from the policy documents to analysis of the actual implementation of the academic programme, the Panel found that curriculum delivery was uneven, fragmented, and in some cases, arranged on an *ad hoc* basis. Overall, the academic roles, responsibilities, and participation of AMAIUB faculty members and contracted clinical coordinators, preceptors and tutors are uneven and uncoordinated. The Panel found numerous disconnections and disjunctions among the faculty members who teach Level I-III students at AMAIUB and the contracted clinicians who teach Level II-IV students at the American Mission Hospital (AMH) and Salmaniya Medical Complex (SMC). The only apparent line of communication among these groups of teachers is *via* the COM Dean. Teaching faculty at AMAIUB (including holders of MD degrees) do not directly interact with clinicians who teach in the hospitals; do not participate in student teaching sessions at the hospitals (and so have limited understanding of what is being taught in the hospitals); do not attend Continuing Medical Education (CME) activities at the hospitals; are not registered to practise medicine in Bahrain; and are not engaged in clinical medicine in Bahrain. At the same time, the clinicians contracted to teach AMAIUB students do not directly interact with AMAIUB faculty members relevant to student teaching/learning; are unfamiliar with the College’s Clinical Handbook which outlines the learning objectives and competencies of the clinical courses; do not attend medical education/faculty development activities at AMAIUB; and had only a vague understanding of the academic programme and content of courses at AMAIUB COM. This disjuncture between the four years of premedical/preclinical studies on the AMAIUB campus and the two years of clinical studies at the contracted teaching hospitals, coupled with the nearly complete absence of academic interaction among the staff involved, highlights a lack of overall academic coherence in the MD programme. The Panel recommends that the AMAIUB COM ensure that there is academic coherence of its MD programme; ensure alignment among the currently fragmented components at AMAIUB and its contracted clinical-training venues; and address the disconnections and disjunctions among the teaching faculty and contracted clinical preceptors/tutors.

### 2.4

The submitted documents and interviews with administrators and faculty members indicated that the College has attempted to develop its own syllabus which draws on the experiences of other local medical schools; conforms to the standards and norms for medical education in the region; and satisfies the regulatory environment of the region and the Bahrain Ministry of Health.

### 2.5

At a policy level, the programme Intended Learning Outcomes (ILOs) and their linkages to the programme’s aims and objectives are suitable and are clearly outlined in the submitted documents. However, there are clear discontinuities and disjunctions in terms of programme delivery at the level of academic staff at AMAIUB and their clinical counterparts at the teaching hospitals.
2.6 At a policy level, the course ILOs are appropriate and map with the programme ILOs, as outlined in the submitted documents. However, again, there are clear discontinuities and disjunctions in terms of course content delivery at the level of academic staff at AMAIUB and their clinical counterparts at the teaching hospitals.

2.7 The specific work-based learning outcomes are achieved via student rotations through the clinical training venues. Students in Levels II and III attend the AMH, whilst students in Level IV attend the SMC. The Panel found the clinical facilities and expertise at AMH and SMC to be appropriate.

2.8 Interviews with students, graduates, and clinical teachers indicated that the present curriculum design does not take full advantage of the teaching/learning opportunities available at the clinical training venues. The COM should evaluate its clinical teaching curriculum in Levels II-IV to optimize student teaching and learning.

2.9 After extensive discussion and cross-referencing with the submitted documentation, international experiences, and medical education literature, the Panel concluded that the current teaching methodology at AMAIUB COM is not Problem Based Learning as stated in various documentation, but rather is Case Based Teaching. The College should correctly state its pedagogic approach in published documents, it also needs to ensure that there is a shared understanding of its pedagogy and ensure its consistent implementation.

2.10 The College’s assessment policies and procedures are appropriate for a medical programme. Course assessment includes quizzes, exercises, course work, and mid-term, and final examinations. The individual course ILOs are assessed, analysed, and mapped to the programme ILOs.

2.11 In terms of improvement the Panel recommends that the AMAIUB COM should:

- develop an explicit statement of its academic framework and degree offerings, in a manner which provides all stakeholders with a clear understanding of the MD programme and its associated medical qualification
- ensure the academic coherence of its MD programme
- ensure the alignment between the currently fragmented components at AMAIUB and its contracted clinical-training venues
- address the disconnections and disjunctions among its teaching faculty, clinical preceptors, and clinical tutors
• evaluate its clinical teaching curriculum in levels II-IV to optimize student teaching and learning

• correctly state its pedagogic approach in published documents

• ensure that there is a shared understanding of its pedagogy, and it is consistently implemented.

2.12 Judgement

On balance, the Panel concludes that the programme does not satisfy the Indicator on The Learning Programme.
3. Indicator 2: Efficiency of the Programme

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

3.1 The submitted documentation indicates that the COM has a clear admission policy, initially issued in September 2003, and subsequently revised in September 2011 and January 2012. The admission policy is appropriate for a MD programme and consistent with the policies of other medical programmes in the region. The Panel had concerns about the implementation of the admission policy, specifically related to the profile of admitted students and their suitability for medical studies. The submitted documentation indicates that 47 students were admitted to the programme between 2003 and 2011. Of these students, 40% were admitted on probation (final secondary school grades < 90) including almost 10% who were admitted with high school grades of 75 or less. This is concerning, given that approximately 25% of the admitted students failed or withdrew from the programme and another 25% of admitted students decided to transfer to other institutions. The Panel recommends that the AMAIUB COM evaluates the implementation of its admission policies with particular attention to the admission of students on probation, based on a self-analysis of the relative success of such students to graduation and ultimately to medical licensure.

3.2 The organizational chart of the COM fails to meet expected norms for a medical school and, moreover, is inherently confusing. For example, it includes only two clinical departments (Forensic Medicine and Family & Community Medicine). The other traditional clinical departments are absent. Moreover, only one of the clinical departments has an appointed Department Head and faculty members; the other clinical department has no Department Head or faculty members. Further, the submitted faculty line-up lists Department Heads (e.g. Histology) for departments which do not exist in the organizational chart. The Panel recommends that the AMAIUB COM address its organizational structure to bring it in line with expected norms for a medical school and to reflect the composition and lines of accountability of its teaching faculty and non-teaching staff.

3.3 Faculty members at both the AMAIUB COM and the contracted teaching hospitals demonstrated a strong commitment and enthusiasm to mentor and teach students, to set aside time for student supervision, and to provide the necessary resources and exposure to teaching material. This was evident during interviews with the faculty members, students, and graduates. However, the overall composition and qualifications of the teaching faculty are not fit-for-purpose for a MD programme. This is true specifically for the faculty members teaching Levels I-III of the programme. The submitted documentation indicates that most faculty members are
involved in teaching multiple courses outside their area of specialization and expertise. This was confirmed directly during discussions with faculty members. It was further confirmed indirectly during discussions with students, who raised concerns about the expertise of selected faculty members in certain subjects. The submitted documentation indicates that most faculty members hold a junior academic rank (Assistant Professor) and, yet, also hold the administrative position of Department Head, and/or are involved in facilities management. The Panel was concerned that such multi-tasking represents serious challenges to effective management and delivery of the MD programme. The Panel recommends that the AMAIUB COM bring the composition and numbers of its premedical and preclinical faculty members in line with best practice for medical schools, in order to ensure that faculty members and staff are fit-for-purpose.

3.4 The COM has clear policies related to the recruitment, appraisal, promotion, and induction of faculty/staff. Faculty members stated these policies were acted upon. However, it was apparent during interviews that some faculty members were unaware of the specific requirements for promotion. Therefore, the COM needs to ensure that all faculty members are aware of the policies for promotion. Moreover, the Panel has concerns about the retention of academic staff, given that about 50% of teaching faculty are recent additions to staff (joined in 2011-2012). Submitted documentation indicates an annual faculty members turnover rate of 13-25% during the past four years. The COM should also undertake an analysis on reasons for faculty members turn-over and develop and implement mechanisms to address these.

3.5 The COM has a functional Management Information System (MIS), in the form of the Campus Information System. However, the Panel noted that faculty members do not have access to the MIS to obtain useful student information for advising purposes. This limits the usefulness of the system and the faculty members’ accurate and up-to-date knowledge of their advisees’ academic progress, thus hindering the advising process as a whole.

3.6 The COM has established its policies and procedures to ensure the security of its computerised information. There is a robust and detailed procedure for Data Backup and Restoration made effective since September 2011, and Disaster Recovery Guidelines including roles and responsibilities.

3.7 The physical and material resources were generally adequate for the small class sizes enrolled between 2003-2010 (less than a dozen students per batch). However, the resources are inadequate for support of larger classes, such as the 23 students who commenced studies in the 2011-2012 school year. These shortcomings also were mentioned during interviews with students, teaching faculty, and clinical preceptors.
Moreover, there are obvious deficiencies in physical facilities, for example, the absence of a pathology museum. The Panel noted that AMAIUB has substantially expanded its physical and material resources during the past year. The institution should continue this resource expansion if it intends to maintain or grow the size of its entering class from that of the 2011-2012 class.

3.8 The College reports the use of logbooks for tracking the usage of teaching/learning resources, other than the utilization of online resources which are tracked digitally. Staff confirmed that there is continuous evaluation of the usage of college physical and digital resources.

3.9 The submitted documentation provides an appropriate level of student support in relation to the medical library, laboratories, digital resources, guidance, and counselling/advising. This was confirmed during discussions with the students.

3.10 AMAIUB uses small animals for medical research. It does not have an Animal Ethics Policy, and does not implement ethical research guidelines which throws doubt on the validity of its research activities. This is a matter that needs to be urgently addressed.

3.11 The COM offers newly-admitted students an orientation day in which they are welcomed and introduced to faculty members and the MD programme. They are briefed on important rules and regulations related to students while they are studying at AMAIUB, and presented with the student handbook. Students met during the site visit confirmed the suitability of the orientation.

3.12 The Panel had concerns about the level of academic support for students, relevant to the tracking of student progress and interventions when students are at risk of failure. The COM submitted documentation with regard to academic support. However, statements by faculty members (specifically about their real-time tracking of student progress) were inconsistent with an adequate level of student support. Moreover, the Panel found the faculty members office space to be inadequate and not conducive to student counselling/advising. The Panel recommends that the AMAIUB COM address the resources (physical facilities and information system) needed to facilitate academic advising and support of students at risk of failure.

3.13 In coming to its conclusion regarding the Efficiency of the Programme, the Panel notes, with appreciation, the following:

- The faculty members of the AMAIUB COM and contracted clinical-training venues are committed and enthusiastic to mentor and teach students in the MD programme.
3.14 In terms of improvement, the Panel recommends that the College should:

- evaluate the implementation of its admission policies with particular attention to the admission of students on probation, based on a self-analysis of the relative success of such students to graduation and ultimately to medical licensure
- address its organizational structure to bring it in line with expected norms for a medical school and to reflect the composition and lines of accountability of its teaching faculty and non-teaching staff
- bring the composition and numbers of its premedical and preclinical faculty members into line with best practice for medical schools, in order to ensure that faculty members and staff are fit-for-purpose
- ensure that all faculty members are aware of policies for promotion
- undertake an analysis on reasons for faculty members turnover and develop and implement mechanisms to address these
- improve its physical resources including establishing a pathology museum
- establish and implement ethical research guidelines including animal ethics
- address the resources (physical facilities and information system) needed to facilitate academic advising and support of students at risk of failure.

3.15 Judgement

On balance, the Panel concludes that the programme does not satisfy the Indicator on Efficiency of the Programme.
4. Indicator 3: Academic Standards of the Graduates

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

4.1 The graduate attributes, exit requirements, and career pathways for the MD graduates are clearly stated and defined in terms of learning and other outcomes. However, as noted above in Indicator 1, the programme’s SER states students are also awarded a BMedSc degree. The graduate attributes, exit requirements, and career pathways for students who exit with a BMedSc degree are not clearly defined. Furthermore, the Panel could not find evidence of the formal approval by the Bahrain Ministry of Education of the BMedSc degree, despite the fact that some graduates received the degree (in addition to a MD degree).

4.2 AMAIUB has indicated in the submitted documents that they have made efforts to benchmark against local and regional institutions, as well as international guidelines. The Panel found that the form and content of the AMAIUB MD programme has a superficial resemblance to other similar programmes locally and regionally. However, the College’s staffing and physical resources, pedagogy and teaching methodology, clinical rotations, and disjunctions among the AMAIUB faculty members and contracted clinician teachers, mitigate against fulfilment of these benchmarks. The Panel recommends that the AMAIUB COM establish a comprehensive framework for benchmarking and assessment for the MD programme, and that all categories of academic staff (both AMAIUB faculty members and contracted clinician teachers) be fully involved in all aspects of such a system, in order to ensure alignment, consistent application of assessment criteria, and objective assessment of the outputs of student productivity.

4.3 The Panel has substantial concerns about many aspects of student assessments. The consistent implementation, monitoring, and review/alignment of internal and external assessment policies and procedures are judged to be inadequate because of the fragmented nature of the MD programme; the disjunctions between the AMAIUB faculty members and contracted clinician teachers; and the lack of appropriate academic development and support activities for all teaching staff (premedical, preclinical, and clinical). It is stated in the programme documents that students should achieve 75% in a comprehensive examination at the end of the preclinical phase to be promoted to the clinical phase. The Panel could not find evidence of such an examination in the submitted files nor was it acknowledged by faculty members. The Panel recommends that the AMAIUB COM review its system of internal and external moderation across a unified academic framework to measure the effectiveness, consistent application, and objectivity of the academic standards. The
Panel also recommends that AMAIUB COM ensure the implementation of the planned comprehensive examination at the end of the preclinical phase.

4.4 The Panel has concerns about student retention and graduate success rates. The SER states a 98% retention rate from admission to graduation (p.33). However, additional submitted documentation indicates retention rates for the graduated batches ranging between 18-67%. Moreover, for the six graduated students who have completed their postgraduate medical internship four sat for the medical licensure examination, and two passed on the first attempt. During interviews, the Panel learned that this level of success on the medical licensing examination is below that for graduates of other Bahraini medical schools. The low number of students who successfully completed the programme and the lower numbers of those graduates who successfully completed their post-internship medical licensing examinations reflects poorly on the MD programme and is a matter of serious concern, that needs to be urgently addressed.

4.5 Students are particularly satisfied with the experience they gain in SMC during years five and six, but students who visit the AMH during the preclinical phase expressed some concerns about their experience. Clinical faculty members and officials in AMH suggest that students should spend two continuous weeks rather than one day every week, in addition to extending the number of hours per day to the afternoon where more patients come to the hospital. College officials informed the Panel that the COM has recently signed an agreement to use primary health care centres for the preclinical students. The Panel noted the lack of a comprehensive logbook for every rotation to ensure consistency of delivery and assessment. This needs to be addressed.

4.6 The COM established its Programme Industry Advisory Panel (PIAP) policy and procedure in September 2011 that was revised in January 2012 followed by the panel appointment shortly afterwards. According to the evidence presented to the Panel the PIAP met once in March 2012 to review the MD programme curriculum, that this is the only meeting is attributed to the PIAP’s very recent establishment.

4.7 The College has conducted a survey to gauge the satisfaction of employers with the MD graduates. However, it is difficult to interpret the survey data, given that a very small number of graduates have completed their postgraduate internship (maximum of six graduates). Moreover, other documentation suggests that, as of May 2012, only two graduates of the overall six graduates have successfully obtained a license to practise medicine from the Ministry of Health. This is a serious cause of concern.

4.8 In terms of improvement, the Panel recommends that the AMAIUB COM should:
establish a comprehensive framework for benchmarking and assessment for the programme and that all categories of academic staff (both AMAIUB faculty members and contracted clinician teachers) be involved fully in all aspects of such a system

review the system of internal and external moderation across a unified academic framework to measure the effectiveness, consistent application, and objectivity of the academic standards

ensure the implementation of the planned comprehensive examination at the end of the preclinical phase

produce a comprehensive logbook for preclinical and clinical rotations and make it available to faculty members and students.

4.9 Judgement

On balance, the Panel concludes that the programme does not satisfy the Indicator on Academic Standards of the Graduates.
5. **Indicator 4: Effectiveness of Quality Management and Assurance**

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

5.1. The AMAIUB has developed an appropriate Policies and Procedures Manual and a comprehensive Continuous Quality Improvement Manual. Policies and Procedures are also found in other documents, such as College Catalogue, Student Handbook, Faculty Manual for academic staff. A special handbook or manual for administrative staff was not submitted as part of the evidences. The Panel has concerns about the effective and consistent dissemination and therefore application of the policies and procedures across the College. During meetings with faculty members from the COM and clinical sites the Panel noted that some were not aware of the university’s policies and procedures applicable within the College and at the clinical sites.

5.2. The programme is managed by a full-time qualified Dean who attempts to communicate with the Associate Dean, faculty members and administrative staff to ensure smooth and effective running of the programme. The organizational structure presented in the SER and published in the catalogue does not include the administrative units that support the College. There is no college level governing body to ensure proper planning based on collective expertise, consistent college-wide implementation of plans and new regulations, and informed decision-making.

5.3. The AMAIUB has established a comprehensive Quality Management System and the Panel reviewed recent documents pertaining to quality management such as, the Continuous Quality Improvement Manual, the Internal Quality Audit Report and the Programme Review Framework. However, after interviewing COM staff members and various stakeholders, the Panel had serious concerns about the effective implementation, monitoring and evaluation of the set Quality Management System by AMAIUB.

5.4. The AMAIUB in general has a Policy and Procedures document for the development of new programmes, but the Panel was unable to assess its implementation due to the fact that no new programmes were introduced other than the MD programme currently being delivered. However, there was no explanation in the SER about how the existing MD programme was developed nor was any evidence submitted during the site visit, but interviewees explained that it was informally developed in comparison with similar programmes offered locally and in the region.

5.5. The Panel noted that the COM submits an Annual Self-Evaluation Survey Report to the QAAO, and that the AMAIUB produced an Accomplishment Report on
Improvement Plans based on Internal Quality Audit, Programme Review, and Institutional Review. Although these two documents contain analysis of inputs and actions taken for improvements the Panel noted that some areas for improvements included in the Annual Self-Evaluation Survey Report are still theoretical and the associated actions have not yet been properly implemented.

5.6. AMAIUB and COM attempts to perform periodic reviews of the programme by incorporating internal and external feedback as mentioned in the Curriculum Oversight Committee Report, Report on Annual Programme Internal Quality Audit (IQA) and other related documents. However, though only one formal meeting for the PIAP was held so far (see 4.6), it was found that their important concerns have been put forward for further investigation. Furthermore, although external stakeholders such as potential employers spoke about the students with whom they are involved during training; there was little evidence of them being involved in an on-going basis in an advisory capacity for the programme team. In the same way, alumni feedback on the programme delivery has not been taken into consideration in the programme review. The Panel encourages the COM to consider actively the concerns raised by its PIAP and feedback received from alumni on programme delivery. Furthermore, it encourages the COM to seek additional mechanisms for external feedback on the programme.

5.7. The AMAIUB implements structured surveys for students and alumni and organizes focus groups and meetings for potential employers and PIAP. However, there are no structured mechanisms in place for communication and gathering feedback from the clinical and adjunct faculty members. Furthermore, it is not clear how the findings and improvements are communicated to the different stakeholders.

5.8. The COM has produced a Faculty and Development Plan concentrating on four main areas of development. These are, instruction, research, community engagement and quality assurance and development. The Faculty Development Accomplishment Report records the COM’s accomplishments of the plan in these four key result areas mentioned. However, the submitted evidence does not make it clear how the objectives were determined and how the impact of the accomplishment of each is going to be assessed. Furthermore, during interviews it was clear that some faculty members did not fully benefit from the faculty development activities. The Panel encourages COM to revise its faculty development programme and devise methods to determine individual development needs and assess the impact of set activities on faculty members’ teaching, research, and community engagement.

5.9. In coming to its conclusion regarding the Effectiveness of Quality Management and Assurance, the Panel notes, with appreciation, the following:
• The Continuous Quality Improvement Manual is comprehensive and addresses most areas of quality assurance and quality enhancement and attachments have well-structured templates for planning, follow up and reporting.
• A battery of satisfaction surveys has been conducted.

5.10. In terms of improvement, the Panel recommends that the AMAIUB COM should:

• effectively implement, monitor and evaluate the set Quality Management System by AMAIUB
• actively consider the concerns raised by its PIAP and feedback received from alumni on programme delivery
• seek additional mechanisms for external feedback on the programme
• establish structured and formal mechanisms of communication with the clinical and adjunct faculty members to obtain their feedback
• establish and implement mechanisms about how to inform stakeholders on improvements of the MD programme
• revise its faculty development programme and devise methods to determine individual development needs and assess the impact of the set activities on all faculty members’ teaching, research, and community engagement efforts.

5.11. Judgement

On balance, the Panel concludes that the programme does not satisfy the Indicator on Effectiveness of Quality Management and Assurance.
6. Conclusion

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

There is no confidence in the Doctor of Medicine programme of the College of Medicine offered by the AMA International University – Bahrain.