1. PURPOSE OF THE PAPER

1.1 This is a paper about a proposed TNE project with a healthcare education partner in Sri Lanka, the International Institute of Health Sciences (IIHS), to deliver in Aberdeen and in Sri Lanka our five year MBChB in medicine.

1.2 This proposal has been considered by the Senior Management Team on two occasions, firstly in February 2017 at which a project board remit and membership was approved, and again at its meeting on 14 August 2017, at which time permission was given to develop the project and submit for approval through the University’s internal committees. The Project Board has met seven times, it has been considered by the Quality Assurance Committee (QAC) at its meeting on 1 September and Operating Board and Nominations and Governance Committee on 11 September. These committees have agreed to progress the proposal to the next stage that is the meeting of the Senate on 18 October.

1.3 It is intended to submit a final proposal to the University Court at its meeting on 12 December and an update has been submitted to the meeting on 4 October.

2. RECOMMENDED ACTION

2.1 The Senate Business Committee is invited to consider the summary information below and to note it is intended to submit the proposal to the meeting of the Senate on 18 October 2017, with a view to seeking approval by the University Court on 12 December 2017.

2.2 This timing is suggested to allow the programme to be launched early in 2018, to enable a full programme of marketing and recruitment to take place from January 2018 in time for the application deadline of 15 October 2018 for a 2019 start.

3. DISCUSSION

3.1 Background

3.1.1 The delivery of learning and teaching at overseas locations remote from the main Aberdeen campus (transnational education, TNE) is one of six core elements of the University’s overarching Internationalisation Strategy and is increasingly important for many parts of the UK HE sector. The School of Medicine, Medical Sciences and Nutrition’s School Plan identifies the development of an international teaching hub as one of its priorities for internationalisation and for income generation. It is within this context that this project is being put forward.

3.2 The Partner and Sri Lanka

3.2.1 In autumn 2016, the University was approached by the International Institute of Health Sciences (IIHS), Sri Lanka, seeking a partnership with a UK University to deliver a medical degree. The University of Coventry, an international partner of the IIHS, had suggested Aberdeen and the personal link came from Sue Richardson, formerly the University’s Deputy Finance Director now Finance Director at Coventry.

3.2.2 We were initially impressed with the knowledge and experience of the CEO, Dr Kithsiri and his senior team and especially their grasp of the challenges, possible solutions and advantages of
the project. Subsequent interactions, including a week-long visit to Aberdeen by the CEO and a return visit by Professors Heys and Patey to Sri Lanka, have reinforced this early opinion.

3.2.3 Sri Lanka and the IIHS have been selected as a partner for a number of reasons, some of which are outlined below. The academic and support staff team has extensive knowledge and experience of the country from an earlier project that took place over two years from 2013-2015. This project is different in concept and builds on several of the areas where much work was done previously. This means we are building on connections, knowledge and research done in some depth, which is still relevant.

3.2.4 There is support from the Sri Lanka government ministries, in country regulators (SLMC for undergraduate and SLMA for postgraduate medical education). The Sri Lanka Medical Education model is based on the UK model and Postgraduate medical education is allied to the influence of the UK Royal Colleges. Many of the senior clinicians are UK trained. GMC accredited programmes are held in high esteem. English language is the language used in schools and universities and in public life. The Sri Lankan A levels are already recognised for UoA MBChB entry requirements. The private schools also offer London A levels. The learning opportunities (including clinical material and environment/facilities) are excellent. Sri Lanka has the highest rates of literacy (96%) and developed healthcare provision in the region.

3.2.5 Public sector healthcare is regulated by the Ministry of Health and the private sector is regulated by the Private Health Services Regulatory Council. Our students would be taught in the private hospital sector. The IIHS has excellent links with the private hospital sector and its current students are trained in private hospitals. In Sri Lanka approximately 55% of the nation’s healthcare is delivered within the private sector, the remainder in the public sector. Provision within the private sector continues to grow. During a recent visit, we were able to confirm that the hospital based requirements of the clinical years 4 and 5 could be met in the private hospitals in Colombo and with a further new hospital in Kandy which would be available for clinical placements.

3.3 Due Diligence

3.3.1 In-depth due diligence on the partner has been undertaken and the report has been submitted in confidence to the Project Board and the Governance and Nominations Committee. There are no substantive issues to be followed up and all pertinent questions have been satisfactorily covered.

3.4 Academic Model

3.4.1 The programme would be the same as that offered in Aberdeen and would become recognised by the General Medical Council (GMC). This approach is very different to the previous medical degree project led by Professor David Reid and has a different partner with a different model and which builds on the knowledge gained about Sri Lanka, the region and the demand for medical education. The model proposed would be for an annual intake of 30 students to be recruited, admitted and taught for the first 3 years in Aberdeen starting in 2019. The clinical years, 4 and 5 that are largely taught in hospital settings, would be delivered in Sri Lanka starting in 2022. The balance of time spent in both countries might change over time. This model has financial and educational benefits for the students and gives them an internationally recognised GMC accredited qualification with international career opportunities.

3.5 Business Model

3.5.1 This is based on income from tuition fees only. Fees will be at the international MBChB rate of £28,600 per annum for the three years in Aberdeen and a lower fee, currently modelled on £20K per annum for the two years in Sri Lanka. International benchmarking has been carried out with competitor medical schools actively recruiting in the region to inform the level of fee in Sri Lanka.

3.5.2 The additional costs include two members of staff in Aberdeen (Anatomy and Clinical Skills) and two in Sri Lanka, a clinical and an administrative lead. An operating budget is needed for Quality Assurance visits including by the General Medical Council and for short trips by Aberdeen staff to deliver small elements of teaching best delivered by Aberdeen staff (eg professional practice), to contribute to clinical examinations and to help deliver the clinical staff training. This is smaller than other TNE projects as most teaching will be done under honorary contracts by clinical staff.
in Sri Lanka employed by private hospitals. They will have honorary status with the University of Aberdeen and be paid by the IIHS on a sessional basis, as we currently do with our own NHS staff.

3.5.3 The proposed income sharing model is for the tuition fee for years 1-3 to be retained by Aberdeen less a 15% royalty on the year 1 intake for IIHS. Aberdeen will also receive 30% of the tuition fee during the years in Sri Lanka. The proposed split of costs is that each partner is responsible for the costs in-country during the years the students spend there and for any visits their staff undertake to the others’ site. By year 5 we will generate £2.805m income for the University and incur expenditure of £800K (from draft plan).

4. **STRENGTHS OF THIS TNE PROJECT**

4.1 The University is considering a small number of TNE projects. Detailed below are some of the strengths of this proposal.

4.2 The model is for the students to spend the first three years in Aberdeen following the same curriculum as existing students. This gives time to give due preparation to the in-country preparations for their transition to Sri Lanka where they will be taught in private hospitals.

4.3 These private hospitals are already established, the hospital management and consultant staff are experienced in teaching students and willing to take more.

4.4 The School has 15 years of experience of ensuring its students are taught to the same level and quality in partner campuses with its Inverness and other Highland and Islands placements and suing the same model as is proposed for Sri Lanka.

4.5 To cope with the additional student numbers, the resource requirement is modest with a small number of additional staff in Aberdeen and Sri Lanka required. Some space modifications are needed, the first is to expand Anatomy and this will be done in November 2017. Others are being addressed.

4.6 The medical programme is accredited by the GMC and in addition to the University's procedures, those of the GMC will be adhered to and Scottish Government permission is being sought although this falls outside the cap on medical student numbers.

4.7 The School has worked with potential Sri Lankan partners on two occasions, the current project and one with private investors three years ago. It has gained a great deal of experience and knowledge about the country, its health and educational systems and the expectations of its government that provides a sound basis for developing a TNE partnership.

4.8 Medical education has an international currency and is in high demand throughout the world. The GMC has recognised this and is supporting several UK medical schools with new projects and others have already established successful ones. There is capacity to extend the University’s medical education offering through a TNE project and this model represents a good first project as it has strong risk management.

4.9 There is a clear need and demand for additional medical education programmes in Sri Lanka for the local market and the South East Asia region. The number of medical places in Sri Lanka is capped and the demand from qualified candidates exceeds this. The evidence for this was in the detailed Market Research we commissioned for the earlier project. There is also demand from regional countries including Bangladesh, Nepal, Bhutan, Maldives and others.

5. **WORKING IN SRI LANKA**

5.1 The latest evidence from British Government* indicates the improving situation with respect to developments in social justice, human rights and legislative changes to embed democratic improvements. This recognises that, since 2009, the end of the civil war, Sri Lanka has made significant progress in its democratic processes, in tackling discrimination and promoting human rights and has initiated a Constitutional reform process aimed at ensuring checks on executive power and more equitable ethnic power sharing as well as many other legislative reforms that are now in place and enforced.
5.2 There is still progress to be made and through a medical education programme we can contribute to this.

5.3 Healthcare education is in a unique position to influence changes in society to combat discrimination. The teaching of professional practice, ethics, equality and patient centred approaches all reinforce student outcomes of learning to work with different beliefs, perceptions and orientations that promotes equal treatment for all including minorities of all kinds.

5.4 The Sri Lankan based clinical staff who would teach on our MBChB would be required to undertake the same training as staff in Aberdeen and that would include the University’s Equality and Diversity training and the GMC-required Recognition and Approval of Trainers training that includes equality.

5.5 Medicine and other healthcare professions all attract well qualified female candidates who go onto professional careers. This project would further enhance this and contribute to the widening of equal opportunities for women.

6. **FURTHER INFORMATION**

6.1 Further information is available from Professor Steve Heys, Head of School of Medicine, Medical Sciences and Nutrition, email: s.d.heys@abdn.ac.uk, telephone: (0)1224 437968.

*References:*