

Review Report
EDU Medical Programme



Faculty of Health, Medicine and Life Sciences
November 2022



Preamble

This report summarizes the key activities and outcomes of the supervision of EDU's Faculty of Medicine and Health (EDU) and the Bachelor in Medicine (B.Med) and Master in Medicine (M.Med) programme by Maastricht University (UM) Faculty of Health, Medicine and Life Sciences (FHML) to date.

The supervision is based on the requirements of 2005/36/EC and Maltese regulations and is formalized in the agreement between EDU and UM FHML signed in February 2020 and its amendments. With regards to quality standards the supervision is based on the Malta Qualifications Framework (MQF) standards and the European Standards and Guidelines (ESG), with special consideration given to the World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Basic Medical Education.

The supervision concerns the education quality and covers

- Quality Assurance by way of comprehensive assessment, programme evaluation and a continuous improvement process of the curriculum (implemented in the Curriculum Committee)
- Joint Curriculum Committee
- Yearly reviews and evaluations
- International progress tests twice a year with benchmarking against students of other medical schools
- Annual OSCE for medical skills
- Training of EDU teaching staff every other year

Within the process of supervision, FHML and Maastricht University Medical Centre (MUMC+) through the office of international collaboration of the School of Health Professions Education (SHEC) performed comprehensive external reviews of EDU and EDU's B. Med programme. The M Med programme has been reviewed based on the design, not yet on the implementation as the first 11 M Med students (4 in Neuwied and 7 in Hildesheim) commenced their programme only in September 2022. The review team (RT) visited online classes and teaching hospitals and performed direct inspections as well as reviews of EDU's quality system, including its Self-Assessment Report (SAR 2022) and discussions and meetings with academic staff and students on EDU's teaching quality and continuous improvement. The 2021 Review Report is also part of the resources to write this 2022 Review Report.

EDU's medical programme curriculum and didactic approach represent an innovative approach that has the potential to strengthen underserved regions, as Marienhaus and Helios Gruppe in Germany already recognized, and also worldwide by offering medical training in the local environment. Self-reflection and assessment are the cornerstones for quality assurance and improvement – especially of an innovative approach. Under UM's supervision, EDU shows regular reflection on key strengths and challenges, the setting of priorities, implementation of improvement plans and again reflecting on it according to a full quality cycle.

We compliment EDU again for the well-prepared and extensive documentation that supported the review process. The RT specifically wants to thank EDU's staff and students for their openness and

constructive attitude. The RT noticed a strong dedication of all stakeholders to the programme's quality and further improvement. We hope that the feedback provided during the course of supervision aids to reinforce the good and inspiring practices we encountered and that our recommendations will continue to stimulate the improvement of EDU's Medical Bachelor and Master programmes in the upcoming years.

Maastricht, November 2022,
On behalf of the MUMC+ review team,



Prof. Dr. Geertjan Wesseling

Chair

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Executive summary

This report summarizes the outcomes of the supervision process and a comprehensive review of EDU's Bachelor of Medicine (B.Med.) programme over the year 2022. The main goals of the review were to assess fit for purpose with respect to European norm 2005/36/EC, to take stock of achievements, to identify challenges, to provide recommendations, and to explore areas for future improvement. This report is structured similarly as the 2021 report and along the WFME 2020 standards—which is the latest issue of the WFME recommendations—and maps the MQF/ESG standard criteria into the WFME structure where appropriate. This way, all aspects and requirements are taken into account. We chose this structure with an eye on the growing relevance of the WFME standards even in Malta, as evidenced by the international accreditation of the MD programme of the University of Malta in 2019 based on WFME standards criteria.

We congratulate EDU for the courage and endurance needed to deliver educational services solely through digital channels, hybrid in conjunction with 11 partner Teaching Hospitals. It is RT's opinion that during the Covid-19 pandemic EDU proved to be much better equipped to continue the programme at a higher quality level as compared to most other universities who relied basically on F2F education. Currently 187 students are enrolled in 13 cohorts in the medical programme. Without a physical campus but supported by a robust digital platform, both students and staff are engaged in the learning and teaching processes. Overall, EDU's medical programme is fully compliant to the PQD as outlined in §24 of directive 2005/36/EC.

In last review report the RT provided several recommendations with regard to maintenance and revisions of the curriculum (e.g. skills education, feedback during hospital training, alignment of theoretical and practical training programme); recruitment and training of staff; diminution of the business-oriented approach regarding academic structures; design of formative and summative assessment policies and approaches in the clinical setting. The RT reviewed the way EDU has dealt with these recommendations during the past year and is impressed by the speed and quality of the achievements.

The three most important recommendations are:

- Improve alignment of theoretical modules with rotations
- Train clinicians in all aspects of EDU curriculum and offer didactical training
- Invest in skills training in a laboratory setting before the students practice with real patients
- Define and implement quality assurance procedures to monitor educational quality specifically in clinical education (eg. hospital rotations)

These recommendations intentionally go beyond the improvement priorities EDU identified in her self-assessment and documented in the SAR 2022 in order to stimulate EDU even more to live up to the vision of the late EDU Founder Prof. Dr. MED. Andreas Hoefst:

“High quality medical education should be accessible to anyone in the world who is passionate about studying medicine.”



Abbreviations

AT	Assessment Tasks
B.Med	Bachelor of Medicine
CanMEDS	Canadian Medical Education Directions for Specialists
CR/CRs	Clinical rotation/Clinical Rotations
EBMA	European Board of Medical Assessors
EDU	EDU Medical
EPC	Educational Programme Committee
ESG	European Standards and Guidelines
FHML	Faculty of Health, Medicine and Life Sciences
IPT	International Progress Test
IQA	Internal Quality Assurance
M.Med	Master of Medicine
MCQ	Multiple Choice Question
MUMC+	Maastricht University Medical Centre+
MQF	Malta Qualifications Framework
OSCE	Objective Structured Clinical Exam
PBL	Problem Based Learning
PT	Progress Test
RT	Review Team
SAR	Self-Assessment Report
SHE	School of Health Professions Education
SHEC	SHE Collaborates
TLA	Teaching and Learning Activities
UM	Maastricht University
WFME	World Federation for Medical Education

Supervision Activities

The supervision activities covered a range of objectives and tasks as pre-defined in coordination with the MFHEA and documented in the supervision contract between EDU and Maastricht University and did not deviate from the 2021 review approach. The review team, with a range of related expertise and experience, was tasked to dive into EDU's programme and activities as well as take an external review and QA position. This report summarizes the 2022 activities and findings.

Supervision Objectives and Tasks

The key objectives of the supervision are to ensure that EDU's medical programme is in line with international standards, in particular with Directive 2005/36/EG. Furthermore, the quality standards of Malta, ESG and WFME are considered. In terms of tasks, the supervision covers

- Quality Assurance by way of comprehensive assessment, programme evaluation and a continuous improvement process of the curriculum (implemented in the Curriculum Committee)
- Joint Curriculum Committee
- Yearly reviews and evaluations
- International progress tests twice a year, including benchmarking with other medical schools
- Annual OSCE for medical skills
- Training of EDU teaching staff every other year

As part of the supervision curriculum, teaching (theoretical and clinical), teaching staff and training, assessments, the quality management and assurance and the continuous improvement activities are assessed, and EDU is being given feedback in-process as well as in dedicated meetings and reviews. The supervision process is one of active control and inspection, with the RT being able to witness and dive into EDU's activities and documentation as fits the supervision and deemed adequate by the RT.

Composition of the Supervision Team

The RT was comprised of 7 staff members with diverse areas of expertise:

Prof. Dr. G. Wesseling	Former Vice-Dean FHML-UM
E. Brouwer, MD, MPH	Project leader SHEC-UM
J. Grul, MGH, MYS	Project leader SHEC-UM
G. Beaujean, MD, MHPE	Director SHEC-UM
Prof. Dr. R. Renneberg	Programme Director Medical programme FHML-UM
Dr. F. Vanmolkot	Coordinator Clerkship Internal Medicine FHML-UM
Dr. J. Whittingham	Chair FHML Taskforce Programme Evaluation FHML-UM

Working Method

The RT received the second Self-Assessment Report (SAR EDU 2021) including reference documents on 03-06-2022. Based on the report additional information was gathered by:

1. Discussions with tutors
2. Interviewing a group of first, second and third year students
3. Conducting an on-site observation of the Hildesheim and Neuwied teaching hospitals
4. Interviewing clinicians and administrators at the Hildesheim and Neuwied teaching hospitals

5. Interviewing students at the Hildesheim and Neuwied teaching hospitals
6. Attending online Curriculum Committee Meetings (Dec 2021, Feb 2022, June 2022, September 2022) addressing both EDU as well as UM formulated agenda points
7. Reviewing the curriculum (changes)
8. Meetings of UM Supervision team with EDU academic management

Supervision Results and Recommendations Summary

<i>WFME 2020 BME Standard</i>	<i>Strengths</i>	<i>Recommendations</i>
<i>1. Mission and values</i>	<i>A Mission is formulated, published and underpinned with ambition and core values.</i>	Previous recommendations, still relevant: <i>As EDU grows and matures, all stakeholder groups should be integrated in the formulation of an evolving mission making it more defined and aligned with ambition, core values and strategy</i>
<i>2. Curriculum</i>	<ul style="list-style-type: none"> - <i>The education justification for the program is strong. Modern educational approaches are in place to underpin the curriculum and the assessment.</i> - <i>Wide variety of active learning methods and well-integrated. Units that combine theoretical education with clinical learning posting in a teaching hospital is unique and interesting. (Also interesting for research).</i> - 	New recommendations: <ul style="list-style-type: none"> - <i>Enhance clarity of teaching activities and evaluation of teaching practices during clinical rotations.</i> - <i>Strengthen the interconnection and transition between the basic and clinical sciences.</i> - <i>Explore ways to include primary health care in the education model</i> Previous recommendations, still relevant: <ul style="list-style-type: none"> - <i>Map the curriculum longitudinally to competencies and research capabilities.</i> - <i>Invest in skills training in a laboratory and/or virtual setting before the students practice with real patients</i>
<i>3. Assessment</i>	<ul style="list-style-type: none"> - <i>There is a strategy of formative assessment which is commendable, using self-assessment tests (only 10 MCQ items) and a mock exam before the high stakes final exam.</i> - <i>Quality assurance around test development and test administration is strong.</i> 	Previous recommendation, still relevant: <ul style="list-style-type: none"> - <i>Formulate an assessment policy and organizational structure in which the vision on programmatic assessment, the balance between formative and summative assessment tasks throughout the curriculum, and responsibilities of different actors are described. The policy plan should be the result of involvement and scaffolding by all stakeholders.</i>

<p>4. <i>Students</i></p>	<ul style="list-style-type: none"> - <i>EDU has a very flexible admission process of taking students in 6 times per year.</i> - <i>Commendable mentoring system.</i> 	<p>New recommendation:</p> <ul style="list-style-type: none"> - <i>Increase focus on individual student mentoring, coaching and monitoring by EDU faculty, including during clinical rotations</i> <p>Previous recommendations, still relevant:</p> <ul style="list-style-type: none"> - <i>Explore opportunities to increase the number of undergraduate and post-graduate exchange positions available (between EDU and MUMC+ as well as in other collaborations).</i> - <i>Explore opportunities to provide scholarship without emphasizing summative assessments and grade performance</i>
<p>5. <i>Academic staff</i></p>	<ul style="list-style-type: none"> - <i>Virtual and global recruitment provides a strong, flexible approach for hiring competent academic staff</i> - <i>High staff to student ratio</i> 	<p>New recommendations:</p> <ul style="list-style-type: none"> - <i>Monitor clinical teaching and learning more systematically</i> - <i>Take a stronger lead in explaining teaching hospital staff about the EDU curriculum and guiding them clearly on what is expected of them and of the students by the end and during each rotation, both in B.Med and M.Med</i> - <i>Start didactical training sessions for Hospital staff</i> - <i>Involve clinicians in making educational choices</i> - <i>Involve clinicians in feedback process quality of education</i> - <i>Involve clinical staff in alignment of theoretical and clinical programme</i> <p>Previous recommendations, still relevant:</p> <ul style="list-style-type: none"> - <i>Continue to add structure and clarity to the teaching activities in teaching hospital</i> - <i>Integrate a teaching reward-and career development policy in the retention and recruitment plan.</i> - <i>Embed intervision/advanced training for tutors on group dynamic processes. Faculty development session could serve this purpose, pertaining issues could be addressed in training sessions organised by MUMC+/FHML.</i> - <i>Seek opportunities for increased staff exchange between EDU and the teaching hospitals and stimulate</i>

		<i>external staff to take part in EDU educational trainings and teaching activities.</i>
6. <i>Educational resources</i>	<ul style="list-style-type: none"> - <i>The digital support system is highly geared to staff and students' needs.</i> 	<p>Previous recommendations, still relevant:</p> <ul style="list-style-type: none"> - <i>Invest in skills training in a laboratory and/or virtual setting before the students practice with real patients.</i>
7. <i>Quality assurance</i>	<ul style="list-style-type: none"> - <i>Internal quality assurance is well organized.</i> - <i>External quality assurance is done via EBMA's progress testing and Maastricht University. This is a commendable strategy.</i> 	<p>Previous recommendations, still relevant:</p> <ul style="list-style-type: none"> - <i>Define more clearly the monitoring of quality in clinical rotations.</i> - <i>Follow through on the implementation of systematic evaluations of the curriculum and teaching. Don't act too quick and change too much.</i>
8. <i>Governance and administration</i>	<ul style="list-style-type: none"> - <i>Clear and transparent budgeting, planning and reporting processes and structures</i> - <i>Public information is well taken care of</i> - <i>Active student council is well integrated into continuous improvement</i> 	<p>Previous recommendations, still relevant:</p> <ul style="list-style-type: none"> - <i>Develop a policy plan in which the academic responsibilities and mandates of departments, taskforces, and committees, are clearly described. In developing the plan, integrating or re-locating tasks should be considered.</i> - <i>Evaluate and expand upon strategy and policy for selection of training hospitals and improve expectation-setting and QA monitoring system for clinical teaching.</i> - <i>Formulate a policy plan for recruitment and retention of both clinical and basic sciences teaching staff which includes a targeted approach to employ programme graduates.</i> - <i>Expand beyond a KPI framework to include measures that take into account elements such as support systems for staff members.</i>

Analysis and Findings

1. Mission and Values

Maltese National Quality Assurance Framework Standards

- Standard 9: Public Information

Sources of evidence

- Review Report 2021
- EDU Self-Assessment Report 2022
- [EDU website](#)

Criterion 1.1 Statement of the mission

Findings

The RT recommended EDU in previous report to include all relevant stakeholder groups into the evolution of mission, ambition and core values. In addition, a more concrete link between mission, ambition, core values and strategy could be developed as EDU matures and grows.

Final comments criterion 1

Good Practice Identified:

Clear explanation about mission, vision and values available on website.

Recommendations:

No explicit actions have been taken during this reporting period in this area. However, RT's opinion is that this is still recommendable.

2. Curriculum

Maltese National Quality Assurance Framework Standards

- Standard 3: Design and approval of programmes
- Standard 4: Student-centred learning, teaching and assessment
- Standard 9: Public Information

Sources of evidence:

- EDU Bachelor of Medicine Programme Accreditation_V2_20170622
- EDU Master Programme Accreditation Application_20200707
- EDU Bachelor of Medicine Programme_20210531
- Curriculum Evolution_20210617
- Curriculum_Table_BA_MA_20220406
- B.Med & M.Med Curriculum Map_Airtable_20220306
- MMED Programme 07122021.ppt
- Module Outlines
- Clinical Skills Catalogue Paper FINAL V3_20220125
- Longitudinal Clinical Skills Catalogue_20211112
- EDU Self-Assessment Report 2022
- Report visit Neuwied Hospital 26 September 2022

- Review Report 2021
- Various observation points during the Supervision 2022
- EDU website

Criterion 2.1 Intended Curriculum Outcomes & Curriculum Content

Findings:

The curriculum change review of the B.Med curriculum took place during supervision cycle between June 15th, 2021 and September 29th, 2021. The final review discussion took place at the in person supervision board meeting at Maastricht University September 29th, 2021. The curriculum change review process was concluded positively by the joint curriculum committee of EDU and Maastricht University and confirmed in the Supervision Board meeting on December 17th, 2021.

Curricular change of the B.Med curriculum has mainly been driven from the necessity for more specificity and granularity whilst preparing for digital programme delivery and from feedback by clinical partners for a more effective enabling of early clinical integration.

A total of 796 learning objectives were added to the B.Med, mainly by shift of clinical picture learning objectives from the M.Med programme (128) or through a split of learning objectives (553). Only 117 learning objectives have been added from outside the medical programme domain. 65 Learning objectives have been completed and 132 clinical picture learning objectives have been split and shifted to the M.Med curriculum. Enabling early clinical integration enforced a different, non-department oriented curriculum narrative and a more intense frontloading of the first year with physiology and anatomy resulting in a shift in appearance in the curriculum for the majority of learning objectives.

In February 2022 the introduction of the Clinical Skills Catalogue took place with B.Med cohorts entering into their clinical rotation. The EDU development team included clinicians from EDU teaching hospitals in the review and feedback phase. The topics include: Medical History Taking, Communication & Documentation; Physical Examination; Practical Procedures; Clinical Judgement; and Professionalism. The clinical skills catalogue has been developed and implemented to supervise and steer the attainment of clinical skill during the clinical rotations in EDU teaching hospitals.

All changes have been thoroughly documented and the nine modules of the B.Med have been versioned accordingly in EDUs digital curricular system “Babylon”. Information on the curriculum structure is made publicly available through the EDU website.

The curriculum, accreditation documents and the module outlines clearly state intended outcomes by module as well as by topical area. The Clinical Skills Catalogue defines the intended clinical skills to be acquired. The intended outcomes and clinical skills are transparent to students and educators alike via EDU’s website and its member-oriented portal, the EDU digital campus. The catalogue is designed to give more guidance and structure to the learning during the clinical rotations.

Criterion 2.2 Curriculum Organisation and Structure

Findings:

The curriculum is structured in nine trimester modules over three years for the B.Med programme and in six modules plus a 28 week final clinical phase over two and a half years for the M.Med



programme. Each trimester module structures in ten weeks of theoretical and four weeks of clinical training. Of the ten weeks there is one reading week placed before and after the clinical training (two in total). High stake assessments and re-sits are placed here.

B.MED



		Module 1		Module 2		Module 3			
Year 1	Biomedical	Physics / Chemistry / Biology / Anatomy / Histology / EBM / Hygiene	Clinical Rotation	Biophysics, Histology, Biology, Biochemistry, Anatomy, Physiology, EBM	Clinical Rotation	Chemistry, Biology, Anatomy, Physiology, Histology	Clinical Rotation	60 ECTS	Ongoing Formative & Summative Assessment
	Clinical	Medical History Taking / Physical Examination		Medical History Taking / Physical Examination		Medical History Taking / Physical Examination / Laboratory Medicine			
	Ancillary	SRL 1 / Medical English / Teamwork / Professionalism		SRL 2 / Medical English / Teamwork / Professionalism		SRL 3 / Medical English / Teamwork / Professionalism			
		Module 3		Module 4		Module 5			
Year 3	Biomedical	Nutrition / Anatomy / Histology / Physiology / Biochemistry / Pharmacology / Pathology / Microbiology	Clinical Rotation	Pathology / Pharmacology / Genetics / Biology / Physiology / Sociology / Epidemiology	Clinical Rotation	Pharmacology / Embryology / Histology / Biochemistry / Pathology / Clinical Research / Biostatistics	Clinical Rotation	60 ECTS	Ongoing Formative & Summative Assessment
	Clinical	Physical Examination / Propaedeutics / Internal Medicine / Infectious Diseases		Laboratory Medicine / Radiology / Oncology / Forensic Medicine / Internal Medicine		Internal Medicine / General Surgery / Oncology / Infectious Diseases / Emergency Medicine			
	Ancillary	PLP 1 Problem-Solving / Professionalism		PLP 2 / Critical Thinking / Medical Ethics Professionalism		PLP 3 / Research Skills / Biopsychological Health, Professionalism			
		Module 3		Module 4		Module 5			
Year 2	Biomedical	Nutrition / Anatomy / Histology / Physiology / Biochemistry / Pharmacology / Pathology / Microbiology	Clinical Rotation	Pathology / Pharmacology / Genetics / Biology / Physiology / Sociology / Epidemiology	Clinical Rotation	Pharmacology / Embryology / Histology / Biochemistry / Pathology / Clinical Research / Biostatistics	Clinical Rotation	60 ECTS	Ongoing Formative & Summative Assessment
	Clinical	Physical Examination / Propaedeutics / Internal Medicine / Infectious Diseases		Laboratory Medicine / Radiology / Oncology / Forensic Medicine / Internal Medicine		Internal Medicine / General Surgery / Oncology / Infectious Diseases / Emergency Medicine			
	Ancillary	PLP 1 Problem-Solving / Professionalism		PLP 2 / Critical Thinking / Medical Ethics Professionalism		PLP 3 / Research Skills / Biopsychological Health, Professionalism			
BACHELOR THESIS									

M.MED



		A: Dying, Drugs and Diagnostics		B: The Life Cycle and Organ Systems		C: Community Care and Metabolism					
Year 1	Biomedical	Introductory Weeks	Clinical Rotation	Oncology, Infectious Diseases, Palliative Care, Clinical Pharmacology	Introductory Weeks	Clinical Rotation	Introductory Weeks	Clinical Rotation	60 ECTS		
	Clinical			Clinical Decision-Making End of life Issues						Obstetrics & Gynaecology, Paediatrics, Cardiology, Respiratory Medicine, Gastroenterology	General Practice and Primary Healthcare, Geriatrics, Mental Health, Dermatology, Sexual Health, Endocrinology
	Ancillary			Project Management, Professionalism						Clinical Decision-Making Treatment Plans Professionalism	Clinical Decision-Making Prevention/Prophylaxis Professionalism, EBM
Ongoing Formative & Summative Assessment											
		D: Emergencies and Surgeries		T: Master Thesis		E: Elective					
Year 2	Biomedical	Introductory Weeks	Clinical Rotation	Acute, Emergency and Perioperative Medicine, Orthopaedics, Neurology, Ophthalmology, Rheumatology Otorhinolaryngology, Urology&Nephrology	Introductory Weeks	Clinical Rotation	Introductory Weeks	Clinical Rotation	60 ECTS		
	Clinical			Clinical Decision-Making Rehabilitation						Statistics, Public Health	Regulatory Affairs / Health Management / Molecular Medicine, Experimental Medicine, etc
	Ancillary			Professionalism						Clinical Research, EBM Professionalism, Research Methods, Academic Writing EBM	Clinical Decision-Making Patient Management Professionalism
Ongoing Formative & Summative Assessment											
Year 3	Introductory Weeks		Clinical Clerkship						42 ECTS		
			Internal Medicine, Surgery, General Practice or other discipline Entrustable Professional Activities (EPA)								
Formative & Summative Assessment											

EDU prepared for the launch of the M.Med programme in October 2022 with a first cohort of 11 students in two Hospitals, 4 in Neuwied and 7 in Hildesheim.

RT's overall concern is that students lack the exposure to community based, general practice during B.Med and M.Med because in the German health care system primary care is not provided through hospitals.

Criterion 2.3 Educational Methods and Experiences

Findings:

EDU deploys a range of educational methods in the theoretical part of the curriculum, which are designed to instill engagement through active learning. Methods, didactics and content in learning cycles are carefully matched and well-received. Handbooks for both staff and students elucidate the various educational principles behind these choices and explain the roles and responsibilities for both teachers and learners.

There is a clinical component to every unit within the teaching hospital setting. Students are generally very positive about their experiences. However, it is still rather difficult for both students and staff to find connections and clear learning goals between the clinical rotations and theoretical modules.

EDU's aim is to send the students to the same hospitals each 4-week period to build trust and give the students more responsibilities, however in practice this is not feasible and not all hospitals have all specialties. The clinical skills catalogue and the clinical rotation logbook provide guidance for student and staff but add a considerable amount of administration and a tendency for students "to get things signed off" instead of reflecting on one's learning needs and progress.

In addition, students have a one-pager/passport with the following information: current module, what the students have been trained in, what the student has learned in the current module, and learning goals of the associated clinical rotation. At the start of a rotation, students share the learning outcomes of the corresponding theoretical module. However, clinical teachers report having no time to read about students' theoretical modules. Teachers have to be very adaptive and feel it as a big responsibility to guide students without proper preparation. EDU's train-the-trainer sessions at hospitals started in September 2021 to onboard clinicians into the EDU curriculum, structure, and programme rationale. This continues to be highly important to create stronger relationships with the hospitals and physicians, but also for giving them insights into the EDU way of learning. Didactical trainings for clinical staff should soon be targeted as hospital relationships have been strengthened over the past year.

The feedback students receive during their stay at the hospital is informal and unrecorded. The same counts for the feedback the students give about their hospital period, which is oral and thus never anonymously.

The concrete learning process could use further definition; thus, it remains unclear how well the clinical skills are being learned and how progress in the various skill areas is monitored and reacted to over the course of the programmes.

Final comments criterion 2

Good Practice Identified:

- The education justification for the program is strong. Modern educational approaches are in place to underpin the curriculum and the assessment.
- 'Anatomical dissection' of curriculum objectives possible because of strong digital database from the onset of the curriculum development strongly supports curriculum mapping and revision
- Wide variety of active learning methods and well-integrated. Units that combine theoretical education with clinical learning posting in a teaching hospital is unique and interesting. (Also interesting for research).

Recommendations:

- Enhance clarity of teaching activities during clinical rotations.
- Reduce 'administrative load' on students during clinical rotations ("signing off" skills catalogue and logbook) but provide more individual student mentoring, coaching and monitoring by EDU faculty, including during clinical rotations
- Let the Curriculum Committee review what topics need revision or more attention with an eye on strengthening the interconnection and transition between the basic and clinical sciences, and the theoretical modules and the rotations.
- Invest in skills training in a laboratory and/or virtual setting before the students have OSCE's (see next chapter) and practice with real patients
- Invest on strengthening the relationships between EDU and the hospitals and physicians by involving them more in design of curriculum and assessment tools. Explore if and how they can be involved in the theoretical modules as well to get a higher level of integration of both educational settings.

3. Assessment

Maltese National Quality Assurance Framework Standards

- Standard 3: Design and approval of programmes
- Standard 4: Student-centred learning, teaching and assessment
- Standard 5: Student admission, progression, recognition and certification
- Standard 7: Learning resources and student support

Sources of evidence:

- EDU Self-Assessment Report 2022
- Review Report 2021
- EDU Student Assessment Policy_V2_20210312
- Proctored Assessments - Rules & Regulations_V2_20201116
- Online Assessment and Proctoring_V1_2021052
- Staff interviews
- Addition of Self-regulated learning_V1_2021052
- SRL Year 1 Learning Units Blueprint 20210110
- EDU Medical Student Handbook_V7_20210312
- Staff interviews
- EDU Medical Student Handbook_V7_20210312
- Writing PBL Cases (guideline)

- Student Assessment Regulation Version: 4.0 In effect: 20220424
- EDU IPT EBMA Benchmarking reports

Criterion 3.1 Assessment Policy and System

Findings:

EDU has a Student Assessment Policy in place as well as an Assessment Committee. Rules and regulations for proctored assessments display appropriate consideration for conducting remote and hybrid learning examinations. Assessments are coordinated and actualized across all running models and assessment content has been mapped to module learning outcomes.

Criterion 3.2 Assessment in Support of Learning

Findings:

EDU's medical programme includes several summative and formative assessment tasks which are organised mid-term and at the end of courses.

Theoretical assessment during the online phase

Formative:

- Longitudinal Quizzes as prior preparation for Synchronous Sessions (daily)
- Personal Learning Plans (weekly during year 2)
- Online Proctored Mock Examinations (HSE) (week 8 in module 1)
- EBMA International Progress Test (twice per academic year)

Summative:

- Online Proctored High-Stake Examination (week 9 in all modules)
- Bachelor Research Thesis (year 3 only)

Formative and Summative:

- Active Participation during Synchronous Sessions (daily)
- Facilitator Evaluation of Verbal and Written Presentations (up to once per week)

Clinical assessment during clinical rotation phase

Formative:

- Work-based assessment of the clinical skills following the clinical skills catalogue (daily)
- Portfolio on professionalism skills (daily)
- OSCE (once per year in modules 3 and 6)

Summative:

- OSCE (once per year in module 9)

A great effort has been made to develop OSCE's for B.Med. Two formative OSCEs take place at the end of the first and second academic year (in Modules 3 and 6 respectively) as well as one summative OSCE at the end of the third academic year in Module 9 which concludes the B.Med.

Consider further integrating follow-up opportunities to formative OSCEs. Could be accomplished using the B.Med portfolio reflections, specifically targeting OSCE reflection. Also consider removing “pass/fail” from OSCE feedback form to create greater shift to assessment *for* learning.

Portfolios, as developed for piloting for the current September 19 cohort, in their Year 3 Module 7 in August 2022, intend to contain the above elements of clinical assessment within them (clinical skill catalogues/logbooks with clinician feedback, OSCE stationspecific feedback) as well as an important reflective element on professional development.

Students are formatively assessed by their portfolio supervisors at the end of the clinical rotation using an adapted version of the rubric for medical student assessment of competency proven via the portfolio (University of Ottawa Faculty of Medicine). The feedback and rubric assessments are then submitted to students’ portfolios by their supervisors.

A final summative assessment of the portfolio is conducted in Module 9, alongside the bachelor thesis submission and summative OSCE.

Criterion 3.3 Assessment in Support of Decision-Making

Findings:

High-stake examination content creation follows EBMA guidelines for writing multiple choice questions. Collaboration with UCAN (Umbrella Consortium for Assessment Networks, founded within University of Heidelberg, Germany) ensures an external review of HSE questions for quality. An authoring and review process is defined using subject-based blueprints. Questions are mapped to learning objectives and outcomes to measure student progression.

An assessment policy and subsequently an assessment committee is in place and informs decisions on student progression and graduation. The processes for the setting, marking, grading and moderation of assessments at EDU are well-determined, as evidenced by EDU's IQA document and EDU Medical Student Handbook

The biannual Online Adaptive International Progress Test (IPT) through EBMA is an objective way to benchmark EDU students with European benchmark performance. In comparison to other students, EDU students performed well at similar stages of study. Year 1 students scored significantly higher than other students who have taken the IPT at a similar point. The performance of year 2 and 3 students was in line with all other students who have taken the IPT at a similar time point. This was also the case for the analyses of the IPT domain subscales. However, in later tests it appeared as though the growth of scores was a bit flatter than in other schools. This may warrant a review of the learning process during the bachelor.

Criterion 3.4 Quality Control

Findings:

The UCAN collaboration detailed in criterion 3.3 encompasses mechanisms for quality assurance in high-stake assessments. Graded assessments, such as problem-based learning (PBL) assignments, have a quality review process in place, as well as distributed guidelines and rubrics for designing cases and assessing student work.

Final comments criterion 3

Good Practice Identified:

- There is a strategy of formative assessment which is commendable, using self-assessment tests (only 10 MCQ items) and a mock exam before the high stakes final exam.
- Clinical Skills catalogues have been introduced.
- OSCE's have been introduced.
- Portfolio system has been developed and is in pilot phase.
- Quality assurance around test development and test administration is strong.

Recommendations:

- Formulate an assessment policy and organizational structure in which the vision on programmatic assessment, the balance between formative and summative assessment tasks throughout the curriculum, and responsibilities of different actors are described.
- Evaluate students' view on assessment programme, specifically whether assessment *for* learning opportunities are created.
- Include assessment analyses in quality assurance cycle for each module and/or educational task

4. Students

Maltese National Quality Assurance Framework Standards

- Standard 5: Student admission, progression, recognition and certification
- Standard 7: Learning resources and student support

Sources of evidence:

- EDU Self-Assessment Report 2022
- Commentary Standard 5_20210722
- 2018-10-12 Interview Guide Observation Sheet
- 2018-10-12 Interviewer training
- IQA_V2_20190827
- EDU-Student-Assessment-Policy_V4_20220424
- Addition of Self-regulated learning_V1_20210225
- SRL Year 1 Learning Units Blueprint 20210110
- EDU Student Finance Policy_V1_20201216
- Student interviews
- Staff interviews
- Admissions Regulations_V3_20220404
- EDU Medical Student Handbook_V8_20220429
- EDU Student Onboarding scheme
- Student Demographics_V2_20220531

Criterion 4.1 Selection and Admission Policy

Findings:

EDU's admissions criteria and processes are publicly available through their website, where related assessment policies and their Internal Quality Assurance document are also linked.

An admission board has been installed.

	12/2018	6/2019	12/2019	6/2020	12/2020	6/2021	12/2021	5/2022
Starting Balance Students	0	8	19	37	54	79	96	125
+ Students new	8	11	18	22	29	24	41	23
- Students discontinued	0	0	0	-5	-4	-7	-12	-11
Total number of enrolled Students	8	19	37	54	79	96	125	137

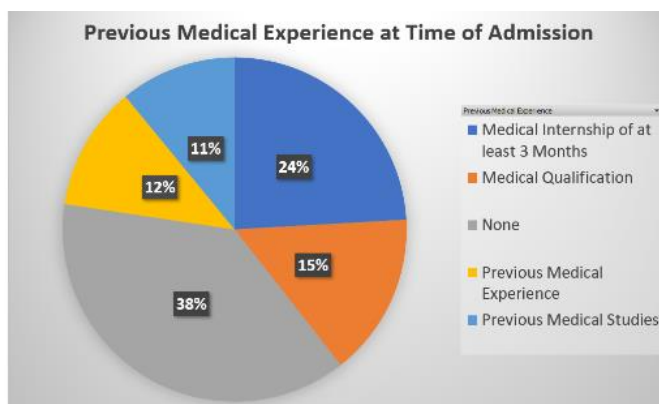
Source: SAR 2022

The table above shows the intake and drop out of B.MED students per year. 11 students have proceeded to the M.Med in October 2022.

Exit feedback is collected from students via personal interviews with Student Affairs at the time of drop out. Majority of the students decided to terminate their studies due to personal reasons connected to:

- Personal health,
- Insufficient finances,
- Family obligations,
- Study offers from a state university,
- Approbation concerns,
- Performance issues

While EDU managed, despite the Corona pandemic, to steadily increase its student intake numbers from year to year, the attrition rate also increased. Students were impacted by the pandemic both mentally and financially.



Source: SAR 2022

Gender, previous education and the nationality of the students enrolled as of May 2022 is compiled in the Student Demographic report.

Criterion 4.2 Student Counselling and Support

Findings:

EDU students currently struggle to access financial products and scholarships outside those facilitated by EDU, as EDU is not yet listed on the ANABIN list, a validation most student financing and scholarship schemes require from the academic institution. As a result, access to funding opportunities remains heavily reduced for EDU students.



EDU has partnered with CHANCEN eG to provide students with a fair financial solution to cover their tuition fees. With an Income Share Agreement (ISA), students focus on their studies while enrolled in our medical degree programmes and let CHANCEN eG pay their fees. Following the successful completion of their studies and graduation, students start to pay back their tuition fees with incomebased repayments over eight years.

A Student Handbook as well as an onboarding programme has been developed to introduce new students to the EDU programme.

Students have EDU mentors who are available throughout the theoretical modules for individual consultation.

Final comments criterion 4

Good Practice Identified:

- EDU has a very flexible admission process of taking students in 4 times per year.
- Scholarships are made available through Marienhaus Group.
- EDU has partnered with CHANCEeG for student loans.

Recommendations:

- Be transparent about number of applications versus admissions and (reasons for) rejections.
- Consider collecting information about socio-economic, education and geographic background of applying versus enrolled students to find arguments against EDU being a school for elites. How does EDU's selection and support system ensure a broad diversity of students?
- Explore opportunities to increase the number of undergraduate and post-graduate exchange positions available (between EDU and MUMC+ as well as in other collaborations).
- Include dropout rates and reasons (including financial) in the SAR 2023
- Consider extending mentoring throughout the full programme including active involvement of EDU mentor during clinical rotations (not only in theoretical modules)

5. Academic Staff

Maltese National Quality Assurance Framework Standards
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| <ul style="list-style-type: none">• Standard 6: Teaching staff |
|--|

Sources of evidence:

- EDU Self-Assessment Report 2022
- IQA V2_20190827
- EDU Academic Promotions_V1_20201030
- EDU Bachelor of Medicine Programme Accreditation_V2_20170622
- EDU Onboarding tutor & mentor team_20220601
- EDU Expert Briefing_20220601
- Experience of hired staff_20220603
- EDU Complete Staff List_20220505

Criterion 5.1 Academic Staff Establishment Policy

Findings:

External staff (Experts and Module Leaders) receive limited individual onboarding and training, mostly focusing on the fundamental principles of student-centered learning and flipped-classroom model.

Internal staff (Tutors and Mentors) undergo an intensive four-week onboarding and training consisting of the fundamental principles of the student-centered learning, flipped-classroom didactics, student support and communication, and the role and responsibilities of a facilitator. Clinical Teachers are on-boarded directly on the hospital site via the in-person Teach the Teacher seminars which are focused on the curriculum content, its assessment, and EDU's pedagogy and vision. An introduction programme and document has been developed to introduce new teachers. Attendance rate of these clinical sessions are not shared with the RT.

A policy plan for staff recruitment and retention of both clinical and basic sciences teaching staff which includes a target approach to employ future graduates is under construction.

Academic Promotions Committee is installed in November 2020 and discussion around this theme were on the agenda of the academic board. The RT has not been able to get informed about an implementation plan.

Criterion 5.2 Academic Staff Performance and Conduct

Findings:

EDU has a global virtual organisation with offices in Kalkara (Malta), Bratislava (Slovakia) and Berlin (Germany). As per May 2022, EDU's staff consists of 87 people; 54 academic and 33 support staff. 34% of EDU's staff is office located, mostly also in a hybrid set up; 66% of the staff is working remotely. Through the international hiring strategy EDU highly benefits from diverse staff bringing varied perspectives, compensating for the weak position as a young institution to attract staff, resources, and partners. EDU maintains an intensive technical communication infrastructure for connectivity and collaboration.

Academic staff by role (as of May 1st, 2022)

Staff Titles	Academic rank / Function
Senior Lecturer	12
Tutor	9
Visiting Professor	9
Curriculum and Assessment	15
Lecturer	4
Mentor	5
Chief Academic Officers	4
Grand Total	54

For clinical education EDU relies on existing hospitals. Clinical teachers are trained now by EDU in a train-the-trainer approach to establish the necessary knowledge and insight into EDU's module structure and interaction between theoretical and clinical training.

Criterion 5.3 Continuing Professional Development for Academic Staff

Findings:

For professional development, each department head has a budget for professional training. Details about budget and the way it is used is not clear to the RT.

Internal training by EDU of teachers (both EDU as well as hospital staff) is organised as described in the chapters above.

Final comments criterion 5

Good Practice Identified:

- Virtual and global recruitment provides a strong, flexible approach for hiring competent academic staff
- High staff to student ratio

Recommendations:

- Include an overview of staff leaving EDU and register reasons for leaving
- Consider evaluating staff satisfaction
- Regular interaction between the EDU hospitals could further support 'benchmarking', sharing and learning from experiences and aligning teaching approaches and learning objectives.
- Continue to add structure and clarity to the teaching activities in teaching hospital
- Integrate a teaching reward-and-career development policy in the retention and recruitment plan.
- Embed 'interview' (peer-support) & advanced training for tutors on group dynamic processes. Faculty development session could serve this purpose, pertaining issues could be addressed in training sessions organised by MUMC+/FHML.
- Seek opportunities for increased staff exchange between EDU and the teaching hospitals and stimulate external staff to take part in EDU educational trainings and teaching activities.

6. Educational Resources

<p>Maltese National Quality Assurance Framework Standards</p> <ul style="list-style-type: none"> • Standard 7: Learning resources and student support
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Sources of evidence:

- EDU Self-Assessment Report 2022
- EDU Clinical Skills List 20200110
- Staff and clinician interviews
- Teaching hospital observations
- Library Enrichment Strategy_20220511
- Partner Hospital Selection Criteria_V1_20220530
- Learning Content Portfolio_V2_20220505

Criterion 6.1 Adequate Infrastructure for Teaching and Learning

Findings:

“Babylon”, the digital environment of EDU is well-organized and therefore provides the right scaffold for EDU’s mission. The digital learning platform of EDU seems to be robust, so that students do not experience any limitations in their learning – they do, however, depend on a fast and stable internet connection.

EDU seems to have a strong data protection system in place compliant with GDPR rules. All information is digital, and procedures are in place to protect and save data.

Practical medical & skills training, outside the hospitals, as a preparation to the real patient exposure, is not yet available. The newly introduced annual OSCE’s are filling that gap only partly.

Criterion 6.2 Clinical Training Resources

Findings:

Teaching hospitals of EDU currently are selected to fulfill a number of criteria that ensure comprehensive and competent coverage of clinical training:

- Teaching hospitals are large enough and have the breadth of departments to cover all or almost all areas of clinical training.
- Teaching hospitals are experienced in clinical training of students through working with other medical schools. Neuwied teaching hospital is also a teaching hospital of Maastricht University, which provides a well-known reference for the RT.
- Teaching hospitals have a genuine interest to train students for the purpose of their own later recruiting.

A well-balanced hospital selection document has been drawn up. It is the impression of RT that geographical location is an important pragmatic factor, however not included as a selection criterium in the document.

Resources detailing the clinical training are available to students on the digital platform’s library. These resources supplement the clinical rotation logbook and Skills Catalogues for guiding clinical skills training.

Criterion 6.3 Information Resources

Findings:

During the RT’s interviews with EDU staff, it was shown that EDU’s resources are linked to its curriculum down to learning units and learning objectives with the connections and suggested learning pathways detailed on the EDU platform for students.

EDU is providing access to academic journals through the addition of UpToDate and ProQuest and medical textbook materials through the addition of the Thieme MedOne package.

Faculty is involved in the review of learning resources selected as recommended readings for each module.

Some students reported concerns on accessibility of resources during the clinical rotations, which may reflect a lack of awareness of the availability of resources through the EDU platform.

Final comments criterion 6

Good Practice Identified:

- The digital support system is highly geared to staff and students' needs.
- Library is extended with UpToDate, ProQuest and Thieme MedOne package.

Recommendations:

- Invest in skills training in a practical skills training laboratory for students to practice before they have an OSCE and prior to interacting with real patients.

7. Quality Assurance

Maltese National Quality Assurance Framework Standards

- Standard 1: Policy for quality assurance
- Standard 10: Ongoing monitoring and periodic review of programmes
- Standard 11: Cyclical external quality assurance

Sources of evidence:

- EDU Self-Assessment Report 2022
- IQA_V2_20190828
- EDU - EBMA IPT Benchmarking Report - 2021.05
- EDU - EBMA IPT Benchmarking Report - 2020.11
- EDU Student Feedback_V1_20210525
- Instructor Evaluation Protocol_v1_20210413
- Quality Instruction Data Review Protocol_20210126
- Quality Synchronous Instruction - Tools and Processes_V1_20210526
- Module 1 Review report 20221002
- Module 2 and 3 Evaluation Report_20210601
- Module evaluation report 20210601

Criterion 7.1 Quality Assurance System

Findings:

EDU clearly invests in collecting a lot of input, from different stakeholders and different sources. Core processes of the curriculum are under their own review. Continuous improvement is a result of these sources of input, combined with organizational structures and guidelines. Elaborate analyses and reports are created, which are discussed both internally and externally. The internal processes are well-aligned.

The EDU Medical curriculum is an innovative curriculum. It particularly stands out on two features: the digital delivery of knowledge content and the early clinical integration. Although there is an open attitude to analyze and report on educational quality of the curriculum, the evaluation activities could specify more on these distinct features. That is, EDU indicates to rely on students' input to further improve teaching and learning activities. Regular surveys are organized to invite students' perspective on quality of education. EDU clearly aims to incorporate this input and has defined levels of change with respective responsible stakeholders.

EDU has set up an Academic Board. The Academic Board aims to discuss, review changes related to the curriculum. Several meetings took place in which curricular topics were discussed. The discussions with different stakeholders (e.g. EDU management, EDU staff, Maastricht advisors and students) have led to valuable discussions and input. Creating an environment in which educational topics are openly discussed and reviewed is vital feature.

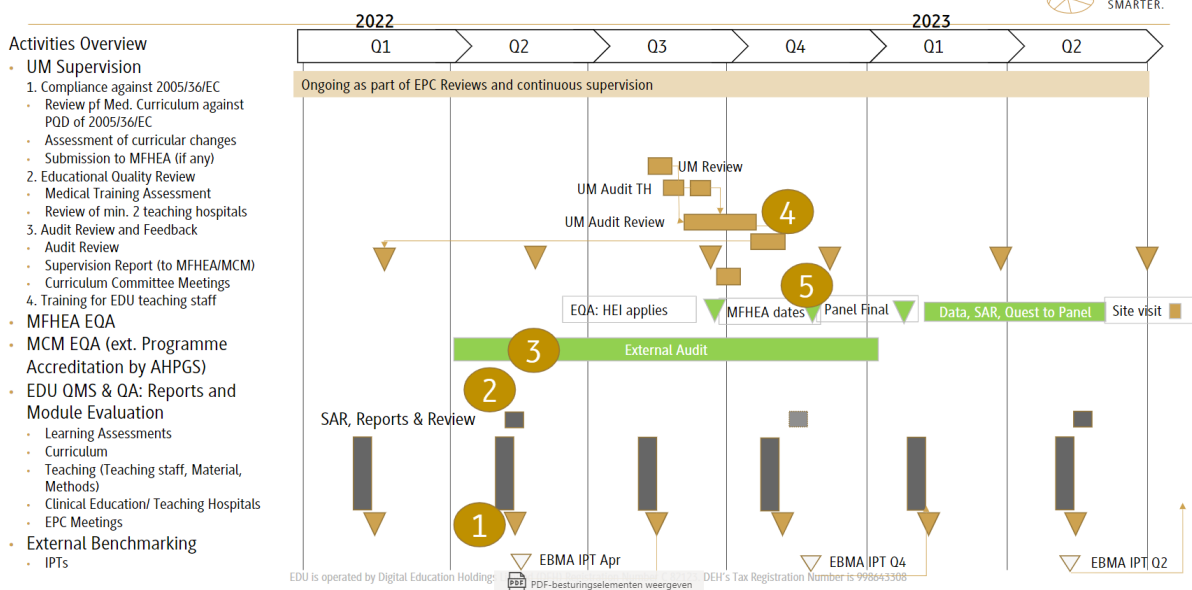
Internal quality assurance at EDU is done through a system of processes, assessments and reviews, including reports, its SAR process and report, as described in the IQA. With regards to ongoing educational quality, there seems to be a monitoring system in place to monitor teaching quality of faculty during theoretical phases, however the RT has not a clear picture of this system.

Criterion 7.2 Cyclical internal evaluation system

Findings:

At EDU a number of regular reports and analyses are created and reviewed internally. As a matter of principle, all core and support processes have their own cyclical review and continuous improvement embedded. This cyclical evaluation does not only cover the programme aspects but also all other aspects of the organization such as communication, finance, human resources and admissions.

Timetable EDU Self-Assessment, Audits and Supervision



As part of the cyclic internal evaluation for teaching and learning, after each module (every 3 months) students are surveyed, and information is cycled back to course organizers. Continuous student evaluations of instructional staff and quarterly classroom observations by trained observers provide cyclical planning and implementation of teaching quality development.

In addition, regular meetings with the Student Council weigh the results of module surveys and resulting measures are looped back to programme development, teaching methods, resources and faculty.

The feedback from teaching hospitals and clinical training has a rather informal character. A more rigid structure is advisable. Various steps by EDU have been taken to establish control of the clinical training with train-the-trainer sessions, logbooks and OSCEs, but it remains to be seen how a cyclical evaluation of the clinical training is established thereon.

The RT considers continuous improvement of curriculum and teaching important and emphasized the early implementation of what at Maastricht University is called the Educational Programme Committee (EPC). The EPC at UM reviews and assesses information about programme performance as well as any changes proposed by the Programme Director. Between November 2020 and May 2021 Student Module Evaluation questionnaire (anonymous) were collected. The response rate was low (see table) and no explanation was provided. The questionnaire was extensive and a translation of the data into an improvement plan was not included.

Module	Number of responses
Module 1	13
Module 2	6
Module 3	9
Module 4	12
Module 5	9
Module 6	1
Module 7	5
Module 8	3
All Modules	58

A Curriculum Committee (or EPC) has been established to review, discuss and approve curricular changes. In 2022, the newly created Academic Board, with its added student representation, will formally take on the role of the Educational Programme Committee and regularly perform comprehensive module evaluations, where all information and data pertaining to a module run are systematically reviewed and consolidated into an assessment of the module run. At the same time the Pro-Dean of Education and his team will do their module evaluation on the same comprehensive data set. The Academic Board will then in its role of the Educational Programme Committee together with the RT review measures decided by the Pro-Dean of Education and his team and provide their assessment.

Criterion 7.3 Cyclical external evaluation system

Findings:

As mentioned in criterion 7.1, external quality assurance is done via EBMA's progress testing and as part of the supervision by Maastricht University. This report constitutes the first external quality assessment and review.

External quality assurance currently is done via EBMA's progress testing and the QA part of the supervision by Maastricht University. The bi-annual assessment in a progress test is mandatory for EDU students, see also under paragraph 3.3.

A different progress test run by UCAN was planned but needed to be cancelled due to issues at UCAN. It would be beneficial to compare EDU students to an even larger peer base and in another test system.

The MFHEA is expected to perform their cyclical external QA in 2022. The Medical Council of Malta has also requested an external QA. It will be interesting to align and synchronize all QA activities in order to provide the best results and guidance for EDU while being compliant with all national and European requirements and not overloading the organization.

Final comments criterion 7

Good Practice Identified:

- Internal quality assurance is well organized.
- External quality assurance is done via EBMA's progress testing and Maastricht University.

Recommendations:

- Define more clearly the monitoring of quality in clinical rotations.
- Involve the module leader as a reviewer distinct from programme management and the EPC; also consider presenting more limited data; do continue with the good translation of data into improvements of education quality on the documented reviews.
- Evaluation of the curriculum could be further designed aligned with educational design principles (e.g., digital learning environment, workplace learning)
- Cycle of continuous improvement is clearly defined on higher level curriculum changes. Make sure that the same strategy is maintained micro level as well (e.g., course level, hospitals).
- A lot of information is gathered. Avoid quality assurance processes to become too extensive. Keep it short and practical where possible, and elaborate where needed.

8. Governance and Administration

Maltese National Quality Assurance Framework Standards

- Standard 1: Policy for quality assurance
- Standard 2: Institutional probity
- Standard 8: Information management

Sources of evidence:

- EDU Self-Assessment Report 2022
- IQA_V2_20190827
- Financial planning and reporting overview
- Public Information Policy_V1_20210420
- [EDU website](#)

Criterion 8.1 Governance

Findings:

EDU has a well-established organizational structure, governance and decision-making embedded in core processes and an associated management and academic board structure. The establishment of a full academic structure experienced a delay due to the passing of Prof. Hoeft, founder and Founding Dean of EDU. Details are laid out in organizational and process descriptions.

In 2019 the EDU Student Council was established and integrated into regular reviews with the Rector. The Student Council independently assesses quality and student satisfaction topics. In 2021 the Academic Board was established with all stakeholders duly appointed.

An executive management team with the Pro-Deans of Curriculum Design and Teaching, COO and CFO, Dean and CEO oversees and enacts corporate decisions.

EDU has developed means for regular budgeting, reporting and monitoring of the institution's parameters. A quality assurance system is recognized, which seeks to align hiring plans with

institutional development plans. The RT finds that perhaps the commercial perspective is too strong and recommends EDU to make transparent academic and programme-related versus commercial-related decisions.

Between May 2021 and September 2022 Prof. Dr. Med. Wolfgang F. Buhre led EDU's Faculty of Medicine and Health as Dean. The current interim dean is Prof. Albert Scherpbier, former Dean FHML-UM. Since 2019 he has been involved in the collaboration between EDU and UM when he was dean FHML-UM.

Criterion 8.2 Student and Academic Staff Representation

Findings:

Students have operated a Student Council for several years already, including running a yearly student council survey. The Student Council has direct access to the Rector and CEO and follows its own agenda of improvements. Regular meetings and discussions happen online and in person. The interaction and influence appears to be quite vivid and strong. With the newly found Academic Board, staff representation has also been formalized.

As from 2022 students are represented in the Academic Board and Curriculum Committee, which is evolving into an Educational Programme Committee towards the end of 2022. A Student Council representative was involved in the SAR writing as well.

Criterion 8.3 Administration

Findings:

Budgeting, personnel planning and allocation, associated reporting and decision making are very well structured in place at EDU. The human resource and operations department are working well to support the curriculum and teaching side of EDU with planning and resource allocation in time for the performance of modules and clinical rotations.

Public information is well taken care of at EDU, as may be expected from a private school. Marketing is well organized (i.e., bi-weekly Virtual Open Days).

Final comments criterion 8

Good Practice Identified:

- Clear and transparent budgeting, planning and reporting processes and structures.
- Public information is well taken care of, see also <https://medical.edu.mt/governance/>
- Active student council is well integrated into continuous improvement.

Recommendations:

- Develop a policy plan in which the academic responsibilities and mandates of departments, taskforces, and committees, are clearly described. In developing the plan, keep an eye on



diminution of the business-oriented approach. Expand beyond a KPI framework to include measures that take into account elements such as support systems for staff members.

- Evaluate and expand upon strategy and policy for selection of training hospitals and improve expectation-setting and QA monitoring system for clinical teaching.
- Formulate a policy plan for recruitment and retention of both clinical and basic sciences teaching staff which includes a targeted approach to employ programme graduates.
- Consider involving students in development and design of different aspects of the curriculum.