Oman Academic Accreditation Authority

Report of an Audit of the Oman Medical College

August 2010

Audit Report Number 010

CONTENTS

OVERVIEW OF THE QUALITY AUDIT PROCESS

This Quality Audit Report (the 'Report') documents the findings of a Quality Audit by the Oman Academic Accreditation Authority (OAAA – formerly the Oman Accreditation Council) of the Oman Medical College (OMC). It comments on OMC's Mission and Vision, and the appropriateness and effectiveness of its systems for achieving that Mission and Vision. Quality Audit is the first stage in Oman's institutional accreditation process. It is designed to provide a level of assurance to the public about the quality of OMC's activities, and constructive feedback to OMC to assist with its ongoing improvement efforts.

The Quality Audit commenced with OMC undertaking a self study of its Mission, Vision and systems. The results were summarized in the *Quality Audit Portfolio* (the 'Portfolio'). This document was submitted to the OAAA by the due date of 11 February 2009.

The OAAA appointed an external Audit Panel (the 'Panel'), comprising suitably qualified and experienced local and international reviewers, to conduct the Quality Audit. For membership of the Panel see Appendix A. The Panel met on 14 April 2009 (international members via teleconference) to consider OMC's Portfolio. Following this, the Panel Chairperson and Executive Officer undertook a planning visit on behalf of the Panel to OMC on 9 May 2009 for OMC-Bowshar and on 10 May 2009 for OMC-Sohar to clarify certain matters, request additional information and make arrangements for the Panel's audit visit.

Prior to the audit visit, the Panel invited submissions from the public about the quality of OMC's activities. Two submissions were received and considered by the Panel.

The audit visit took place over 7-10 June 2009. During this time, the Panel spoke with approximately 160 people, including governing authorities, staff, students and external stakeholders. It also visited a selection of venues and considered a range of additional materials.

No information provided after 10 June (being the last day of the audit visit) was taken into consideration for the purposes of this audit, other than the electronic copies of certain materials requested, and tabled, during the audit visit.

The Report contains a summary of the Panel's findings, together with formal Commendations where good practices have been confirmed, Affirmations where OMC's ongoing quality improvement efforts merit support, and Recommendations where there are significant opportunities or improvement not yet being adequately addressed. The Report aims to provide a balanced set of observations, but does not comment on every system in place at OMC.

The Panel's audit activities and preparation of this Report were governed by regulations set by the OAAA Board. This Report was approved for release by the OAAA Board on 21 August 2010.

The OAAA was established by Royal Decree No. 54/2010 to replace the Oman Accreditation Council. Among its responsibilities is the external review of higher education providers (HEIs) in the Sultanate of Oman. For further information, visit the OAAA website (http://www.oac.gov.om). Full details of the quality audit process are available in OAAA's *HEI Quality Audit Manual* (available from http://www.oac.gov.om/qa/HEI/).

HOW TO READ THIS REPORT

Each OAAA Audit Report is written primarily for the institution being audited. The Report is specifically designed to provide feedback to help that institution better understand its own strengths and opportunities for improvement. The feedback is structured according to nine broad areas of activity and presented as formal Commendations, Affirmations and Recommendations, or as informal suggestions, each accompanied with explanatory paragraphs. It is expected that the institution will act upon this feedback as part of its continuous efforts to provide the best possible education to students.

The Report is made public because it also may be of interest to students and potential students, their families, employers, Government, other higher education institutions in Oman and abroad, and other audiences. Students, in particular, may find this Report interesting because it provides some independent comment on the learning environment at this institution. However, prospective students should still undertake their own investigations when deciding which higher education institution will best serve their particular learning needs.

Quality Audit is the first stage in Oman's two-stage process for institutional accreditation. Its focus is formative (developmental) rather than summative. In other words, although the audit addresses nine areas of activity which are common to all institutions, it does not measure the institution against externally set standards of performance in those nine areas. Instead, it considers how well the institution is attending to those areas in accordance with its own mission and vision and in the context of relevant legal regulations. Therefore, Quality Audit recognizes that each institution has a unique purpose and profile; it does not directly compare one institution with all the other institutions in Oman.

For these reasons, a Quality Audit does not result in a pass or fail result; nor does it provide any sort of grade or score. It should also be noted that the precise number of Commendations, Affirmations and Recommendations that an institution receives in its Audit Report is not as important as the substance of those conclusions. For example, some Recommendations may focus on critical issues such as assessment of student learning, whereas others may focus on issues such as the maintenance of teaching equipment in classrooms which, while important, is clearly less critical. Therefore, it is neither significant nor appropriate to compare the Audit Reports of different HEIs solely on the numbers of Commendations, Affirmations and Recommendations.

The second stage in the institutional accreditation process is Standards Assessment. This stage, which will take place about four years after the Quality Audit, does provide a summative assessment against external standards in the same nine areas of activity. It should be noted that Oman also operates a system of accreditation/recognition for academic programs, separately from the institutional accreditation process. For more information on Oman's System of Quality Assurance in Higher Education please visit www.oac.gov.om.

This Report contains a number of references to source evidence submitted by the HEI during the Quality Audit. These references are for the HEI's benefit in further addressing the issues raised. In a number of cases, the evidence is not in the public domain. The Audit Panel represents the public's interests in accessing this information.

CONCLUSIONS

This section summarizes the main findings and lists the Commendations, Affirmations and Recommendations. They are listed in the order in which they appear in the Report, and are not prioritized. It should be noted that other favorable comments and suggestions for improvement are mentioned throughout the text of the Report.

Executive Summary of Findings

The Oman Medical College (OMC) offers degree programs in Medicine (Doctor of Medicine: MD) and Pharmacy (Bachelor of Pharmacy: BPharm). The programs are licensed by the Ministry of Higher Education (MoHE) and recognized by the Ministry of Health (MoH) of the Sultanate of Oman. The MD program commenced in 2001 and the BPharm program in 2003. In the academic year 2007-2008, there were 521 students in the MD program and 158 in the BPharm program. The College had its first Pharmacy graduates in 2008 and at the time of the quality audit the first cohort of MD graduates were undertaking their internships. OMC is the first private medical college in the Sultanate of Oman.

Clinical teaching of MD students takes place at MoH hospitals and clinics while Pharmacy students receive training in community and institutional pharmacies. The College operates two campuses, one in Bowshar in Muscat and another in Sohar. The premedical component of the MD Program and the entire BPharm Program are taught at OMC-Bowshar. Whilst the medical component of the MD Program is currently taught at OMC-Sohar, the College plans to move the full MD program to the Sohar campus. The plans for OMC-Bowshar campus include the development of a College of Pharmacy and Health Sciences as a separate HEI. At the time of this Quality Audit, OMC was considered as a single institution offering MD and Pharmacy programs and this is reflected in the Panel's conclusions.

There appears to be a hesitancy to proceed on the overall development timeline. For example, according to the transition timeline indicated in the Portfolio the shift of the MD program to Sohar was scheduled to occur by the end of 2009. This delay is making it difficult for the College management to make decisions and manage the College's operational planning. The Panel considered the non-finalized, draft Strategic Plan 2018 along with the College of Pharmacy and Health Sciences Strategic Development Plan 2009-2018. Currently the Deans, Deputy Deans and Vice Dean, as well as the faculty, contribute to plans on curriculum and staffing rather than the College's strategic development. The College would be better served with a revised, more inclusive, strategic planning process.

The College is affiliated with the School of Medicine at West Virginia University (WVU) which provides academic guidance, curriculum for both programs and the Secure OnLine Environment (SOLE) program, a digital learning environment that includes access to a broad range of technical journals in the health field. WVU plays an important role the College's quality assurance systems as well as College leadership through seconded management and academic staff. Based on the evidence found by the Panel during the audit visit, the affiliate relationship is working well.

The Portfolio was well presented as were the supporting materials. The Panel found that the self review was comprehensive and highlighted areas of strength and opportunities for improvement. There was evidence that the College had used the full Approach, Deployment, Results and Improvement (ADRI: see Appendix B) cycle in its quality assurance activities, for example in the library where the College had implemented changes based on findings from user surveys, and in the teaching and course evaluation processes. However, the Panel recommends that the College improve its general feedback systems to better inform process improvement. The College is developing a comprehensive instrument, the College Life Survey, to gather data on several aspects of its activity. Timely implementation of this survey is vital for OMC. Furthermore, the College's quality assurance systems would benefit if key committees, such as the Governing Council, developed more formalized action plans which are monitored and reviewed, and

the College Joint Curriculum Committee ensured that decisions are systematically recorded, implemented and reviewed.

The Panel was impressed with the leadership shown by the College Deans and the experienced and committed teaching staff. The development of job descriptions for every position will assist in establishing a staffing profile required to meet the College's Mission, Vision and Strategic Plan. In the Panel's view, the College should not delay the appointment of the Associate Dean for Academic Affairs (OMC-Bowshar) as that position will strengthen the student support needed at that campus, and play an important role in developing student support systems as OMC transitions to the next phase of development at OMC-Bowshar.

The College clearly has an innovative teaching and learning environment which includes the adoption and use of SOLE, and an emphasis on active student learning as evidenced by the model Pharmacy Dispensary and the Gross Anatomy Laboratory. Although there were issues with the preparedness of the initial cohort of 4th year MD students, the College has addressed this with a modified curriculum and strengthened English Language support. Prospective employers, staff supervising student training and clinical placements, and external examiners all fed back to the Panel that the students were well prepared, performed well in their role, and were of a comparable standard to students from other universities in the region.

The College often appeared to the Panel to act as two autonomous institutions – OMC-Bowshar and OMC-Sohar - with differing policies, management of academic support systems, medical and counseling facilities for students, and structures for students to input into decision making, support to engage students in developing plans for extra-curricular activities, and access to web-based learning materials. This Report makes several recommendations that are campus specific, as well as commending exemplar practice at a specific campus.

The Panel has concerns about the ability of the College to increase clinical placement opportunities and the number of beds in the hospital placements for the increasing number of MD students. It also has concerns about the inequitable requirements placed by the MoH on non-Omani graduates of both the MD and Pharmacy programs before they can become registered to practice in Oman. The College continues to negotiate a solution to these latter inequities with the MoH.

Whilst the College signals the enhancement and strengthening of research opportunities and infrastructure as a strategic priority, it acknowledges that the environment for research is underdeveloped, the physical facilities do not yet exist and there are few operational plans and policies. The development of a comprehensive Research Development and Management Plan and a structured professional development program for research are needed to ensure that the College is well placed to take advantage of opportunities for research funding, including engagement with the newly established National Research Council.

The College actively engages with the community through direct contact with patients and their families in health care facilities and through extensive community outreach events and projects including the long running Cystic Fibrosis Project in North Batinah Region. This latter project is an example of the strong strategic relationship that OMC has with its teaching hospital in Sohar.

Overall, the OAAA believes that OMC's development in such a short period of time to graduate competent medical and pharmacy students is impressive, students were pleased with their learning experiences at the College, and the College's investors and senior management have provided the necessary support and leadership for this to occur.

A summary of Commendations, Affirmations, and Recommendations follows. As has already been mentioned, these are not prioritized by the Panel. Rather they are listed below in the order in which they appear in the Report. It is acknowledged that this Report has been published some time after the audit

visit which took place in June 2009. The College may already have responded to some of the recommendations and affirmations listed below.

Summary of Commendations

A formal Commendation recognizes an instance of particularly good practice.

Summary of Affirmations

A formal Affirmation recognizes an instance in which OMC has accurately identified a significant opportunity for improvement and has demonstrated appropriate commitment to addressing the matter.

Summary of Recommendations

A Recommendation draws attention to a significant opportunity for improvement that OMC has either not yet accurately identified or to which it is not yet adequately attending.

1   GOVERNANCE AND MANAGEMENT

1.1   *Mission, Vision and Values*

OMC indicates separate Missions for the Medicine and Pharmacy programs, namely to produce medical doctors of high quality to serve Oman and the international community, and to train pharmacists to enable them to serve as professionals (Portfolio, p.5). The College's non-finalized draft ten-year Strategic Plan 2018 (revised in March 2008), does not include a Mission statement for the Pharmacy program and other health related degrees OMC might offer, although the Pharmacy programs are referred to in Priority 3.1 of the Plan. However, other key College documents (for example, the Student and Staff Handbooks) make it clear that the education of pharmacists is part of the overall Mission.

The College's Vision is that it:

> *"...aspires to be recognized nationally and regionally as a leader among academic healthcare organizations by cultivating a tradition of excellence and innovation in healthcare education, research, and service to the Sultanate of Oman. The College will serve as a premier medical school in the region"* *(Portfolio, p.5).*

These statements of Mission, values, processes and characteristics served to guide the Panel's Quality Audit of OMC and the Panel observed the College's serious intent to achieve those statements.

The College commenced operation in 2001. Since then, two campuses that are appropriate for the overall Mission have been built. They are staffed with qualified staff and have the basic resources to support the programs. The Panel concluded that external quality review systems exist and the College responds to these review findings. For example, one external quality system of the OMC is the MoHE reviews. The April 2008 review of the MoHE (sub-committee for Medicine) found the Vision and Mission statements clear and complete. They also found that the goals and objectives of the MD program were clearly defined, although they did not comply with the core competencies suggested by the GCC Medical College Deans Committee or the Global Minimum Essential Requirements in Medical Education suggested by the Institute for International Medical Education. The College is currently addressing this so the program complies. The investors and senior management of OMC have provided the necessary support and leadership to achieve impressive development aligned with the College's Vision.

> **Commendation 1**
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College for its development over a short period of time to graduate medical and pharmacy students consistent with its Vision and Mission.**

1.2   *Governance*

A group of prominent businessmen, who share the vision of contributing to quality healthcare education for the people of the Sultanate, established OMC and these owners make up the College's Board of Directors (BoD). The BoD told the Panel that its Vision is to develop an excellent university. The investors see this as a national development project; they claim that they are not looking for profit in the short run and will continue to subsidize the College. The dilemma for the College is that the BoD has not been clear about how the College will grow over the next few years, which has hindered the planning process. The BoD has ultimate responsibility for all operations and affairs of the College. Prior to the beginning of each academic year, the

BoD reviews and approves the annual budget proposal. The Board delegates authority and accountability to the Governing Council (GC) for affairs other than legal and financial matters. This relationship appears to be working smoothly and no one interviewed by the Panel indicated confusion in responsibility between the two bodies.

The GC has representatives from its affiliate, the West Virginia University (WVU) School of Medicine (see Section 1.4) and representatives from the Omani educational, medical, and business communities, the two Campus Deans and the Chief Finance Officer (CFO) as permanent non-voting members. The GC is chaired by a member of the BoD. The BoD and GC lead and support OMC to achieve its overall Mission, Vision, and values (Portfolio, pp.6-7).

OMC claims that the GC is responsible for the general supervision, direction, and control of College affairs, meets quarterly and receives reports from the campus Deans (Portfolio, p.6). Its composition facilitates coordination between the College, the MoH, and with cooperating hospitals. The GC delegates authority and accountability to the campus Deans and CFO for the academic, corporate, financial, estate, and personnel management of the College. Moreover, the Deans meet monthly with the Council Chairman.

However, it appears that the GC only meets twice a year and that it does not receive regular management reports to inform its decision making, or have the systems in place to ensure that actions agreed to at meetings are followed to completion. As the College grows, strengthening this aspect of governance will ensure it can meet the next stage of development.

> **Recommendation 1**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College ensure that the Governing Council adhere to its terms of reference and develop action plans which are reviewed and monitored periodically.**

Furthermore, the College has a Joint College Council comprising senior management staff from both campuses which meets on an ad hoc basis to consider pertinent strategic and operational planning matters. Each campus has a College Council whose focus is mainly on operational issues.

Both the MoHE and MoH have supervisory responsibilities over OMC, related, respectively, to the College's role in providing higher education, and its role in providing national healthcare services. The annual MoHE review reports and summaries of the Deans' actions to redress concerns are provided to the GC and form an important part of the ongoing quality assurance process at OMC. The College interfaces with the MoH through its membership on the Joint Oman Medical College-Sohar Regional Hospital Board and the current Dean of OMC-Sohar campus was seconded from the MoH.

1.3   Management

The College is managed by two campus Deans, a CFO, a Deputy Dean of Finance and Administration (DDFA), and a Vice Dean for Academic Affairs (VDAA) (OMC-Sohar), a Deputy Dean for Administration and Marketing (DDAM) (OMC-Bowshar), and a yet to be appointed, Associate Dean for Academic Affairs (OMC-Bowshar).

The Dean based at Bowshar, and the Dean based at Sohar, are the heads of the academic and administrative structures for their respective campuses, responsible for managing the policy process. They also serve on the Quality Steering Committee that is chaired by the VDAA. The Dean based at OMC-Sohar is the overall Dean of the College. This role is undertaken through commuting between campuses.

The Dean at OMC-Sohar has overseen the College's development since it opened in 2004 and provided strong leadership which has contributed significantly to the College's success to date. The Dean at OMC-Bowshar has led the development of the BPharm program including enhancing the quality of faculty staffing, improving the Foundation program and basic science courses, and providing laboratory facilities.

The WVU internal review in 2008 identified the dedicated and hard working leadership of the Deans and Associate Deans as a strength. Furthermore, through interviews with staff, students and external stakeholders, the Panel was informed that both Deans had demonstrated exceptional commitment in leading the development of the College and the Panel concurs with that assessment.

> **Commendation 2**
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> **The Oman Academic Accreditation Authority commends the Oman Medical College for the qualified, experienced and dedicated leadership of the Deans of the two campuses which has supported the development of the College.**

The College indicates that until the position of Associate Dean for Academic Affairs (OMC-Bowshar) is filled, the tasks related to student affairs are being undertaken by existing senior administrators. The Panel formed the view that this situation was less than satisfactory due to the current work load of senior administrators and the importance of student support as the College moves into its next phase of development where OMC-Bowshar campus conducts the Foundation program and the Pharmacy program.

> **Recommendation 2**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College make the appointment of Associate Dean for Academic Affairs for the Bowshar campus as a matter of high priority.**

1.4   Institutional Affiliations for Programs and Quality Assurance

OMC operates in an affiliate agreement with WVU in a contract renewed in 2007. The Panel recognized that WVU has been an important partner in the development of the College. Some OMC students have undertaken studies at WVU and the staff there judged that these students performed well during this experience. WVU reviews curriculum changes that are made to meet local conditions and advises on standards and procedures. WVU has conducted quality reviews every two years, from the opening of the College in 2001 (Portfolio, p.11). The Panel considered review reports from two major reviews in 2006 and 2008. A strong contingent of WVU staff members has visited OMC over the last few years; for example 16 staff members visited in 2005-2006. Some WVU staff members have stayed to teach at OMC. Although fewer of OMC staff members have visited WVU, OMC has sent at least one staff member in each of the last five years.

The College would like to explore a Pharmacy faculty exchange program with WVU. OMC claims that WVU faculty members who come to the College are often experienced teachers who express how much pleasure they receive teaching OMC students. In their review processes, WVU faculty members have played a role in identifying educational opportunities for improvement at OMC. Almost uniform agreement exists on the part of the WVU visiting faculty that many of the students have deficiencies and weaknesses when they complete the pre-med training at OMC-Bowshar campus and enter year 4 on OMC-Sohar campus. The WVU faculty members have also noted that students entering the programs are weak in English skills, mathematics (deductive reasoning, graph interpretation), independent thinking, and problem solving. This is a concern because these skills are required by medical students during their

clinical years and by physicians as practicing professionals. The Panel found that OMC has used these comments to make improvements in the curriculum.

WVU staff interviewed by the Panel indicated that the relationship between OMC and WVU is going well. A representative from WVU is a member of OMC's GC. Both institutions have learned through the affiliation. The relationship with WVU is an important factor in attracting students to OMC as potential students consider the relationship strengthens the reputation of the College.

> **Commendation 3**
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> **The Oman Academic Accreditation Authority commends the Oman Medical College for the success of its affiliate relationship with West Virginia University in providing educational opportunities for students and producing graduates to meet the health care needs in Oman.**

OMC has developed other international connections to help improve quality including being listed in the Health Professions Education Directory of the World Health Organization (WHO) and International Medical Education Directory. The College's MD graduates are eligible to take the United States Medical Licensing Examination (USMLE), and, to date, one student has done so.

1.5   *Strategic and Operational Planning*

OMC indicates that its strategic priorities are:

- *increase the Colleges national and international reputation,*
- *provide high quality, innovative education programs,*
- *improve OMC's community through service,*
- *promote discovery and the exchange of ideas. (Portfolio, p.14).*

The planned development of the College is in three phases with the tentative timetable of activity as:
- Phase 1 (2001-2003) is where all courses in Pharmacy and Medicine are taught at OMC-Bowshar.
- Phase 2 (2004-2009) is a transitionary phase where OMC-Sohar campus is developed to teach years 4-7 of the Medicine programs, whilst the Foundation, years 1-3 of the Medicine program and the Pharmacy program are taught at OMC-Bowshar.
- Phase 3 (planned for 2010) is where years 2-7 of the Medicine program are now taught at OMC-Sohar. OMC-Bowshar will then house the planned Oman College of Pharmacy and Heath Sciences and teach programs including the Foundation year and the Pharmacy degree (Portfolio, p.6-8).

OMC draft ten-year Strategic Plan 2018 was revised in March 2008 by the Quality Steering Committee of OMC and the draft is under review by the BoD and GC. This draft has been used by the Panel members as a reference points for various areas in this Report. However, this draft Strategic Plan does not contain reference to the phases of development outlined above.

During the audit process, the Panel was provided with the College of Pharmacy and Health Sciences Strategic Development Plan 2009-2018. This Strategic Development Plan has been submitted to the MoHE and has recently received a certificate of 'no objection' allowing the College to be set up as a separate legal entity (17 May 2009). Registration of the entity has since been completed. The Panel was also told that there were plans for a DPharm program and the potential addition of new programs as outlined in the College of Pharmacy and Health Sciences Strategic Development Plan.

The planning process did not appear to the Panel to be equally developed on the two campuses. In many cases notes have not been kept in planning meetings, so it was hard to track progress in planning (for example, from the Joint Curriculum Committee). For the new plans to be successful, a more coordinated management of the two campuses is required. The strategic planning process has little input from faculty. The Deans of both campuses are involved in curriculum and staffing planning rather than College strategic development.

Deficiencies in the strategic planning process impact on the College's ability to develop and implement timely and robust operational plans. OMC details seven key operational projects which will support its growth for planned developments to 2010 (Portfolio, pp.15-17). Many of these, for example realignment of administrative staff across campuses and realignment of overall management structure, depend on the realization of the wider strategic intent of moving the MD program to OMC-Sohar so that OMC-Sohar and College of Pharmacy and Health Sciences at OMC-Bowshar become independent institutions. The Panel formed the view that the strategic and operational planning process is not well developed and the College would benefit from improving this aspect of its activities.

> **Recommendation 3**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College revise its strategic planning process to reflect current strategic intent and adopt a more inclusive planning process which leads to appropriate operational plans.**

1.6 Financial Management

OMC draft Strategic Plan 2018 states:

> *Priority 1: Increase our national and regional reputation with the associated Goal and Objective 1.5 Create a strong financial position.*

The 2008 WVU review, discussed in Section 1.4 of this Report, had concerns that the College's financial policy and financial models were barely adequate to provide for the success of the MD program. Furthermore, the affiliate recommended that the BoD and GC develop new business plans with revenue sources that go beyond student fees.

Campus based budgets are prepared each year and consolidated. Management staff were realistic regarding the resources available to them and indicated that the current financial planning has not compromised quality. This is somewhat at odds with the views of academic staff, who indicated that the lack of funds may hinder the development of the research agenda. The Panel concurs that the College will need to ensure that there are appropriate resources to fund the strategic initiatives already discussed in this Section of the Report.

1.7 Risk Management

The College is just starting to formalize its risk management systems now that it is transitioning from its "pioneering" period from 2001 to 2007. An annual formal risk assessment exercise, commencing in 2008, will inform the development of a risk register (Portfolio, p.19).

Several staff members, particularly at OMC-Sohar campus, profiled the risk to the College of high staff turnover and the difficulties in recruiting qualified academics. The BoD is aware of the staffing issue, however perceives the biggest risk facing OMC as not having enough hospital beds to use for teaching purposes. The 2008 WVU review report indicates not only staff recruitment, but leadership succession planning, and educational professional development of academic staff

as areas deserving attention in risk management plans. The Information Technology (IT) system has disaster back-up options so no data should be lost in case of an emergency; however, the Panel could not establish any process to back up off site as an additional safeguard.

OMC told the Panel that in order to maximize the effectiveness and economy of its operations, it strives to allocate resources in proportion to the magnitude of the apparent risks associated with each of its operations. The College has identified formal risk assessment as an opportunity for improvement (Portfolio, p.26) and the Panel supports OMC's efforts in this area.

> **Affirmation 1**
>
> **The Oman Academic Accreditation Authority agrees with the Oman Medical College that it needs to develop its risk assessment practices and supports the College's efforts in this area.**

1.8   Policy Management

The Panel found that the two campuses operate differently in part because they have different programs. However, not having a common registration system, connected intranet, common policies such as grading and Human Resources (HR) policies could erode quality and limit the potential for shared improvement across the two campuses. The College itself identifies that it currently does not have a policy management system and acknowledges that there are inconsistent and differing policies and procedures operating on each campus (Portfolio, p.20).

Some policies are campus based and some policies cover both campuses. The individual College Councils play a role in developing and managing campus-based policy and the Joint College Council oversees issues relevant to both campuses. Minutes of College Councils and Joint College Council meetings are not taken regularly so formal records of policy decisions are not kept. It was evident to the Panel that the team preparing for the Quality Audit Visit found it difficult to retrieve much of the information needed to complete the Portfolio. The lack of such minutes contributed to this situation.

The Panel noted some important differences in policies and procedures between campuses, for example, the academic grading policies, but that the College is moving to standardize policies between campuses. The Panel was told that this was occurring with HR policies, and a recent move to standardize the Staff Handbook and Quality Assurance Manual was observed. A combination of more formal records of the various policy committees, clearer commitment to long-term goals and better management information systems to track the effect of policy will all help improve policy development and management.

> **Recommendation 4**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College review its policy development and management systems to optimize consistency between campuses and communicate the changes to all stakeholders.**

The College states the intent of using the Joint College Council is to prepare annual reports related to risk and the progress on operational plans for the Governing Council (Portfolio, p.15, p.19). In the absence of formal minutes of the Joint College Council, a list of discussion topics of this Council was reviewed by the Panel. The topics were mainly operational. The Panel was informed that the Council meets on an ad hoc basis and that more formal recording of decisions will occur in the future. Given that OMC is moving to Phase 3 of its development (Portfolio, p.8) with transition of the full MD program to OMC-Sohar, communication between campuses and realization of this strategic intent would be assisted by making better use of this committee structure.

Recommendation 5

The Oman Academic Accreditation Authority recommends that the Oman Medical College ensure that the Joint College Council become more formalized and involve itself in more strategic issues.

1.9   *Entity and Activity Review Systems*

The relevant areas of OMC draft Strategic Plan 2018 is:

> *Strategic Priority 2: Provide high-quality, innovative education programs*
> *Goal and Objective 2.2: Ensure that the quality of our teaching exceeds national standards.*

OMC indicates that regular reviews of the College's physical, intellectual and human resources are managed by the campus Quality Assurance Committee and form the foundation of OMC's quality assurance system (Portfolio, p.20). The Quality Assurance Officer chairs this committee. However, only OMC-Sohar had a designated Quality Assurance Officer at the time of the audit visit and that person had other responsibilities as well. The duties of the Quality Assurance Officer at OMC-Bowshar were being undertaken by the Dean.

The Panel found a lack of documentation of the meetings that review critical decisions having to do with quality. This means that it is not always clear as to who is responsible for carrying out actions. The GC indicated that the Deans are responsible for quality and that appointments of Quality Officers do not necessarily assure quality. The Panel believes that having better documentation of these decisions is an important part of the quality assurance process.

The College indicates that the aim is to have one Quality Assurance Manual that encompasses both campuses. However at the time of the audit visit, the College had a Manual (completed in 2006) focusing on OMC-Bowshar whereas the OMC-Sohar Manual was in draft form. The Panel concluded that systematic attention needs to be given to quality assurance with clear responsibility delegated to a staff member to make sure that plans are implemented.

Recommendation 6

The Oman Academic Accreditation Authority recommends that the Oman Medical College continue to develop its quality assurance management to include regular internal review systems and ensure that both campuses have a dedicated Quality Assurance Officer appointed.

The Panel found that student evaluations of faculty members and courses seem well embedded. Students and faculty indicated that student evaluations were used to make changes in curriculum and teaching methods.

The Campus Life Survey was scheduled to start in the 2008 academic year. This has not occurred. The survey will replace the ad hoc surveys of students/staff that the College has conducted previously and summaries of the survey outcomes will be given to the Deans, the CFO, and posted on the College's website. At this stage of the College's development and growth, more timely attention to implementation of such review instruments and attendant quality improvements would be prudent.

Recommendation 7

The Oman Academic Accreditation Authority recommends that the Oman Medical College finalise the development and implementation of the Campus Life Survey as a matter of urgency and utilize the results to feedback into the quality improvement systems of the College.

The importance of this survey and the need for timely implementation will be touched on several times during this Report.

1.10   Student Grievance Process

OMC claims that "*Overall, the Student Grievance Process has worked effectively*" (Portfolio, p.23). Mechanisms are in place to ensure that students have the opportunity to take part in improving the College and its operations. One line of communication from students to the administration is formal process for student appeals and complaints. OMC has separate processes for issues of an academic nature, disciplinary nature, and formal complaints from students about other issues.

The Student Handbooks describe students' right to appeal grades and academic suspension or dismissal for violation of College regulations and policies decisions. The Student Handbooks point out that appeals are not likely to be successful unless it can be shown that a mistake has been made or new information is presented which changes the circumstances of the original grade or decision. The Student Handbooks provide a complete set of procedures that define how the grievance process is implemented. Students were aware of the grievance process, even if few actually brought a formal appeal. Many complaints are handled informally before they escalate into a more formal process. The Panel was impressed with these appeal systems.

> **Commendation 4**
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College for the effectiveness of the appeal of grade systems which contributes to the students' overall satisfaction with the College.**

1.11   Health and Safety

The Health and Safety Handbook published in 2006 provides a clear set of safety and health policies and procedures. Health and safety procedures are also provided in the Student Handbooks and in the Faculty Handbook. The policies and responsibilities of faculty in these areas are well defined. During campus tours, the Panel observed safety and health equipment, particularly in the campus laboratories. OMC states that it has a comprehensive approach to Health and Safety and that related policies and procedures work effectively (Portfolio, p. 23). Taken overall, the Panel agreed that this aspect of the College's operations was working well.

1.12   Oversight of Associated Entities (e.g. owned companies)

This Section refers to any companies or entities that are effectively owned or controlled by the HEI which are relevant to the scope of the Quality Audit. OMC included the oversight of its relationship with institutions under this heading in its Portfolio. This area has been addressed in this Report under Section 2.7, Student Placements.

2   STUDENT LEARNING BY COURSEWORK PROGRAMS

The strategic priorities defined for OMC in the draft Strategic Plan 2018 which are of particular relevance to teaching and learning include the following:

- *provide high-quality, innovative education programs*
- *promote discovery and the exchange of knowledge and ideas*

Each of these priorities is developed in terms of goals and objectives, operational plans and key performance indicators (KPIs). Since no KPIs have target outcomes, it is not obvious how this plan provides a quality improvement path.

2.1   *Graduate Attributes and Student Learning Objectives*

OMC graduates are expected to attain several common competencies. Building on those characteristics, OMC's main educational value lies in providing a life-long, innovative learning and academic environment that fosters professionalism and community service (Portfolio, pp.5-6).

OMC states in the Portfolio: "programs are outcome-based" (Portfolio, p.28). OMC program development starts with a clear understanding of the attributes of the graduates which guide the development of the learning objectives and student entry standards. The desired competencies of OMC's graduates are not exclusively academic. Students also are expected to acquire the personal qualities and professional values that are essential for a practicing medical doctor or pharmacist (Portfolio, p.28).

OMC identified a list of six generic competencies for the premedical program (years 1-3) with associated competency statements under each sub-heading. Upon graduation, MD students are expected to be competent in areas of: medical knowledge, clinical approach to the patient, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice (Portfolio, p.29). Graduates of the BPharm program are expected to show the following competencies: pharmaceutical knowledge; communication skills and professionalism.

Although, the full range of attributes is not required in all courses, as apparent in the course syllabi, the College claims that the combination of courses required for the program ensures that students at OMC experience a range and breadth of educational opportunity consistent with international expectations for the training of physicians and consistent with international expectations for entry-level medical doctors and pharmacists (Portfolio, p.30). In addition, OMC considers that the formal assessment arrangements seek to ensure that those students who progress from one year to the next have assimilated a level of knowledge, understanding and skills from the courses that meet the minimum requirements for doctors and pharmacists-in-training. From evidence considered, including a sample of course syllabi that clearly specify learning outcomes and articulate OMC's graduate attributes, and from staff and students interviewed across OMC, the Panel concluded that the attributes and statement of competencies are comprehensive and understood across the College.

As a split campus College, OMC recognizes the potential problem of discontinuity between the premedical and medical components of the MD program. To compensate, staff at OMC-Bowshar have been provided a set of interim competencies that students are expected to achieve upon completion of their premedical studies, which prepares them for their medical coursework at OMC-Sohar. OMC states "*It appears that some students in the first four batches did not achieve the expected premedical competencies*" (Portfolio, p.30). This was confirmed by some of the

premedical students interviewed by the Panel who expressed dissatisfaction with the learning outcomes of some components of the pre-medical program (for example, Genetics and Biochemistry) which required them to take additional tutorials. Overall, the Panel was impressed by the systems that OMC had in place to evaluate the interim competencies of MD students at the end of their premedical studies and then address the identified deficiencies.

> ### Commendation 5
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College for the evaluation of interim competencies of the first cohort of students transitioning to year 4 of the MD program and the actions taken to address deficiencies identified.**

2.2   *Curriculum*

OMC draft Strategic Plan 2018 includes the following objective of particular relevance to teaching and learning: "*Develop and maintain an innovative, high-quality curriculum for all programs*".

According to the College, its MD curricula are based on the fully-accredited programs of WVU, with some modifications to introduce contextually-relevant information. The campus Associate/ VDAA and the campus Curriculum Committees have responsibility for the curricula. A Joint Curriculum Committee concerns itself with curriculum issues of relevance to both campuses (Portfolio, p. 31). The curriculum at each campus (OMC-Bowshar or OMC-Sohar) is reviewed separately by an internal Curriculum Committee which is responsible for designing and approving the overall curriculum. WVU input is sought when required. The Curriculum Committees ensure that the course content and teaching methods reflect the Mission, goals, and learning objectives of OMC.

As previously indicated, WVU reviewed OMC programs in 2006 and 2008. The review report recommendations were examined thoroughly by OMC. The Panel found that program, course revision and approval processes are known and followed, bearing in mind that any significant changes in curriculum are subject to MoHE approval.

The Panel was informed that the Curriculum Committees meet every semester to review student, staff, industry, MoHE and MoH feedback on curricular issues and concluded that this review process is valuable to the College. Furthermore, the Joint Curriculum Committee has an important role to play considering the need to ensure continuity of the premedical and medical components of the program. The meetings of this Committee are, however, ad hoc, and with few formal meeting procedures. The Committee clearly has a beneficial role to play in the review process, in terms of problem identification and resolution. OMC needs to ensure that the meetings are held regularly, and that deliberations and decisions are documented systematically to advise planning and continuous quality improvement.

> ### Recommendation 8
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College establish formal operating procedures for the College's Joint Curriculum Committee to ensure that decisions can be systematically recorded, implemented and reviewed.**

OMC claims that it uses modern innovative curricula which challenge students and stimulate them to excel. The preclinical medical curriculum uses a horizontally integrated block system style (Portfolio, p.31). The Panel was impressed with the model Pharmacy Dispensary facilities at OMC-Bowshar which provide students with simulated work experiences in dealing with the public. The Panel noted that OMC BPharm curriculum is based upon an earlier WVU BPharm

program, as the current degree granted in USA pharmacy schools is the DPharm. There are plans to offer a DPharm in the near future within the new College of Pharmacy and Health Sciences. However, moving towards DPharm is possible if affiliations with hospitals are secured so students would have the opportunity for hospital pharmacy placements. Such a move would increase the number of years of study in at the College.

The Panel explored in depth examples of innovative courses including the Biomedical Discourse Seminar (English 301), and the Gross Anatomy Laboratory which uses computer-based techniques to assist with cadaver study.   These initiatives impressed the Panel and clearly provided exemplars in innovative curricula and teaching practice which could be widely disseminated.

> **Commendation 6**
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College for its emphasis on active student learning as evidenced in the model Pharmacy Dispensary and with projects such as the Biomedical Discourse Seminar and Gross Anatomy Laboratory.**

2.3   *Student Entry Standards*

The OMC operational plan includes the following objective: "*Identify and implement mechanisms to enhance the recruitment of high caliber students*". The Panel was unable to find evidence of how OMC will achieve this as the current entrance standards into the MD program are less selective than most benchmarked institutions, partly because top applicants are awarded government funded places in Sultan Qaboos University (SQU). By contrast, the College claims that entry standards for the BPharm are comparable to those of other pharmacy programs in the region (Portfolio, p.35). A common theme arising from discussions with students and staff was that many students are attracted to OMC because of family factors and because of its affiliation with the WVU and not because admission was less competitive. Admission requirements differ between the US medical programs and at OMC. The Panel concluded that differing entrance standards should not be interpreted, in themselves, as evidence of lower quality teaching or curricula.

The College indicates in the Portfolio (p. 35) that its programs would benefit from increases in the rigor and selectivity of the admissions process and the active involvement of medical staff in the admissions process for the MD. The admissions process is currently under review. The Panel agrees with this course of action.

> **Affirmation 2**
>
> **The Oman Academic Accreditation Authority agrees with the Oman Medical College that the admissions process needs to be reviewed and supports the College's efforts to align the process currently practiced with its strategic goals.**

2.4   *Foundation Program*

The first year of both Pharmacy and MD programs includes 'non-credit' Foundation studies (focusing on English, IT, and Study Skills) together with 'for credit' science courses. The Portfolio advises that OMC has taken steps to have a stand-alone Foundation Program from the academic year 2009-2010 (typically, considered to be Year 0) to comply with the *Oman Academic Standards for General Foundation Programs* (Portfolio, p. 33).

OMC is clearly progressing towards adopting a zero credit Foundation Program and aligning the current programs with *Oman Academic Standards for General Foundation Programs;* however,

staff members have yet to determine if the program can be implemented within the time frame and to specify the modifications needed to the post-Foundation course work. The College also needs to consider how it will incorporate the area of Maths. Whilst staff indicated some students have difficulties in developing their writing skills, students with whom the Panel met were satisfied with the learning experiences and support provided to develop their English skills and build their IT capabilities. The Panel was impressed with the caliber and commitment of the Foundation Program staff.

> **Affirmation 3**
>
> **The Oman Academic Accreditation Authority supports the Oman Medical College's efforts to deliver a General Foundation Program, covering English, IT, Maths and Study Skills, which meets the Oman Academic Standards for General Foundation Programs.**

2.5   *Teaching Quality*

Priority 2 of OMC draft Strategic Plan 2018 has the following goal which is of particular relevance to teaching:

- *"Ensure that the quality of our teaching exceeds national standards".*
- *"Become a national leader in the use and development of web-based learning/training programs".*

To fulfill its Mission to produce quality medical doctors and pharmacists, OMC employs a variety of teaching methods and an outcome-directed design. OMC has been able to provide active and student-directed learning modalities, for example, problem-based learning, on-line learning with the Secure OnLine Environment (SOLE) system, student presentations, clinical observation, simulated clinical skill training, Pharmacy projects, and supervised clinical training. The WVU SOLE system enables course material, including syllabi, lectures, learning schedules, assessment schedules, confidential grade information and supplementary material to be placed online (Portfolio, pp.35-36). Students indicated that they were very satisfied with these teaching and learning methods. The specific teaching and learning initiatives which, in the Panel's opinion, have been particularly conducive to a successful interactive student-centered learning environment are the adoption of the SOLE digitally enhanced learning environment and the small group classes.

> **Commendation 7**
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College for the innovative teaching and learning environment including the adoption and use of Secure OnLine Environment (West Virginia University's digitally enhanced learning environment) in meeting the particular learning needs of medical students.**

For technical reasons, SOLE is more widely used at OMC-Sohar than at OMC-Bowshar. The Panel strongly encourages OMC to widely disseminate the adoption of SOLE across the two programs.

Monitoring teaching quality regularly by students and peers is considered an important aspect of OMC's system for quality assurance (Portfolio, p.37). BPharm and MD students interviewed by the Panel were enthusiastic about their OMC experience. Students were also impressed with the caliber and easy access to teaching staff and mostly satisfied with the quality of teaching. It is apparent from the trend analysis of the results of selected course evaluations that some courses showed overall improvement in student satisfaction while others declined. However, as is the case with many academic institutions, the teaching scale included in the course evaluations

suggests that some students do not rate all aspects of their teaching experience positively. Thus, there is potential for OMC to continue to focus on improving the student learning experience. The Panel encourages OMC to disseminate good teaching exemplars among preclinical staff in particular.

The Panel found that the process of course evaluations and their potential for improving teacher performance was well understood by teaching staff and appreciated by students. The Panel was informed that the Deans report the results of course evaluations to faculty members. These results are then integrated into their curricular plan and daily operational plans. The Panel was provided with some excellent examples of this, such as adding Physics into the Medicine curriculum, and designating office hours when staff are available to students. The evaluations are implemented and the results analyzed systematically.

The Panel was informed that OMC is committed to maintaining the quality of the teaching and learning experience, despite its current and (expected) continued rapid growth of the student body, especially MD students. OMC's student-staff ratio currently is 5:1 in the 6th and 7th years of the MD program. Students and teaching staff with whom the Panel met expressed concern about the College's ability to maintain this ratio. Moreover, an increased student population will require additional clinical facilities. The Panel appreciates that the GC, Deans, teaching staff and students are all aware of such constraints and urges the College to continue its efforts to source additional facilities for clinical placement. To realize its draft Strategic Plan 2018 goal of ensuring that teaching quality exceeds national standards, the Panel believes that College would be well advised to locally benchmark this aspect of its activity in order to identify how it is progressing in this regard.

2.6   Plagiarism

OMC expects all students and staff to share its commitment to honesty, integrity, and the pursuit of truth. Professionalism is a focal value of the College, one of OMC Strategic Plan Goals and Objectives, and a specific competency that graduates are expected to attain (Portfolio, p.33). According to the College, plagiarism is viewed as a form of academic dishonesty and the College has adopted a formal policy and procedures for handling cases of plagiarism.

The Panel found high awareness of OMC's plagiarism policy amongst students; however, the teaching staff had varying opinions and expressed some confusion about plagiarism. It was apparent to the Panel on the information provided, that the policy and procedures were not always implemented consistently on both campuses. The Panel was informed that a few, undocumented, cases of plagiarism were detected and that no student has been penalized beyond a first offense. OMC needs to ensure that teaching staff across the College are familiar with the varying forms of plagiarism and specifically with the procedures for detecting, handling and documenting cases to ensure that systemic and consistent implementation of the policy can lead to quality improvement in this area.

> **Recommendation 9**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College ensure that its plagiarism policy is well disseminated, understood by all stakeholders and implemented consistently across the two campuses.**

2.7   Student Placements

OMC has, by the nature of the programs offered, a relationship with several institutions that play a key role in providing practical experience (placements). Specifically, these entities include the Sohar Regional Teaching Hospital, the Sohar Extended Health Center, and the Saham Extended Health Center and community and institutional pharmacies.

OMC states that the oversight of MD clinical teaching facilities occurs at several levels including the:

- Joint Oman Medical College-Sohar Regional Hospital Board, responsible for liaison and coordination of the Colleges teaching program,
- OMC Director of Clinical Training, overseeing all staff and student clinical activities,
- Course Director, who coordinates teaching activities between OMC and MoH clinicians, and
- Physician teachers who supervise and participate in clinical activities.

The Head of the Department of Pharmacy oversees the relationship with community and institutional pharmacies. (Portfolio, p.25)

OMC uses MoH institutions that operate in accordance with the rules and regulations of the MoH, including those related to quality management and enhancement. Sohar Hospital staff report that OMC professional relationship is robust, and that they had revised hospital policy to support teaching. The Hospital expanded the staff development unit to support OMC teaching and estimates that staff members have spent 3,200 hours teaching on OMC student placements. The hospital includes OMC clinicians on various committees.

Because the clinical experiences are part of OMC curricula, the experiences are included in OMC's ongoing system of quality monitoring. OMC states that it uses community pharmacies for clinical placement of BPharm students and that each clinical experience has clearly-defined learning objectives, teaching schedules, monitoring protocols and formal assessments of student performance (Portfolio, p39-40). The Panel noted that this formal assessment was in place and fed into the quality management systems. Currently MoH staff members provide informal feedback to OMC regarding the MD student clinical placement performance. The Panel strongly encourages OMC to implement mechanisms to formalize this feedback.

The College contributes to the physical facilities of the MoH institutions and assists the MoH staff involved in medical student training to shift the focus from service per se to clinical teaching. The Panel understood that OMC-Sohar Joint Board facilitates decisions regarding clinical placement and accessing the electronic Hospital Information Management System. In addition, the Panel noted that the MoH and OMC clinicians work together and make joint decisions about patient healthcare. This cooperation enhances the delivery of healthcare, and serves to reduce students' confusion that sometimes arises from differences between what OMC clinicians teach and what the MoH clinicians practice. Staff doctors interviewed by the Panel reported that they like to participate in teaching. Students on clinical rotation have noticed improved attitudes by the hospital staff as they have become accustomed to students on the wards. During the audit visit, the Panel noted some hospital staff resentment regarding the level of remuneration provided by OMC and the fact that some College clinicians do not participate in on-call rosters.

The College states: "*the placements of OMC students have been highly successful*" (Portfolio, p.40). After speaking with a sample of teaching staff and representatives of community and institutional pharmacies and Joint OMC-Sohar Regional Hospital Board representatives, the Panel concluded that the rotation of MD students to the Rustaq and the Sohar Hospitals and primary health centers was generally satisfactory. However, staff members were concerned about the limited opportunities for students to be exposed to complicated cases before these patients are transferred to Muscat, for example, cardiac cases, as the Sohar Hospital is considered as a secondary referral hospital. Moreover, the Panel was informed that the radiology clinical placement is not sufficient. OMC staff indicated that having the Sohar Hospital as a primary referral facility would provide appropriate experiences for the student placements. Elective offshore clinical placement is viewed as beneficial for students and the College assists with

applications for elective placement and solicits funds from sponsors to help students with the expenses of these activities.

Representatives of community and institutional pharmacies hosting student placements told the Panel that the system worked well with good communication with the College and the pharmacists supervising the student placements. On the whole, they found students to be well prepared, although their confidence in interacting with patients and their communication skills could be improved. The College formally recognizes and remunerates the MoH clinicians involved in MD student placements; however, pharmacists taking clinical placement for the BPharm program are not remunerated. The Panel encourages OMC to give consideration to establishing similar mechanisms of recognition and remuneration for pharmacists involved in clinical training.

The Panel was informed that the MoH hospital bylaws sometimes preclude OMC staff from clinical practice (particularly as surgeons) which will impact on their ability to maintain an appropriate skill level in this area and also leads to low satisfaction among those staff. This will also have a negative effect on the recruitment of clinical academics. The Panel encourages the Joint OMC-Sohar Regional Hospitals Board to consider what might be done to address these concerns.

It was evident to the Panel that OMC teaching staff and the clinicians are concerned that the quality of the clinical placement activity may be impacted by the planned increase in the number of MD students and the consequent demands placed on existing clinical facilities and number of beds. The limited variety of patients and interesting cases available for students is also a concern. WVU raised these concerns in their visit report (July, 2008). While the Panel was convinced that OMC is aware of these challenges, the College will need to urgently implement its plans to address the situation.

> **Affirmation 4**
>
> **The Oman Academic Accreditation Authority agrees with the Oman Medical College that quality student clinical experience is pivotal in the preparation of medical doctors and pharmacists for practice and supports its plans to increase clinical placement opportunities and the number of beds for training medical students, and urges the College to implement these plans as a matter of high priority.**

The Panel was informed by clinical staff and community representatives that OMC interns are highly valued by the community and students are well accepted by the majority of patients. In its review report (July, 2008), WVU notes that Obstetrics/Gynecological training is variable because of the local culture and its customs. There is competition with nursing students to participate in Labor and Delivery and issues of respect for, and understanding of, the role of the physician in this mix which particularly affects male students. The Panel learned that OMC is exploring the possibility of posting students to Khoula Hospital (Muscat) and has arranged self funded voluntarily supplemental training in Obstetrics/Gynecology at the Christian Medical College-Vellore in India. Oversight of students in Vellore will be provided by the OMC staff alumni on-site.

> **Affirmation 5**
>
> **The Oman Academic Accreditation Authority agrees with the Oman Medical College that there is a need to improve its provision of clinical training particularly in the Obstetrics/Gynecology area and supports its commitment to linking with institutions outside Oman for this purpose.**

2.8   *Assessment Methods, Standards and Moderation*

OMC claims that it has introduced rigorous assessment processes to determine that the various academic and professional expectations and standards of MD and BPharm programs are met. A variety of assessment methods are used within a general assessment scheme of 60% of an overall course grade to be derived from in-course evaluations and the remaining 40% from a comprehensive final examination (Portfolio, p.41). The Panel noted that the assessment processes used in the MD program at OMC-Sohar were presented in detail in the Portfolio with considerably less reference to OMC-Bowshar practice.

The Panel found that the Observed Simulated Clinical Exercise (OSCE) examinations for medical students were well organized; however, some locations had insufficient cases. For example, with pediatric cases one child had to be an exam subject for more than 12 exam candidates consecutively. Such shortages could be offset with access to additional patients if the College negotiated for reciprocal arrangements with Sultan Qaboos University Hospital.

A rigorous process exists for external audits of examinations and course review as evidenced by the external examination reports for the MD and for basic sciences. The final MD examinations in each discipline are managed by a separate examination panel consisting of OMC physicians and external examiners (national and international) to both validate and benchmark the assessment process. During interviews, some external examiners told the Panel that they would appreciate feedback from OMC so they can improve their performance. Furthermore, external examiners indicated that any potential bias in local examiner practice could be overcome by pairing an Omani examiner with an international examiner. The Panel concluded that a rigorous and thorough procedures of external examination existed, which had been implemented effectively in the MD program at OMC-Sohar.

OMC uses the SOLE system for computer-based examinations. There is a secure databank of tested examination items. Although the Panel was not able to investigate all aspects of SOLE in regard to assessment, they noted its importance and viability in assessment. Instructors review examination questions and other graded work with the students (Portfolio, p.42). The Panel encourages OMC to ensure that this practice is widespread.

The policies and procedures related to grading and to appealing the results differ between the two campuses (Portfolio, p.43). OMC-Bowshar follows the scaling system of WVU, whereas OMC-Sohar follows a scaling system similar to that at SQU. This means that the grading system which applies to the three premedical years of the MD program differs from that for the remaining years. While the College states that differences in the grading scheme will be resolved for the MD program when it is consolidated at OMC-Sohar, the Panel is of the view that the issue is more fundamental than that and it asserts that consistency between the campuses of OMC in grading systems and appeal procedures is an essential part of ensuring and maintaining robust standards (see Recommendation 4).

Moderation of assessment is a critical element in the process for achieving course expectations and outcomes and maintaining standards. Moderation systems also check the validity of assessment processes for different cohorts. The Panel noted that OMC does not have a moderation of assessment policy and encourages it to develop and implement one.

2.9   *Academic Security and Invigilation*

OMC states that "*both campuses have clearly-stated policies and procedures regarding how examinations are scripted, invigilated, graded, and recorded*" (Portfolio, p.44).

The College has appropriate systems in place to ensure the security of soft copies of assessment and examinations.

2.10   Student Retention and Progression

OMC recognizes that student retention and progression are influenced by an institution's success in selecting appropriate standards for student entry, assessment and progression, and in providing adequate support for teaching and learning (Portfolio, p.45). The College's approach is to retain, advance, and ultimately graduate only those students who are capable of being competent doctors or pharmacists.

Students who do not meet the progression requirements of the MD program can choose to transfer to the BPharm program.   The College provided these credit transfer arrangements although this information is not readily available to students. The Panel encourages the College to make these arrangements more explicit and more readily accessible and to internally benchmark the progress of those students who do transfer with those who enter the BPharm at the outset.

The retention statistics for the MD and BPharm students (years 2003-07) provided by the College (Portfolio, pp.46-47) were hard for the Panel to interpret. However, it was clear that the major problems faced by students in the first two batches of the MD program occurred in Year 3 (academic years 2003 and 2004) where progression was less than 70%. OMC was aware of this problem and, in the academic year 2005-2006, the premedical curriculum was modified to emphasize English language skills and critical thinking processes. This resulted in improved progression rates. The Panel also noted that the overall retention rate of the first cohort of BPharm students (2003) in 2007 was 62% while subsequent batches have had better retention rates. The Panel noted that OMC was taking action to improve retention and progression rates *per se* by reviewing its admission standards and providing additional support for learning in the early years.

> **Affirmation 6**
>
> **The Oman Academic Accreditation Authority supports the Oman Medical College's actions to address low retention rates, particularly in the early years of implementing the MD program.**

2.11   Graduate Destinations and Employability

Priority 3 of OMC's draft Strategic Plan 2018 is to "*Improve our community through service.* The associated goal is to "*Provide Oman with a supply of well trained health care professionals that address national needs*".

Through interviews with the BPharm graduates and their employers, the Panel observed that students were well prepared for their positions. However, employers indicated that the Pharmacy students could use more clinical training and needed to improve communication with clients. The College indicated that the BPharm program has not been benchmarked with external programs yet as there have only been two graduating cohorts. The College is encouraged to do this as a matter of priority.

The same conclusion can be made about the MD students. The College states that at the time of writing the Portfolio, one batch of MD students had graduated (Portfolio, p.30). The Panel was informed that the biggest challenge is to maintain a standard of quality comparable to that of US programs, although one 6th year student who had the chance to visit WVU felt on par with US students in the same year. Moreover, representatives of the Joint Oman Medical College-Sohar Regional Hospital Board and the public sector (for example, Armed Forces Hospital, MoH, SQU) commented positively to the Panel on the graduates' professional knowledge, skills, attitude and commitment to learning. In addition, they felt that OMC interns were comparable to other interns from SQU, and from other regional medical educational institutions.   External examiners indicated that the students' performance was comparable with other students in the region and in the UK and better than expected for a first cohort of graduates. Again, the comment was made

that they could benefit from more clinical training. This is consistent with the findings of the MoHE Subcommittee for Medicine.

The Panel was impressed that overall employers, outside evaluators and the students themselves judged that the graduates of the MD and the BPharm programs were well prepared and carried out their job responsibilities successfully. The Panel concluded that OMC has succeeded in achieving its primary objective.

At the time of audit visit, all but one member of the first MD cohort was undertaking their intern year, in MoH approved training venues. Non-Omani citizen students who graduate from the MD program will not be paid as interns working in Omani hospitals; however the 2008 WVU Internal Review noted that the MoH had done a lot to guarantee that every graduate, including non-Omanis, will get an internship.   In addition, non-Omani MD graduates need to acquire a minimum of two years of clinical experience outside of Oman, after the intern year to qualify to work in Oman. This situation appeared inequitable to the Panel; furthermore non-Omani students indicated that they were unaware of this additional requirement when they entered the MD program.

Pharmacy graduates must pass the MoH pharmacist registration examination prior to being employed in Oman. The first batch of BPharm encountered difficulties in passing this exam so OMC modified the curriculum to include more clinical learning experiences to better prepare them for this examination. Non-Omani Pharmacy graduates, however, are not allowed to take the national pharmacist registration examination and require three years of experience outside Oman before they can become a pharmacist in Oman. The Panel noted that it would be difficult for them to obtain registration outside of Oman in order to gain this experience. OMC is continuing to negotiate with the MoH to find ways of addressing this issue and to meet one of its primary objectives of providing Oman with well trained practicing pharmacists.

> **Affirmation 7**
>
> **The Oman Academic Accreditation Authority supports the Oman Medical College's decision to continue negotiating with the Ministry of Health to permit non-Omani Pharmacy graduates to take the national pharmacist registration examination.**

The small sample of employers interviewed by the Panel confirmed that OMC graduates are highly regarded, and that OMC significantly contributes to the development of valuable skills and attributes in its students.

The Panel noted that the College does not have a formal process for gaining feedback from graduates and employers. Such a system could provide valuable data to regularly test desired graduate attributes and provide input to their development as more students graduate from OMC.

> **Recommendation 10**
>
> **The Oman Academic Accreditation Authority recommends that Oman Medical College systematically survey graduates and employers to ensure that graduates are demonstrating the attainment of the graduate attributes and to address any deficiencies revealed.**

3   STUDENT LEARNING BY RESEARCH PROGRAMS

Whilst the College's programs do not involve student directed research, OMC is aware that the involvement of staff and students in research fosters an environment of life-long learning by stimulating scientific curiosity and motivation and that this can have direct, positive impacts on teaching/learning activity (Portfolio, p.50). The Panel was informed that students in both the MD and BPharm programs are expected to understand research principles and methodology, although the Panel was not aware of these skills being assessed in the current curriculum.

However, students are encouraged to participate in research projects as part of their programs, and the MD students are encouraged to develop research projects as part of their clinical attachments. Most research projects are clinical, with the health system providing rich opportunities for clinical research. The Panel was impressed by student and staff involvement in clinical projects, for example the established Cystic Fibrosis in the North Batinah Region (see Section 4.2). The Panel was informed that a mandatory research project will be included in year four of the BPharm degree from 2008 (Portfolio, p.50) and this will provide a mechanism for formally developing research skills.

The College intends to build its research infrastructure and capability as articulated in the goals and objectives of Priority 4 in the draft Strategic Plan "*Promote discovery and the exchange of knowledge and ideas.* It also plans to offer research degrees in Pharmaceutical Sciences and in Medical Biotechnology as outlined in the College of Pharmacy and Health Sciences Strategic Development Plan 2009-2018.

The fourth year project could provide a mechanism to identify potential Masters and PhD students for the College. To realize this goal, the Panel encourages the College to develop mechanisms to ensure that all graduating students have an understanding of research principles and methodology.

4   STAFF SCHOLARLY AND CLINICAL ACTIVITIES

[This Chapter is titled 'Staff Research and Consultancy' in the OAAA's Quality Audit Manual.]

The OMC Vision states:

> *"OMC aspires to be recognized nationally and regionally as a leader among academic healthcare organizations by cultivating a tradition of excellence and innovation in healthcare education, research and service to the Sultanate of Oman and the international community" (Portfolio, p.5).*

OMC Strategic Plan is designed to serve as a roadmap to guide the College in achieving its mission and vision, with the ultimate measure of the plan's success being the College's progress towards achieving its strategic goals by 2018, informed by annual progress reports (Portfolio, p.15). The draft Strategic Plan 2018 provides the strategic priority, and the goals and objectives as follows:

> *Priority 4: Promote discovery and exchange of knowledge and ideas*
> *4.1. Enhance research facilities and infrastructure*
> *4.2. Increase research opportunities for faculty, staff and students*
> *4.3. Strengthen and expand current research efforts*

As already indicated in Section 1.5 of this Report, the Panel was provided with the College of Pharmacy and Health Sciences Strategic Development Plan 2009-2018. The Plan includes a Centre for Research and Development in Pharmacy and Health Sciences, with a Director of Research to be appointed in 2012.

4.1   Research Planning and Management

Research was not an original requirement of OMC's licensure. The College acknowledges that the environment for staff research is underdeveloped, the physical facilities do not yet exist and few operational plans or policies have been established (Portfolio, p.51). The College's energies have been directed toward fully establishing the MD and the BPharm courses. The College's laboratories at OMC-Bowshar and OMC-Sohar are committed to teaching and are deemed by the College as not suitable for basic research in medicine and pharmacy (Portfolio, p.52).

It is the view of OMC that the establishment of on-campus dedicated research facilities will expand and enhance opportunities for scholarly work by the staff. Part of OMC's phased development for medicine at OMC-Sohar is the construction of a staff biomedical research laboratory by 2010. The Panel was also briefed on a plan to establish infrastructure to support research as part of the Strategic Development Plan 2009-2018 for the new entity, the College of Pharmacy and Health Sciences.

> **Affirmation 8**
>
> **The Oman Academic Accreditation Authority supports the plan by Oman Medical College to construct a staff research laboratory at OMC-Sohar by 2010, in line with its strategic objective to enhance research facilities and infrastructure.**

The College recognizes the need for research activity by all staff, and that staff members desire this opportunity (Portfolio, p.60). The desire to be able to undertake research was corroborated in discussions with faculty members at the audit visit (and identified too, as a potential positive for the retention of staff). It was evident to the Panel that a small institution such as OMC cannot

undertake quality research across the broad spectrum of medicine. As a matter of priority, OMC needs to identify the research strengths that already exist, agree upon and establish those areas where it wishes to concentrate its research and prioritize how these will be funded. To this end, strategic research linkages need to be established or strengthened with key external stakeholders, such as the Oman National Research Council (NRC), SQU, etc.

It was with some concern that the Panel noted in the Portfolio that: *"relevant plans and policies to deal with internal and external funding of staff research activities ... will be developed as the College establishes on-campus research facilities"* (Portfolio, p.55). During the audit visit, the Panel was pleased to note that several faculty had submitted or were in the process of submitting applications to the NRC. Nonetheless, there is a need for a comprehensive research development and management plan to realize the research goals of enhancement of research facilities and infrastructure, increasing research opportunities for faculty staff and students, and strengthening and encouraging current research efforts. A timely development of such a Plan is in the College's interest. The Panel sees the Institutional Research Review Board as the committee to take responsibility for the development of the plan, for oversight of the plan's implementation and for reporting progress against the plan's key performance indicators.

> **Recommendation 11**
>
> **The Oman Academic Accreditation Authority recommends that Oman Medical College develop and implement an overall Research Development and Management Plan, with policies and procedures to underpin the plan, key performance indicators to operationalize the plan and financial resources to support it.**

4.2   Research Performance

Research at OMC is in its early stages. OMC states in the Portfolio that *"to date, OMC staff have produced only a small number of research proposals"* (Portfolio, p.57) and that *"the scholarly activities of OMC staff represent an exciting opportunity for improvement"* (Portfolio, p. 60). The Panel agrees. OMC has provided evidence to support its claim that staff members *"have a reasonable record of scholarly performance* [peer reviewed publications] *despite the absence of on-campus research facilities"* (Portfolio, p.60). OMC provided peer reviewed publications by staff over five years, benchmarked internally by campus and externally with a range of tertiary institutions (Portfolio, p.53). Some caution needs to be exercised in the analysis of this data with a less than 50% response to OMC survey by staff, and with several limitations associated with the benchmarked data, but on the face of it, a 'reasonable record' of peer reviewed publications for the College at this time of its history is appropriately argued.

OMC is encouraged to more formally and systemically benchmark scholarly performance with similar institutions. This includes steps to incorporate evidence of peer reviewed publications and other scholarly performance into the annual staff appraisal exercise and to ensure under its research development and management plan that a central repository of such data is established and readily available.

The Cystic Fibrosis Project in the North Batinah region of Oman is an excellent example of the expectation that staff members will be involved in research for the benefit of the people of Oman (see Vision statement in Section 1.1). It illustrates too, the value of strong strategic relationships between OMC and its teaching hospital at Sohar as well as the excitement that involvement in research can engender amongst students as witnessed by the Panel in meeting with students involved in this project.

Commendation 8

The Oman Academic Accreditation Authority commends the Oman Medical College for its establishment of the Cystic Fibrosis Project in the North Batinah Region which provides a useful opportunity for staff and student to be involved in research at a regional level.

4.3   Research Funding Schemes

OMC states: "*The College has not yet established policies and procedures to deal with the internal or external funding of staff research activities. Such policies and procedures will be developed as the College establishes on-campus research facilities*" (Portfolio, p.55). This emphasis on physical infrastructure as a necessary condition of research performance was also evident, in the May 2009 Quality Assurance Manual for OMC-Sohar, where the sole performance indicator for research is 'structures and buildings". As previously highlighted in this Report, the Panel considers that the need to be strategically positioned to take advantage of opportunities such as the NRC provides, cannot wait until a physical facility is in place, and underscores the importance of the delineation and implementation of a research development and management plan, including within it allocation of research funding, and delineation of policies and procedures for research funding.

The Panel noted positively some evidence of progress here. The College has allocated seeding funds for research and the Institutional Research Review Board has now finalised the procedures for internal research funding and research proposal submission. Thus in small, incremental ways the College is realizing one of the research goals in its non-finalized, draft Strategic Plan namely, *increasing research opportunities for faculty, staff and students.*

4.4   Consultancy and Clinical Activities

OMC states "*The College encourages staff members to develop professional associations with non-profit organizations, especially professional bodies and governmental agencies*" (Portfolio, p.56). The Panel was provided with a number of examples of these in both Pharmacy and Medicine.

OMC also notes:

> "*As part of their contractual obligations to OMC, clinical staff are expected to participate in delivering national health care. Consequently, clinical staff are expected to hold or obtain a MoH licence to practice medicine. It is assumed that clinical staff spend approximately 10% of their work time engaged in service activities*" (Portfolio p.52).

It was evident to the Panel from their meeting with faculty and external stakeholders that, while there were many excellent examples of engagement in service activities, this was not occurring consistently. Feedback from representatives of MoH institutions, which OMC uses for training students (see Section 2.7), indicated that greater involvement would be welcomed.

4.5   Ethics and Biosafety

At the time of writing the Portfolio, the small number of research proposals produced by OMC staff were described as being reviewed and approved by the appropriate internal and external Panels. The ethics of any research conducted by OMC staff are considered to fall under the College's purview regardless of where the research is conducted. Research proposals initiated by OMC staff are reviewed internally by the Institutional Research Review Board for internal research ethics approval. All research involving human subjects in Oman comes under the aegis of the MoH, so OMC research proposals then go on to be reviewed by the Regional Ministry of

Health Ethics Committee (Portfolio p.57). The Panel noted that the VDAA, at OMC-Sohar, is a member of the Research and Ethical Review Committee/North Batinah Region (the Regional Ministry of Health Ethics Committee). The Panel was advised that the time line for approval is at least four months from initial date of application and often considerably longer. The recent formalization by the Institutional Research Review Board of guidelines for application for internal research funding (including ethics approval) was noted positively in Section 4.3.

Now that OMC has the beginnings of an on-campus research program, it will be vital for it to ensure that all relevant policies and procedures are in place. The Portfolio advised that in the absence of such a program:

> "OMC has not yet established policies or procedures for research safety, including biological safety ... chemical safety ... or radiation safety. These will be developed as the College establishes an active research program" (Portfolio, p.56).

During the audit visit, the Panel found that the College had adopted some biosafety policies in its teaching laboratories from the College's academic partner, WVU. The Panel was provided with evidence that they had been contextualized for the Omani setting. While OMC advised that the research proposals to date were "*mainly proposals for patient surveys, retrospective case analyses of patient data, and clinical case studies*" (Portfolio, p.57), clearly the policies and procedures for research safety are an essential component of a research development and management plan (see Recommendation 11).

4.6   *Intellectual Property*

The College has an appropriate Intellectual Property policy. However, the Panel was advised that no applications under this policy have been made, as yet.

4.7   *Professional Development for Research*

The Panel found no structured professional development for research for staff at the College. It was evident that the little that is available is relatively informal or ad hoc. The Panel recognizes that it is early days for the College as far as research is concerned. However, faculty and staff members who were interviewed impressed the Panel with their keenness to undertake research. The Panel is aware of the research supervision responsibilities staff already have, as a consequence of the mandatory research project for fourth year Pharmacy students and the research projects some medical students take as an extracurricular activity. The Panel sought statistical data on the number of students in 2007-08 who had undertaken staff-supervised extra-curricular research activities and the number of resulting publications. Although this was not available, the College advised the Panel that the Institutional Research Review Board is to set up a process to track this in the future; the Panel welcomes this initiative.

If the College is to realize the goal of increasing research opportunities for faculty, staff and students, then a formal, structured professional development program for research is a priority. This could include support and mentoring for beginning researchers in writing research grants, and workshops on high quality research supervision, with the Institutional Research Review Board playing a key role in policy and program development. As the College moves to progress the research agenda, it should also give consideration to factoring research into faculty and staff workload.

> **Recommendation 12**
>
> **The Oman Academic Accreditation Authority recommends that Oman Medical College   develop and implement a structured professional**

development program for research and that the Institutional Research Review Board play a key role in program development and in the development of the policies which underpin it.

4.8   *Research Commercialization*

The College has not yet developed plans or policies related to research commercialization. OMC will develop its own policies and procedures at an appropriate time, as part of the phased development of on-campus research (Portfolio, p.59). The Panel encourages the College to include a research commercialization policy as part of the Research Development and Management Plan to be developed, by the Institutional Research Review Board (see Recommendation 11).

4.9   *Research Teaching Nexus*

The College was able to provide evidence of a *clinical* teaching nexus underpinned by its requirement for clinical staff in the MD course, under their contractual obligations to OMC, to be actively engaged in clinical practice for approximately 10% of their work time. It was evidenced too in the appreciation expressed by some students, with whom the Panel met, of having teachers who were role models as practicing professionals.

It was clear to the Panel that OMC acknowledged the importance of the research/teaching nexus. OMC management encouraged staff to be up to date on the latest developments in their own subject area and described the ways in which these latest developments were conveyed to students. Nonetheless, it acknowledged too, and the Panel agreed, that this was a work in progress. Staff research is in its early stages and until recently student research had not been a formal component of either the MD or the BPharm courses. An excellent example of student-staff collaboration in research (the Cystic Fibrosis Project) has already been commended (see Commendation 8). Students who were a part of this project, and with whom the Panel met, clearly gained significantly through the experience of communication of the research findings in Europe and through the knowledge of the contribution to the healthcare of Omanis though the collaborative research. The College is in the early stage of its research and scholarly development, but as such it is also ideally placed to put in place measures to determine whether or not its teaching activities and student learning are effectively enhanced by staff research and scholarship.

5   INDUSTRY AND COMMUNITY ENGAGEMENT

The OMC draft Strategic Plan 2018 details the following strategic priority and goals and objectives relevant to this Section of the Report:

> *"Priority 3: Improve our community through service*
>
> *Goals and Objectives*
> *3.1 Provide Oman with a supply of well trained health care professionals that address the national needs*
> *3.2 Develop and implement new community service projects that will improve the health of the people of Oman*
> *3.3 Provide healthcare services through our clinical teaching facilities*
> *3.4 Offer high-quality, competitive Continuing Medical Education (CME) programs"*

Furthermore, the College has spelt out the following overall goals and objectives in its Student Handbooks which relate to industry and community engagement:

> *"To prepare students for a lifelong commitment to other persons, their communities, and their country.*
> *To prepare students to become leaders in their communities*
> *To encourage professionalism and ethical behavior."*

The draft Strategic Plan has some clearly measurable KPIs associated with the goals and objectives. However, it is less clear to the Panel as to how the College will measure the achievement of the specific goals stated in the Student Handbooks. Active industry and community engagement is necessary to educate students undertaking MD and Pharmacy programs and this Section of the Report provides the Panel findings on how OMC is progressing with that aspect of its activity.

5.1   *Industry and Community Engagement Planning & Management*

OMC plans a "*direct and active*" community engagement mainly to gain public acceptance of medical students as an integral part of the health professional team and to demonstrate the advantages of general interaction with the College (for example, the Diabetic Screening Camp which offers diabetes screening services to the community) (Portfolio, p.61).

As interaction of OMC students with patients and the public community is central to the clinical program, the College manages this interaction through a set of rules and regulations governing code of dress, conduct and medical ethics. These rules are set out in the Student Handbooks and according to the College, profiled to students during orientations at the clinical settings.

OMC graduates require registration to practice as physicians or pharmacists in Oman. As the registration is granted by the MoH, the College indicates that industry engagement is thus "*indirect and filtered*" for graduates through and by the MoH and not from the direct influence of market forces. Furthermore, OMC clinicians provide the link for students from medical education to the healthcare industry, particularly during the MD student internship period (Portfolio, p.62).

The Joint OMC-Sohar Regional Hospital Board plays a key role in oversight of the MD student clinical program. Senior staff members of OMC meet with the administrators of the Sohar and Saham Extended Health Centres to plan and manage MD student clinical experience and the

Head of Department Pharmacy organizes training experiences with community and institutional pharmacies for the BPharm students. As the feedback from participating hospital clinicians was mainly informal, it was not clear to the Panel if those participating in clinical training were aware of the role of the Joint OMC-Sohar Regional Hospital Board, and how feedback from participating hospital clinicians was taken up at the Board level.

As the MD program enrolment grows, there is clear concern from various areas, for example WVU (Internal Review Report, 2006), MoHE (Review report 2007-2008) and the Deans (Report to the Governing Council, December, 2009) regarding the availability of adequate clinical training opportunities for students and the need for planning. The College is aware of this and the Panel supports its measures to address this issue (see Affirmation 4).

The planning of sourcing of clinical placements is crucial to the College's activity, and the Panel was surprised that it did not feature in the goals and objectives and operational plans of the OMC draft Strategic Plan 2018. It was clear to the Panel from the interviews held with the College and hospital clinicians, students and community health service providers that a purposeful collaboration exists between OMC and the entities involved in student clinical activity and training. However, the Panel concluded that the College does not have a planned approach for managing its community and industry engagement.

> **Recommendation 13**
>
> **The Oman Academic Accreditation Authority recommends that Oman Medical College develop and implement a planned approach to its industry and community engagement activities in line with its overall strategic objectives.**

5.2   *Relationships with Industry and Employers*

Section 2.7 of this Report discusses aspects of the professional relationship between hospitals and OMC. The Panel findings regarding these relationships are discussed in more detail below.

The Panel concluded that while the training offered by the hospital clinicians and the community health centers is invaluable, there was a perception that the "reciprocal interactions" (Portfolio, p.62) between these facilities and OMC were, in reality, unequal. The Report of the MoHE subcommittee for Medicine 2008 expressed concerns regarding the relationship and cooperation between OMC and Sohar hospital staff and notes that the students felt that initially the hospital medical and nursing staff were indifferent to them. The MoHE Report for the year 2007-2008 is critical of the support given by the hospital administration to OMC Students. Some degree of discontent was expressed about the responsiveness of OMC to the level and extent of support provided by the hospital as well as the community health training facilities of the MoH. The Panel was told that a greater involvement of College clinicians and OMC support to expand hospital facilities was expected and profiled at the Joint OMC-Sohar Regional Hospital Board meetings.

The need for improved cooperation and clarity of communication between OMC and hospital staff, as well as a more timely implementation of decisions taken was apparent to the Panel. One possible way of improving cooperation is to enhance staff exchange between the College and those providing clinical teaching facilities.

> **Recommendation 14**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College build on the existing good will and cooperation of Ministry of Health hospitals and community health facilities, such as developing and**

implementing policies to facilitate staff exchange between the College and these institutions.

The College states:

> *"There is no role for employer surveys, industry advisory boards or external industry representatives on OMC study boards or Curriculum Committees (other than the MoH)" (Portfolio, p.62).*

Recommendation 10 in this Report, already addresses the need for the College to survey graduates and employers, and will not be further elaborated here; suffice to say that this is an integral part of feedback for continuous quality improvement. The College is exploring collaboration with a private hospital for clinical training of premedical students at OMC-Bowshar. It was unclear to the Panel whether there was an intention to obtain formal feedback from the collaborating private hospitals if this facility was used.

The Pharmacy placement is designed to meet the expectations of the College, students and industry (Portfolio, p.62). Pharmacists supervising the student placements, whilst being involved in the formal evaluation of trainees and grading their performance, also provide informal feedback on the program. Staff advised the Panel that such feedback on the first batch of students helped inform revisions to the Pharmacy curriculum.

However, the College currently has no formal mechanism for industry (other than MoH) to input into program and curriculum development or for industry to be informed about the College's Mission, role in the community, and clinical and other training needs. The Panel believes that the College would benefit from establishing this link to industry through membership of appropriate boards or committees.

> **Recommendation 15**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College consider adding external representatives from stakeholder groups including hospitals, clinics and pharmacies to its study boards and/or its curriculum committees to inform curriculum development and improve industry linkages.**

5.3   *Relationships with Professions*

OMC students can sit the United States Medical Licensing Examination (USMLE) as OMC is associated with the appropriate professional bodies including the WHO, Foundation for Advancement of International Medical Education and Research, and the Institute for International Medical Education (Portfolio, p.63). Furthermore, the Panel was informed by faculty members teaching in the Pharmacy program that final year students routinely join the Pharmaceutical Society in Oman.

The College recognizes the value to staff and the organization of active participation with professional organizations and provided an extensive list of 74 differing professional memberships of staff during the 2007 academic year (Portfolio, p.63). OMC supports staff to attend professional meetings. Although the Panel agrees with the College on the importance of interaction with the professions, it was unclear the extent to which faculty membership of their professional bodies was actively encouraged by the College. The College needs to formalize its approach in this area.

5.4   *Relationships with Other Education Providers*

The College has established and maintains mutually beneficial relationships with other education providers, for example with SQU. These relationships enable the sharing of medical academics, sourcing external examiners, and the hosting of MD students in "observerships" and non-credit electives. One example of this is with the Christian Medical College-Vellore (India) which provides clinical training to OMC students, particularly the male students, in the Obstetrics/Gynecology area.   In the absence of research facilities and infrastructure staff are encouraged to link with researchers from other universities (Portfolio, p.64). Whilst appreciating the value and purpose of these relationships, the Panel gained the impression that their establishment was not part of an overall proactive academic strategy for the College but rather in response to external constraints and necessity.

Students who take non-credit electives offshore usually do so with other institutions with which OMC has a relationship. This activity has helped to compare the performance of students with their peers elsewhere. Student feedback on these electives is that they were useful. The Panel surmised that these are non-credit bearing electives as they were voluntary and students needed to self finance their trips abroad. As this is a valuable student activity, the MoHE recommends that the College could help more students take advantage of these opportunities by providing partial financial support to them. The Panel supports this view.

5.5   *Relationships with Alumni*

At the time of the Quality Audit, the College had graduated 38 pharmacists and 23 medical doctors (now doing their internships so not yet registered to practice as physicians). OMC stated that it was developing formal policies and procedures to establish an alumni affairs department to be in place prior to the 2008 academic year (Portfolio, p.65). This has not yet taken place and the Panel strongly encourages the College to progress this as a matter of priority.

Recommendation 10 in this Report already addresses the need for the College to survey graduates and employers and this could form part of establishing these alumni connections.

5.6   *Relationships with the Community at Large*

OMC relationships with the community at large are through clinical interactions, where staff and students provide patient care, through community outreach events in Sohar and Muscat and additional community activities by OMC Student Organization (Portfolio, p.66).

During interview sessions with hospital clinicians and interactions with community, MoH and hospital administration representatives, the Panel was informed about the high caliber of OMC staff and student-patient interaction during clinical training activities and about the valuable contribution OMC teaching staff, particularly in the Pediatrics area, made to the Sohar Hospital's medical services.

The various community outreach activities which have been carried out by the staff and students include blood donation, the Diabetes Screening Camps, and Health Awareness talks and lectures. In its report, the MoHE indicated that this community service is one of the very positive sides of the College's activities. The Panel confirmed the active involvement of students in initiating and participating in such endeavors during the visit interviews.

The Pharmacy Department at OMC-Bowshar organized a successful conference in March 2009 with the theme "*Prospects and Challenges of Pharmaceutical Care in the Middle East*". The Panel viewed the conference proceedings and was impressed by the College's initiative in instigating this community professional development activity. The College indicates that industry and community engagement is a strength. The Panel supports the College's activities in this area.

Considering that the College views clinical interactions as the primary mechanism for community relations, the views of the patient need to be systematically sought and used for service quality improvement. The College intended surveying patients in the academic year 2008 to determine their satisfaction with OMC students and staff. The Panel notes with concern the delay in surveying patients and urges the College to finalize and implement this survey as a priority as part of its commitment to continuous quality improvement.

Affirmation 9

The Oman Academic Accreditation Authority supports the Oman Medical College's decision to carry out a patient satisfaction survey to ascertain satisfaction with the services offered by its students and staff and urges the College to undertake this as a matter of priority.

6   ACADEMIC SUPPORT SERVICES

The OMC draft Strategic Plan 2018 strategic priority and goals and objectives relevant to this Section of the Report are:

> *"Priority 2: Provide high quality, innovative education programs*
>
> *Goals and Objectives*
> *2.2 Assign appropriate resources to the education mission*
> *2.4 Become a national leader in the use and development of web-based learning/teaching programs"*

The College states:

> *"OMC strives to provide the necessary infrastructure and physical resources to fully support (i) staff in their conveyance of knowledge/skills to students, and (ii) students in their acquisition and mastery of the knowledge/skills" (Portfolio, p.68).*

Whilst the Panel was impressed by the College's infrastructure in terms of buildings and Information Technology (IT) services, students and academic managers. Reports from external Ministry stakeholders point to specific areas of concern where there is scope for the College to improve, for example the management of academic support services and registry services at OMC-Bowshar.

6.1   *Academic Support Services Planning & Management*

The College indicates that the operations of two physically separated campuses pose inherent constraints and challenges to the provision of academic support services. The current growth in student numbers, differences in the history of the two campuses, and the plans to move the full MD program to OMC-Sohar are also cited as reasons for operating two different academic support systems. At OMC-Bowshar, academic support is managed by the Dean overseeing registrar, library, and academic advising services, student learning support and teaching resources, whereas the CFO oversees the information and learning technology services. The situation at OMC-Sohar is very different with a Learning Resources Committee receiving inputs from key managers. The VDAA oversees academic advising and student learning support whereas the DDFA oversees the remaining academic support areas (Portfolio, pp.68-69). The Learning Resources Committee has student representation which, in the Panel's view, provides valuable input to academic support service development at that campus.

The Panel observed that OMC does not have good information systems management, particularly those relating to student data. This posed difficulties in gathering data for the self study and also in the requests for additional data made by the Panel during the audit visit. Moreover, the two campuses operate with different registry systems and access to SOLE is difficult for OMC-Bowshar students. The lack of a common registry system poses a threat to the integrity of student records.

> **Recommendation 16**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College develop more comprehensive data management systems, consistent across both campuses, to ensure the integrity of student records.**

The College has grown rapidly since it commenced activity in 2001. Such growth requires appropriate planning and management of the facilities and academic services to support the increased student numbers, programs and operating sites. The Panel was provided with conflicting views regarding the availability of funding to adequately resource the improvements required to the academic support services. It formed the view that funding the plans for the timely improvement of academic support services may be further constrained by the other strategic planning imperatives, for example the new College of Pharmacy and Health Sciences. Students in OMC-Bowshar indicated that there was no mechanism for student input into decision making with regard to services that affect them and that there is a lack of forums where students can make suggestions for improvement of the school, campus and teaching.

The Panel's view is that OMC has a specific need to improve the management and planning systems related to the provision of academic support services at the Bowshar campus and in particular, to take the views of students into consideration through student representation on committees.

Recommendation 17

The Oman Academic Accreditation Authority recommends that the Oman Medical College review the systems for the management and planning of academic support services at its Bowshar campus as part of the overall development of comprehensive, consistent provision across both the College campuses.

OMC-Sohar academic support services management structure incorporates a Learning Resources Committee which acts as a hub for coordination, exchange of ideas and communication. According to its terms of reference, this Committee is responsible for reviewing and approving matters related to the learning resources, including the library and IT provision, and meets on a monthly basis. This Committee focuses on immediate learning resources needs and long term needs particularly of the library and IT support services, conducting surveys and acting on the findings. Students confirmed that their responses to the library services user survey (see Section 6.3) were given due consideration and they were also appreciative of the opportunity to participate in the Committee. The Panel was impressed with the work of this Committee and its breadth of membership.

Commendation 9

The Oman Academic Accreditation Authority commends Oman Medical College for OMC-Sohar Learning Resources Committee and for the pivotal role it plays in enhancing academic support services at that campus.

The College is encouraged to consider establishing a similar committee at OMC-Bowshar when reviewing the management and planning of academic support services at that campus.

6.2   Registry (Enrolment and Student Records)

The difference in academic support services between the campuses is mostly noticeable in the Registry area. The full Registry service, with two full time registrars and using the ProMIS Student Record system, is located at OMC-Bowshar. On the other hand, OMC-Sohar registry services, staffed by an assistant registrar are still under development, with the staff relying on paper based personnel and student records, and archives of students' graded work. The maintenance of each student's academic performance records and the issuing of transcripts is undertaken at OMC-Bowshar (Portfolio, p.70).

It was clear to the Panel that the delays in moving the premedical students from OMC-Bowshar to OMC-Sohar have contributed to the delay in establishing the appropriate level of registry

services at OMC-Sohar. The Panel has already indicated that the current registry arrangements pose a threat to the integrity of student records and Recommendation 16 addresses this.

Those responsible for academic support services at OMC-Sohar are aware of the problem and are taking steps, albeit slowly, to resolve the issue. They indicate that it may take two to three years to establish comprehensive registry services and reduce the dependence on OMC-Bowshar.

> **Affirmation 10**
>
> **The Oman Academic Accreditation Authority agrees with Oman Medical College that the registry services on the two campuses need to be aligned as a matter of urgency and supports its efforts to address the issues in this area.**

The Panel strongly encourages the College to prioritize this development.

6.3 Library

The physical facilities of the libraries at both campuses are impressive. Both have traditional collections and comprehensive access to electronic library resources in the form of e-journals and digital resources available through the WVU SOLE system and the WHO Eastern Mediterranean Region (Portfolio, p.70). Both libraries are headed by qualified librarians, with the OMC-Sohar librarian being qualified medical librarian. The two campuses have differing policies and procedures, for example, they each follow different classification systems. OMC-Sohar uses a system which is a standard for Medical Colleges (NLM Classification System) as only medical students and teachers of medical subjects use the library there, whereas OMC-Bowshar library caters both to Pharmacy students and faculty as well as to the Foundation Program students and faculty. Some differences in collection attributes and facilities result from the nature of the programs offered at the specific campuses and the fact that all OMC-Sohar students use wireless enabled laptop computers. The Panel observed that insufficient communication exists between library staff at the two campuses.

The Panel noted the excellent audiovisual resources at OMC-Bowshar library. There is an Inter Library Loan scheme in operation between SQU, Royal Hospital and OMC-Bowshar library. OMC-Sohar library is currently building its journal collection and feedback indicated that the library needs printing facilities as the students prefer hard copies of library resources. This library contains books of model USMLE questions and answers which staff can utilize to assist with examination preparation. Clinicians can access the library but do not have online access. At both campuses, students have off-campus access to the SOLE system and interviews with staff and students indicated the adequacy of library resources.

Evidence was provided that the College had surveyed students at both campuses, with an emphasis on OMC-Sohar, to gain information to help improve library services (Portfolio, p.72). The College is acting on the outcomes of this survey to improve services to students. While the College has not benchmarked its own library services, the results of a Medical Library Survey conducted by SQU students indicate that the OMC library has comparable services to those offered by the library of the SQU. The Panel concluded that overall, the library services at OMC are working well.

6.4 Information and Learning Technology Services

The College stresses the fundamental importance of its IT services and the Panel agrees if it is to realize its operational plan to "*Promote and expand the use of web-based learning/teaching programs*".

This Report has already commended the College for the use of the SOLE digitally enhanced learning environment (see Commendation 7 in Section 2.5). It was clear to the Panel that the College takes pride in the use of the SOLE software. The Panel did identify some off-campus access problems by students at some clinical training sites and concluded that this may be due to security considerations of which the College will need to be mindful.

OMC-Bowshar students mentioned that their access from their hostels to the IT systems of the College was limited. As students are taken back to hostels at 4pm, this reduces the daily access time. The WVU 2008 review also found the internet access at the hostels to be 'almost non-existent' with only one dial up line. In addition, there is a disparity in provision of laptop computers. This affects access to information and electronic learning material and limits communications for the students.   While all OMC-Sohar students are provided with laptop computers, OMC-Bowshar students are not. This is an area that needs to be addressed.

> **Recommendation 18**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College ensure that it makes provision for students, at both campuses, to have consistent and sufficient access to electronic learning technologies to undertake their studies.**

Panel members noted that there are areas of redundancy in the College's IT system, primarily due to different systems being used by different groups within and between the two campuses. For example, there are different student identification numbering systems, the library system is not fully integrated with SOLE, and student records systems are not integrated with SOLE. This poses additional administrative overheads to the College.

The College claims that it has appropriate IT support services on campus. Some interviewees at OMC-Bowshar indicated that the IT Support department was the "*perfect department*" in the assistance provided to students on campus. A visit by Panel members to the IT facilities indicated that the IT system seemed to be secure and risk protected.

6.5   *Academic Advising*

At the beginning of the year, each student is assigned an academic advisor who is a member of teaching staff. Students are expected to speak with the course instructor in the first instance if they have issues. (Portfolio, p.73) The Panel was informed that at OMC-Sohar, the Student Counselor proactively went through student files, identified at risk students, and contacted them to provide support. OMC-Bowshar staff members providing academic advising write reports to the Department Heads regarding students and the need for probation. There is no student counselor at that campus. OMC-Bowshar students, with whom the Panel met, indicated that they did not know whom to go to for resolution of specific problems as there was no dedicated support service head with sufficient authority. This issue will be further explored in Section 7.8 of this Report.

It was evident to the Panel that mechanisms do exist to provide academic advising, but their effectiveness is unclear. The timely implementation of the Campus Life Survey (see Recommendation 7 in Section 1.9 of this Report) to get up to date feedback on these services and institute changes as a consequence is strongly encouraged.

6.6   *Student Learning Support*

The College focuses on the need for students to undertake sufficient study outside class time to make appropriate progress with their studies. The initiatives that it has in place to support this include free tutoring and study groups, and facilities and infrastructure, such as study hall,

extended library and laboratory opening hours at OMC-Sohar (Portfolio, p.74). Students leave on buses from the OMC-Bowshar at 4 p.m. which restricts access to learning support available at this campus.

Some of the staff interviewed at OMC-Sohar indicated that a student mentoring system was about to be put into place and the Panel supports this initiative. Staff members at OMC-Bowshar, particularly those focusing on the Foundation Program students, were clearly very engaged in assisting students to succeed in their studies and the Panel was impressed by their dedication and commitment to supporting student learning.

6.7   *Teaching Resources*

The College has impressive physical facilities and infrastructure that adequately meet the needs of the student population at this time. Student facilities at OMC-Sohar include easy reading lounges and group discussion rooms. The laboratories, classrooms and lecture halls at both campuses are adequate. The Panel was impressed with the laboratories in OMC-Bowshar and the model pharmacy dispensing facility made available to the students. The commitment of the College administrators to improving teaching resources is evident from interviews with them and the various annual reports submitted by them.

7   STUDENTS AND STUDENT SUPPORT SERVICES

The areas of OMC draft Strategic Plan 2018 that are relevant to this Section of the Report are:

Priority 1:. Increase our national and regional reputation
Goal and Objective 1.3 Attract high quality students

Priority 2: Provide high-quality, innovative education programs
Goal and Objective 2.3 Assign appropriate resources to the education mission.

7.1   *Students and Student Support Services Planning & Management*

The two campuses manage students and student support services differently. At OMC-Bowshar, the Deputy Dean for Administration and Marketing (DDAM) manages all aspects of student support services, with the exception of student finances which are managed by the CFO. The Deputy Dean for Finance and Administration (DDFA), OMC-Sohar manages all student support services at that campus. At OMC-Sohar, both the Student Services Committee and OMC Student Organization have input into the management of these services. The OMC Student Organization is represented on the College Council Committees, including the Curriculum, Learning Resources, Student Services, and Institutional Research Committees (Portfolio, p.79). OMC-Sohar students told the Panel that they would like the College management to play a more proactive role in organizing extra-curricular activities.

Although both campuses have a student organization, OMC-Sohar one is far more active. Whilst the younger students on OMC-Bowshar campus may account for this difference, students indicated that this student organization does not have much influence on improving student support services. The Panel formed the impression that overall OMC-Bowshar students were happy with the academic side of their College life but they were dissatisfied with the lack of extra-curricular facilities and programs for extra-curricular activities (see Section 7.10).

The Student Organization at OMC-Sohar is only for those students seeking an MD degree and operates with a comprehensive and robust charter. Students indicated to the Panel that they were active on several College committees and that their input was valued although suggestions that required financial resources were not so quickly taken up. The Panel was impressed by the student involvement in many of the College's community outreach activities.

> **Commendation 10**
>
> **The Oman Academic Accreditation Authority commends the Oman Medical College on the establishment of the Student Organization, its charter and processes for input into College decision making, and its contribution to community outreach activities.**

7.2   *Student Profile*

Most of the students at the College are female (87% of MD students and 88% of Pharmacy students). Whilst OMC actively attempts to redress this gender imbalance by projects to promote healthcare as a rewarding profession for males in the hope that a greater number of qualified males will seek admission, it has no plans to selectively alter the admission standards for males (Portfolio, p.80).

To better understand this imbalance, the Panel was informed that Omani female General Education Diploma students generally do better than males. Some female students told the Panel that they had not been able to enroll on the SQU medical program (the only other medical

program in Oman) due to differing male/female entry requirements and had thus come to OMC. If this is the case, the differing admission criteria at SQU, which admits males with lower entrance scores, may explain part of the gender imbalance at OMC. In its draft Strategic Plan, the College has articulated the intent to "*identify and implement mechanisms to enhance the recruitment of high caliber students*". However, the Panel was not made aware of such mechanisms.

At the time of audit, the College stated that it had students from 22 different countries (Portfolio, p.80). The College is aware that its ability to recruit a higher proportion of non-Omani students is limited by the differing registration and licensing requirements for these students when they graduate in Oman. The Panel encourages the College to continue profiling this inequity to the Ministries and negotiating a more equitable outcome for these students.

7.3   Student Satisfaction and Climate

The College has established several avenues for communication between students and the administration including the official grievance system, input from OMC Student Organization, and monthly scheduled meetings of the Dean and/or Vice Dean with each batch of students (Portfolio, p.81). Although this Report has already commended the Student Organization activity in (see Commendation 10), the Panel found little evidence of the scheduled meetings between each batch of students and the campus managers on either campus.

The Panel was informed from several sources that the College was developing a student satisfaction survey. Currently, the College collects student feedback using the SOLE, but the collection of responses is not consistent and not all students use SOLE. The Panel urges the College to finalize the Campus Life Survey so that systematic surveying of student life can be undertaken (see Recommendation 7).

Many students at OMC-Bowshar come from the surrounding area. They reported that the College provides a "good community" and that they would recommend this College to other students. Students do make regular evaluations of courses and faculty at both campuses and these evaluations appear to be used in making decisions to improve aspects of teaching and learning. OMC-Sohar students particularly advised that their recommendations are taken seriously and changes to the program have been made as a result of their concerns.

There is a need for more attention to be paid to student life, particularly at OMC-Bowshar. Access to common room facilities for male students at OMC-Bowshar is problematic as the female students are uncomfortable with their presence in such facilities. Both campuses provide limited sporting and recreational facilities, especially for men. At OMC-Sohar, the current student body is more enthusiastic than in previous years and has planned a whole year's calendar of student activities. These range from different social events to scientific activities and debates and enjoy the support and encouragement of the College.

The Panel noted that some of the MD students interviewed were not satisfied with the three-year experience at OMC-Bowshar and would appreciate the preclinical medical education be moved to OMC-Sohar.

7.4   Student Behaviour

The Student Handbooks contain important information for students regarding behavior and codes of conduct, as well as their rights and obligations. Currently there are separate Student Handbooks for each campus. The Panel suggests that priority be given to reviewing the two Handbooks to make sure they are consistent. Panel discussions with students suggest that standards of behavior and professionalism are understood and followed.

7.5   Career and Employment Services

The Portfolio is unclear about whether OMC provides formal employment services to students. The assumption appears to be that the practical internships will be adequate to help put students on an employment path. With so few graduates, it is hard to judge how this is working, but it seems as if graduates are gaining employment without the help of a formal employment service. Pharmacy graduates indicated that they received little help in finding a job. This will need to be addressed as the College grows and the number of graduates increases.

7.6   Student Finances

OMC does not offer scholarships, paid work placements, or grants. Some tuition reduction is considered for children of staff and the College allows fees to be paid in installments (Portfolio, p.84). Many of OMC students receive MoHE scholarship support. The Panel found limited evidence of support from private foundations to raise funds for student support, although it is very early days for OMC in this regard. The amount provided by these relief funds is typically very small and appears to help with short-term emergencies for students. The Student Relief Fund is only available in OMC-Sohar. Staff members there knew that it existed. The program collects money from staff and students; after the extraordinary weather conditions, the fund helped community members and students affected by this natural disaster. The Charity Fund provides ad hoc help for students or others in financial difficulties. This is a student initiative and it appears to be a small scale project.

7.7   Accommodation, Catering and Transport

OMC indicates that it "*strives to meet the reasonable needs of students for accommodation, catering and transport*" (Portfolio, p. 84). The WVU 2008 review noted that the phased development of female student hostels had been recently completed at OMC-Sohar but none for males who have to find accommodation in the community which is a difficult task given the population boom and housing shortage in this region. Moreover male students have particular difficulty in finding suitable accommodation due to their financial capacity.   The Panel encourages the College to continue exploring ways to improve the accommodation situation for male students.

All the female students who wish to have accommodation at the hostel in OMC-Sohar can be accommodated at the time of the audit; however, with the transition of the MD program to OMC-Sohar campus, the accommodation capacity will need to be closely monitored. The Panel was informed that the hostels of OMC-Bowshar continue to not be conducive to study, particularly due to the lack of internet access, and believes that upgrading and expanding the services to these hostels needs to be an important priority as OMC expands. The Panel noted that both campus cafeterias worked well in servicing student catering needs.

Most of OMC-Bowshar students are from Muscat, so they use public transport and their own cars. The transportation issue is more complicated at OMC-Sohar where more male students are living in apartments around the town and need bus transportation.

7.8   Medical and Counseling Facilities

Whilst there is suitable access to medical services and facilities at both campuses, the on campus health clinic facilities and personnel are unequal. OMC-Sohar has on-campus health clinic and psychological/psychiatric services. However OMC-Bowshar is currently without a trained nurse to maintain the mini-clinic on that campus. In interviews, staff indicated that they use nearby medical facilities if there is a student health problem on campus. The Panel was concerned about the difference in the health clinic facilities between the campuses. OMC-Bowshar campus needs a more comprehensive clinic, due to the plans for that campus as discussed in Section 1.5.

The operational plan *"Expand and improved the types of counseling available to students"* is intended to give effect to OMC draft Strategic Plan 2018 goal to *"Assign appropriate resources to the education mission"*. OMC-Bowshar does not currently have a regular student counselor. The College has attempted to recruit one but has not been successful to date as it requires a female Omani with formal qualifications, for example in social work. In the interim, the Dean and academic advisors undertake this role. The students do not find this a suitable situation and the Panel urges the College to make greater efforts to recruit to fill this position as it appears to be affecting student academic progress. Student support and counseling are better developed at OMC-Sohar and well used. A proactive approach is taken to counseling students at academic risk.

7.9   *International Student Services*

OMC has a small population of non-Omani students (13% during the 2007 academic year). The majority have parents working as expatriates in Oman, and the remainder mostly come from other Gulf States (Portfolio, p.87). The international student services appeared to the Panel to be working well and until the number of international students increases, this is a low priority for OMC.

7.10   *Social and Recreational Services and Facilities*

OMC Student Organization and the College Administration organize the social, recreational and extra-curricular activities. Whilst there are few recreational facilities available at either campuses, there are several student activities focused on social clubs, student publications, community health events and other social activities (Portfolio, p.88).

The review of publications available to the Panel at the campuses indicates the existence of a wide range of student organizations and activities. This includes recreational clubs and academically oriented groups. However, most of this activity is based at OMC-Sohar rather than at OMC-Bowshar.

There is a need to facilitate student engagement at OMC-Bowshar to promote a program of extra-curricular activities. The Panel was informed by students and staff that OMC-Bowshar needs additional recreational facilities inside and outside the hostels to provide appropriate extra-curricular activities for students. The appointment of an Assistant Dean, Academic Affairs (OMC-Bowshar) with responsibility for student affairs should help address this problem by providing leadership in this area (see Recommendation 2). The College needs to attend to this aspect of student life.

> **Recommendation 19**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College develop further the sporting and recreational facilities at both campuses and support extracurricular activities at OMC-Bowshar so that students at both campuses have a more complete College experience.**

8   STAFF AND STAFF SUPPORT SERVICES

The relevant goals of OMC draft Strategic Plan 2018 are:

> *Priority 1: Increase our national and regional reputation*
> *Goal 1.2: Recruit and retain high quality faculty and staff*
> *Goal 1.4: Develop strong and effective leaders*

8.1   Human Resources Planning and Management

Human Resource (HR) planning at OMC is built on the following strategies: recruitment of high quality staff, retention of productive staff, performance planning and review, professional development, sound staff relations and overall staff well-being and support (Portfolio, p.90).

The Panel noted both from the Portfolio and from discussions with senior staff of the College that the two campuses operated relatively autonomously. Policies and/or procedures on staff recruitment, selection, performance appraisal, promotion and professional development were provided to the Panel. It was evident that in some cases, for example promotion, these were implemented differently on the two campuses. This is exemplified by the different structures and responsibilities for HR planning and management at the two campuses:

> *"Human resource management at OMC-Bowshar is the shared responsibility of the Dean and Deputy Dean for Administration and Marketing. At OMC-Sohar, the Deputy Dean for Finance & Administration manages the human resources with the assistance of two Standing College committees, the Faculty and Staff Development Committee and the Promotions Committee" (Portfolio, p.90).*

The view expressed to the Panel was that any difficulties associated with this different structure would 'go away' when all years of the MD program were consolidated at OMC-Sohar. It is appropriate to refer to Recommendation 4 here, with its emphasis on a review of OMC policy development and management to optimize consistency between campuses. The Panel was advised that the College intended to move towards a single OMC Quality Assurance Manual and a single OMC Staff Handbook (rather than a version for each campus as at present, with inconsistency in policies and processes evident). It was advised too, that the GC had asked the Deans to look at all the policies in this regard, and that an August 2009 deadline for this to be completed had been agreed.

The Panel was concerned to find at the audit visit that a key component of the evaluation of the effectiveness of human resources planning and management strategies at OMC, the Campus Life Survey (staff edition) was still to be finalized and consequently yet to be implemented. Recommendation 7 in Section 1.9 addresses this concern.

8.2   Staff Profile

The two campuses of OMC are led by two Deans, senior academics who are very experienced in their professional fields and each of international standing. Academic staff numbers have increased since the commencement of OMC in 2003, from 30 to 88 in 2007. The staff composition is very international with the majority from India followed by Europe, North America, Oman, Pakistan and Sudan. The demographics of the academic staff differ between the two campuses. The difference is attributed to the differing missions of the two campuses (Portfolio, p.91). The Panel noted the differences between the campuses particularly with regard to gender and number of Omani nationals. Given the Mission and Vision statements available to the Panel, it was not persuaded that this resulted from the differing missions. It was evident to

the Panel that the differences between the campuses were, in part, due to the significant number of expatriates on the staff at OMC-Sohar, either on sabbatical leave from another institution or as honorary clinical staff in the MD program. The majority of the expatriate staff are men.

Administrative staff numbers, as with academic staff, have increased considerably since the commencement of the College.   By contrast with academic staff however, in 2007, Omani nationals were more highly represented - 50% of OMC-Bowshar and 69% of OMC-Sohar administrative staff are Omani as compared with 17% and 4% of academic staff respectively.

The expertise and the commitment of the teaching staff to their students and to the College was abundantly evident to the Panel during the audit visit. The Panel concurs with the College that the staff are indeed 'a true area of strength" (Portfolio, p.96).

8.3   Recruitment and Selection

The OMC states that:

> *"Staff turnover is one of the most serious problems facing OMC. A high number of academic staff in the professional courses are on sabbatical leave (1-2 year terms) from another institution and are obligated to return ... at the end of their leave period" (Portfolio, p.95).*

This is clearly a particular challenge for OMC-Sohar and the MD program. Only three of the twelve Departments in 2007-08 did not have staff on sabbatical leave, and five Departments had 50% or more staff in this category. This compares to just one or two staff members at OMC-Bowshar. While the College stated that the recruitment of permanent staff is an opportunity for improvement, the Panel noted with concern that key positions which have been vacant since 2006 were either still unfilled at the time of the audit visit (as with the Associate Dean for Academic Affairs and the Quality Assurance positions at OMC-Bowshar) or had recently been assigned to an existing staff member (as with the Quality Assurance Officer post at OMC-Sohar).See Recommendation 2 and Recommendation 6 in this regard.

Academic staff informed the Panel that they were aware of the challenges of staff turnover and staff retention at OMC, and proffered various strategies that might be utilized to address these issues. The Panel determined that no formal, coordinated approach existed by which senior staff, including those responsible for HR planning and management, could strengthen the recruitment of high caliber faculty and staff and to retain qualified faculty and staff in line with the College's strategic goals.   There is no mechanism in place to ascertain whether the strategies for HR planning and management at OMC are effective.

> **Recommendation 20**
>
> **The Oman Academic Accreditation Authority recommends that, as a matter of urgency, the Oman Medical College review current strategies to recruit and retain quality faculty and develop mechanisms to regularly evaluate the effectiveness of such strategies.**

8.4   Induction

The College outlined the details of the induction process at OMC in the Portfolio (p.92). Staff members, in particular newly appointed academic and administrative staff, were questioned by the Panel regarding their induction experience, its nature and its perceived value. The majority of staff questioned had had some form of induction and all considered it to be of value. The Staff Handbook is identified by the College as a relevant resource here (Portfolio, p.92). At the time of the submission of the Portfolio, there had been a Staff Handbook in place for three years.

However, it had been written for OMC-Bowshar campus academic staff only. The Staff Handbook (OMC-Sohar version) was compiled more recently (May 2009), and was being implemented at the time of the Audit Visit. Consequently, it was less well known by staff. The different presentation and content of each and extent of knowledge of this resource by staff, noted by the Panel, underscores the importance of Recommendation 4 concerning greater consistency of management systems across the two campuses. The formal evaluation of the induction processes in place at OMC is to be part of the Campus Life Survey (staff edition), which is yet to be finalized (see Recommendation 7 in Section 1.9).

8.5   *Professional Development*

OMC states: "*The College addresses the professional development needs of staff on both an individual and a collective basis*" (Portfolio, p.52). Staff attendance at conferences or courses was the most common example of professional development given by staff with whom the Panel met. Consistent examples of collective professional development were provided in the Portfolio, in supporting materials and by staff. They included lunchtime seminars on a professional, teaching or research topic. The Panel came to the conclusion that professional development was provided on an 'as needed' basis and was somewhat ad hoc at OMC.

The two relevant goals of the draft Strategic Plan are to *"recruit and retain high quality faculty and staff"* and to *"develop strong and effective leaders"*. Operational plans underpinning these goals include promoting faculty development to encourage continuous learning, to promote leadership development and to clearly identify leadership expectations. If these goals are to be realized, and the Mission of OMC to be advanced, a comprehensive professional development plan for both academic and administrative staff needs to be developed, then implemented and evaluated (see also Recommendation 12 in Section 4.7.)

> **Recommendation 21**
>
> **The Oman Academic Accreditation Authority recommends that the Oman Medical College develop and implement a comprehensive professional development plan for all academic and administrative staff.**

8.6   *Performance Planning and Review*

The Panel explored performance appraisal with academic staff at all levels during the audit visit. It was satisfied that for most staff this was occurring on an annual basis and was seen by them to be of value. In interviews, academic staff mentioned that their performance appraisal was based on only their teaching and course evaluations and the follow up on them with the person to whom they reported Feedback on teaching is clearly well entrenched at OMC; however, performance planning and review is much more than that.

The College has a comprehensive Staff Appraisal Policy in OMC-Bowshar Staff Handbook and an equally comprehensive OMC-Sohar version. Despite the comprehensiveness of these policies, there are campus-level differences in what the staff member is asked to prepare and in the actual appraisal process itself. For example, at OMC-Bowshar the appraisal meeting is with the designated senior member of staff, and, whenever possible, with a second appraiser, who could be nominated by the appraisee. At OMC-Sohar, the policy describes the staff member appearing before a committee established by the Dean. The Panel urges the College to move quickly to establish consistent performance appraisal policies and procedures across its campuses and to ensure that staff appraisal is understood more completely by staff.

During the audit visit, the Panel explored the links, between performance planning and OMC Mission and draft Strategic Plan, and was advised that there were none. The Panel encourages the College to explore ways in which the annual staff performance appraisal process might become a

more strategic development exercise than appears to be the case at the present time. The Panel was advised that the administrative staff appraisal had only just commenced at the College. The College should evaluate the effectiveness of its staff performance planning and review as part of the implementation of the Campus Life Survey (as per Recommendation 7, Section 1.9). The urgency of finalizing and implementing this survey has been underscored before in this Report.

The College acknowledged in the Portfolio that job descriptions did not exist for every employee and that this was an area for improvement (Portfolio, p.93). The additional supplementary information provided to the Panel revealed that very considerable progress had been made in this area. The newly appointed staff members with whom the Panel spoke advised that their letter of appointment outlined what was required of them.

> **Affirmation 11**
>
> **The Oman Academic Accreditation Authority supports the Oman Medical College in developing job descriptions for every employee, seeing this as a first step to establishing the staff profile required to meet the College's Mission, Vision and Strategic Plan.**

8.7   *Promotion and Other incentives*

OMC advises that "*OMC strives to retain and reward the best and most productive staff with annual salary increments and, as warranted, promotion.*" (Portfolio, p.94) The Panel did not explore annual salary increments, in particular what constituted satisfactory performance in this regard. It noted however that both teaching and administrative staff are eligible for annual salary increments subject to satisfactory performance.

The issue of promotion was raised by the Panel with a number of staff during the audit visit. All those interviewed knew that a process existed and that there were written guidelines. A number of staff advised that, other than in exceptional circumstances, promotions did not usually occur until after five years of service. The Panel noted that in the Portfolio, OMC advises that '*the length of time at present rank has relatively little impact on the decision to promote (once the minimum requirements are satisfied)*" (Portfolio, p.94).

Differing structures for promotions between the two campuses was noted earlier in this Chapter, with OMC-Sohar campus having a Promotions Committee as a Standing Committee. It was evident from materials examined by the Panel that promotions committees (of three people) were set up on an ad hoc basis at OMC-Bowshar, as and when a staff member applied for promotion. "Faculty Promotions Guidelines" are in place for OMC-Bowshar academic staff and rather more detailed "Rules for Promotion of Teaching Staff in Oman Medical College" are in place for Sohar academic staff. Again the Panel urges the College to approve and implement consistent promotions policies, structures and processes across both campuses, as indicated in Recommendation 6**.**

8.8   *Severance*

The Panel did not explore the various ways in which the employment relationship between OMC and staff can be terminated. These were briefly described in the Portfolio (p.94). Policies and processes for severance for disciplinary reasons are provided in the Quality Assurance Procedures Manuals and in the Staff Handbooks. The Panel did note that staff are advised in their letter of appointment that there is no appeal process where a contract is not renewed (Portfolio, p.94). For staff leaving on 'good terms', the Panel was advised that an exit interview with the Dean and Department Head is conducted (Portfolio, p.94).

8.9   *Staff Organisational Climate and Retention*

In the Portfolio, OMC indicates that staff turnover was one of the most serious problems facing OMC (pp.95-96) and Section 8.3 of this Report already addresses this issue. This appears to be due predominantly to the number of professional staff in the MD program on sabbatical leave (for 1-2 years) from another institution. By contrast, the percentage of academic and administrative staff who left OMC-Sohar before their contract expired over the years 2005-2008 was low (6% in both 2005-6 and 2006-7; 4% in 2007-8). This lends support to the claim that virtually 100% of staff stay at OMC until the end of their contract (Portfolio, p.84). Leaving rates of staff at OMC-Bowshar for the same period were higher.

The Panel appreciated the frankness with which staff spoke about the challenges of recruiting permanent staff and of what might be done to retain staff once in post. For academic staff generally, the lack of opportunity to carry out research was seen as a negative. However, staff were enthusiastic about the opportunities that were just becoming available through small internal grants and through the National Research Council and saw this to be a positive step forward. For some clinical staff, the limited resources and opportunities at the Sohar Regional Teaching Hospital presented a major challenge for them to maintain their clinical practice skills.

Earlier in this Report (see Section 2.5), the Panel reported on the commitment of teaching staff to the students and to the College. This was consistent with information on staff organizational climate provided by OMC in the Portfolio (pp.95-96). Anecdotal evidence of this kind, while consistently positive in this instance, needs testing formally as does the satisfaction of staff with all aspects of their working life (see Recommendation 7).

8.10   *Omanisation*

The Panel acknowledges the efforts made by OMC to recruit and appoint qualified Omani nationals to College positions in accordance with the law regarding the nationalization of its staffing profile. It notes too the awareness from the BoD level down of the continuing challenges this will present until sufficient Omanis are trained and have the necessary qualifications and experience.

In 2007, Omani nationals make up 33% of OMC workforce. Of these, 62% are administrative staff (Portfolio, p.96). The Panel was advised that all the laboratory instructors were Omani nationals and all had degrees; it notes this very positively. Increasing the number of Omani academic staff is a considerable challenge. In 2007, there were 12% at OMC, with only 4% of these at OMC-Sohar campus. The Panel acknowledges the particular challenges inherent in recruiting and selecting Omani medical and pharmacy graduates with appropriate higher degree qualifications and experience at this time. Indeed, the high number of international faculty in the MD program on sabbatical leave from other institutions is testament to this challenge also.

9   GENERAL SUPPORT SERVICES AND FACILITIES

Although OMC draft Strategic Plan 2018 does not identify the quality of the general support services and facilities as a strategic priority or underlying goal/objective, such quality is critical to the realization of the Strategic Plan.

9.1   *General support services and facilities planning and management*

The planning and management of the general support facilities is the responsibility of the CFO, who is based at OMC-Bowshar, and the Deputy Dean for Finance and Administration (DDFA) at the OMC-Sohar. The challenge for any institution, particularly one which has multiple campuses (when clinical facilities are included) is to coordinate its support facilities and to develop effective communication strategies across the various campuses. The general principles in providing support services and facilities seem to be in place and operative though some imbalances exist between the campuses as previously outlined in this Report. Overall, the Panel noted that the campus facilities are new and well maintained and suitable for their purposes.

The Panel notes that the appointment of a DDFA at OMC-Sohar responsible for general support services and facilities is appropriate, given the developments at that campus associated with the move of all years of the MD program there. It will be important for the College to ensure that appropriate communication and reporting mechanisms are developed to ensure appropriate coordination with the CFO at OMC-Bowshar.

9.2   *Public Relations and Marketing*

The Panel was impressed with the emphasis and effort that OMC has made to engage the external stakeholders, particularly community and health professionals. The College has a clear approach on how it works with hospitals, government agencies and professional associations. The Panel notes that OMC participates in Careers Days at local high schools to promote the health care profession (Portfolio, p.66) and encourages the College to explore further ways of interacting with the schools to ensure that students who wish to pursue Medicine, Pharmacy or Health Sciences have the best preparation to allow them to succeed. The Panel encourages OMC to continue with its program to enhance the involvement of external stakeholders, including patients, with the College.

9.3   *Communication Services*

The College acknowledges that there are difficulties communicating between sites, including the campuses and the hospitals (Portfolio, p.99). The Panel recognizes the importance of communication between the campuses. During the audit, it became apparent to the Panel that the communication between the campuses was sub-optimal, for example the campus librarians do not communicate or consult with each other. Video conferencing facilities, although available, are not used to enhance communication between the campuses to any significant extent. The College is encouraged to conduct a review of its communication strategies between the campuses including the potential use of video conferencing facilities for joint meetings of staff and students.

9.4   *Facilities Management*

Facilities management at each campus is handled by the Finance Manager (Portfolio, p.100). Whilst students at OMC-Sohar provide input into facilities management there is no committee structure at OMC-Bowshar to capture student views and needs. The Panel views the Campus Life Survey as an important mechanism to capture student feedback on how the College can better manage its facilities (see Recommendation 7).

Whilst the physical facilities at both campuses are impressive, the Panel was not convinced that OMC has a comprehensive facilities management plan to guide its next stage of development. As the College enters Phase 3 of its planned development (Portfolio, p.8), the management of facilities in this transition will be key to ensuring that the quality of the student teaching and learning experience can be maintained. Furthermore, a comprehensive facilities management plan is needed to underpin the effective implementation of the College of Pharmacy and Health Sciences Strategic Development Plan.

> **Recommendation 22**
>
> **The Oman Accreditation Council recommends that the Oman Medical College develop a comprehensive facilities management plan that takes into account the current stage development of the two campuses.**

The Panel views the Campus Life Survey as an important mechanism to capture student feedback on how the College can better manage its facilities and inform the development of this plan.

APPENDIX A.   AUDIT PANEL

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Sultanate of Oman

APPENDIX B.   ABBREVIATIONS, ACRONYMS AND TERMS

The following abbreviations, acronyms and terms are used in this Report. As necessary, they are explained in context. In some cases, URLs are provided to facilitate further enquiries about these acronyms and terms.

ADRI	A four step, cyclical model for analysing a topic, comprising: Approach → Deployment → Results → Improvement.
Approach	The first dimension of the ADRI cycle, which focuses on evaluating what a HEI aims to achieve for a given topic and how it proposes to achieve it.
BPharm	Bachelor of Pharmacy
DPharm	Doctor of Pharmacy
BoD	Board of Directors
Call Back Interview	An interview conducted by the Audit Panel towards the end of the Audit Visit for which it has invited specific people, usually at short notice, to respond to particular issues on which the Panel will require assistance.
CFO	Chief Finance Officer
DDAM	Deputy Dean for Administration and Marketing
DDFA	Deputy Dean for Finance and Administration
Deployment	The second dimension of the ADRI cycle, which focuses on whether a HEI's plans for a given topic are being followed in practice, and if not, why not.
Executive Officer	An OAAA staff member assigned to an Audit Panel to provide professional guidance and support.
External Reviewer	A Member of the OAAA Register of External Reviewers; a person approved by the OAAA Board to participate as a member of the OAAA's various external review panels.
GC	Governing Council
HEI	Higher Education Institution (also known as HEP – Higher Education Provider
HR	Human Resources
Improvement	The fourth dimension of the ADRI cycle, which focuses on how effectively an organisation is improving its *approach* and *deployment* for any given topic in order to achieve better *results*.
IT	Information Technology
MD	Doctor of Medicine
MoH	Ministry of Health
MoHE	Ministry of Higher Education (www.mohe.gov.om)
NRC	National Research Council
OAAA Board	The governing body of the Oman Academic Accreditation Authority
OAAA	Oman Academic Accreditation Authority (www.oac.gov.om)
OFI	Opportunity for improvement.
OQF	Oman Qualifications Framework.
OMC	Oman Medical College

OSCE……………………………. Observed Simulated Clinical Exercise

Panel Chairperson .... The Chairperson of the Audit Panel.

Panel Member .... An OAAA External Reviewer who is a member of an Audit Panel.

Portfolio .... see *Quality Audit Portfolio*.

Quality Assurance .... The combination of policies and processes for ensuring that stated intentions are met.

Quality Audit Portfolio .... The report produced as the result of a self study. Also forms the main submission made to the OAAA by the HEI being audited.

Quality Audit Report...................... A public report published by the OAAA which presents the findings and conclusions of the Audit Panel's External Review of a HEI.

Quality Audit................................. An independent evaluation of the effectiveness of the system and processes by which a HEI sets, pursues and achieves its mission and vision.

Quality Enhancement..................... The combination of policies and processes for improving upon existing *approach*, *deployment* and *results*.

Random Interview.......................... An interview conducted *in situ* by individual Panel Members during the Audit but separately from the main interview sessions.

Results... The third dimension of the ADRI cycle, which focuses on the evidence of the outputs and outcomes of a topic's *approach* and *deployment*.

SOLE...Secure OnLine Environment

SQU...Sultan Qaboos University

System.. In this Report, *system* refers to plans, policies, processes and results that are integrated towards the fulfilment of a common purpose.

The College.................................... Oman Medical College

USMLE.. United States Medical Licensing Examination

VDAA.. Vice Dean for Academic Affairs

WHO.. World Health Organisation

WVU.. West Virginia University http://www.wvu.edu/

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