STRATEGIC PLAN
2012-2017
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FOREWORD

Periods of rapid change such as we are currently undergoing locally, regionally and globally make planning difficult. They also make it all the more necessary. The global economic downturn and protracted recession, together with the emergence of deep political shifts in the Middle East mean that we are planning in circumstances which are volatile and considerably more challenging than might have been anticipated.

This Strategic Plan takes cognisance of the changed environment in which RCSI Bahrain is now working and formulates a development strategy with reference to this context. The Plan has emerged from detailed engagement with staff and stakeholders who over the past six months have examined the changing world in which the University finds itself. It presents a view as to how well positioned the University is in addressing the new challenges and identifies the directions in which the University aims to develop over the coming five years.

Drawing on the secure academic reputation built up over many years by RCSI Dublin, and now relentlessly pursued by RCSI Bahrain, there is every ground for optimism regarding the future development potential of the University. This Plan charts a course for this development.

I would like to thank all who have contributed so enthusiastically to the generation of this Plan. In particular I wish to thank all my colleagues in the University who became involved in multiple working groups and discussion fora in preparing the Plan. I want to thank the working group leaders, Prof. Sameer Otoom, Prof. Charles Docherty and Prof. David Whitford. I also wish thank the external stakeholders who gave so generously of their time and insights in the planning process.

Finally I wish to thank Dr Kathy Strachan, Ms Roberta Jones and Ms Ann-Marie O’Shea for their editorial and administrative contributions to the process.

Professor Thomas Collins, President of RCSI Bahrain
INTRODUCTION

This Plan sets out to present a road map for the development of Royal College of Surgeons in Ireland-Medical University of Bahrain (RCSI Bahrain) for the coming 5 years up to 2017. The Plan has resulted from detailed staff and stakeholder engagement combined with a wider environmental analysis of the emerging need for healthcare professionals in this country and beyond, and of RCSI Bahrain’s capacity to respond to this need. In a period of profound global economic restructuring, it is all the more important that RCSI Bahrain is cognisant of the wider economic and social landscape, and is responsive to the ever changing nature of this context.

The starting point for this Plan which informed all aspects of its generation, was RCSI Bahrain’s Noble Purpose as follows:

“Building on the heritage of the Royal College of Surgeons in Ireland which was founded in 1784, we will enhance health in Bahrain, the other GCC countries and beyond through endeavor, innovation and collaboration in education, research and service”.

“The primary mission of the RCSI Medical University of Bahrain is to inspire, educate and train competent and caring graduates who are well prepared to enter specialty training programmes and assume leadership roles in their profession. We undertake these activities to internationally recognised standards of excellence in teaching and research for the benefit of the health of the nations”.

Expanding from this foundation, the university’s Mission may be crystallised as one of delivering healthcare education to the highest international standards. This Mission attaches a unique character and role to RCSI Bahrain. It is the only Higher Education institution in the country which draws a large proportion of its student body from abroad. It is therefore competing on a global stage with world leading centres of healthcare education and by virtue of this global orientation, must continuously ensure that its quality is benchmarked and secured against the highest international standards.

Values

RCSI Bahrain is conscious of its moral imperative to give expression in all of its actions to a number of key values which include:

- Commitment to the highest quality educational experience for the student body
- Creation of an environment of collegial engagement in the university amongst staff and students
- Commitment to the principles of academic freedom and discourse
- Dedication to serving the public interest and contributing to the public good
- Toleration and celebration of difference
SECTION ONE: BACKGROUND

RCSI – Royal College of Surgeons in Ireland

Royal College of Surgeons in Ireland has a distinguished history in the field of medical education. This history has been punctuated by some key events, in particular:

1784 The granting of a Charter giving the power to control the practice of surgery and to make provision for surgical education

1844 The granting of a supplemental Charter from Queen Victoria instituting a Fellowship, the examination for which could be taken a minimum of three years following graduation

1886 The Medical Act ordains that graduates required education in surgery, medicine and obstetrics, leading to the emergence of the conjoint board between the Royal College of Surgeons in Ireland and the Royal College of Physicians of Ireland (RCPI)

1978 RCSI becomes a recognised college by the National University of Ireland (NUI) with the award of MB, BCh, BAO to its graduates in addition to the historical Licentiates of RCSI and RCPI

2010 RCSI achieves degree awarding powers

RCSI – Medical University of Bahrain

RCSI received a license to establish a medical university in Bahrain in October 2003. As a result, RCSI Bahrain was opened in October 2004 with its first intake of medical students. This was followed in 2006 by a first intake of nursing students and by the establishment of a School of Postgraduate Studies.

The campus is a state of the art medical education establishment which was completed in October 2008 and has a built up area of approximately 15,750m² which incorporates one six-story building consisting of tutorial rooms, lecture theatres, offices, teaching and research laboratories, clinical simulation laboratory (CSL), cafeteria, and library. In addition there is a 900m² stand-alone sports hall. Approximately 86% of the campus has a high speed Wi-Fi connection and student learning is enhanced through the use of a VLE system on Moodle.

The CSL provides opportunities for students to practice skills and techniques in a non-threatening environment prior to clinical placement and is one of the first of this nature in the region. King Hamad University Hospital is adjacent to the university and also provides a state of the art teaching and learning centre. Clinical experience is also gained there and is supported by four key joint appointees in Surgery, Obstetrics & Gynaecology, Paediatrics and Medicine. All medical staff in the hospital are contracted to contribute to the teaching of medical students in RCSI Bahrain. This unique relationship is further complemented by clinical placement arrangements with the two other major hospitals on the Island, Bahrain Defence Force Hospital and Salmaniya Medical Complex. Through a number of collaborative arrangements, students are afforded internships/clinical experience in a variety of countries.
This not only affirms RCSI Bahrain’s standing in the international community but also enhances students employability both nationally and internationally.

Currently, the total number of students is 1028, drawn from 39 nationalities. These are distributed as follows:

- Medicine  581
- Nursing    411
- Postgraduate  36

There are a total of 108 full time staff, of which 38 are academic and 70 administrative/technical. In addition, there are 92 part time staff. In total therefore, there are 53 full time equivalent academic staff giving an institution wide staff-student ratio of 1:19.4.

The university relies heavily on some of the primary healthcare facilities in Bahrain for the purposes of clinical placement. Clinical tuition is provided by King Hamad University Hospital, the primary teaching hospital of the university, officially opened in February 2012. Clinical tuition is also provided in Salmaniya Medical Complex, Bahrain Defence Force Hospital, American Mission Hospital and a range of primary healthcare centres. The university is externally quality assured, both through its umbilical links with RCSI Dublin and also by the Bahrain Quality Assurance Authority for Education and Training (QAAET). The last report in 2010 by QAAET placed the university in the top category regarding its level of achievement in terms of governance, management and teaching. The university is also listed in the International Medical Education Directory (IMED) and in the Avicenna Directories of the World Health Organisation. It is also a recognised by Jordan and the GCC countries of Kuwait and the United Arab Emirates.
SECTION TWO: ENVIRONMENTAL ANALYSIS

The Kingdom of Bahrain consists of 32 islands amounting to a total of 757.5km². Four main islands – Bahrain Island: Muharraq Island, Sitra and Umm an Nasan account for 95% of the total land area.

The Island has a total of circa 1.23m people of which 568,400 are nationals and 660,000 are non Bahrainis. Within Bahrain, about 51% of the total population are citizens of Bahrain or other Gulf / Arab states: 45% are from Asia or Oceania with small numbers (between 1 and 2%) drawn from Africa and Europe respectively (Bahrain Report 2011). The country has relatively low youth dependency (35% under the age of 25) and a low elderly dependency ratio (only 3% over the age or 65).

Education accounts for around 12.5% of total government expenditure. The average for the Organisation for Economic Co-operation and Development (OECD) countries is 12.9% and that for Ireland circa 14% in 2008 (OECD Education at a Glance 2011). During 2009/10 there were around 125,000 students enrolled in Bahrain public schools, with around 40,000 students distributed over 14 universities in the country. Of the latter, the most significant higher education provider in terms of scale is the University of Bahrain – a public university consisting of more than 12,700 students, of which about 6% are international.

Bahrain has invested remarkably in education to reach a youth (aged 15-24 years) literacy rate in 2004-2008 for males and females, of 100% which is one of the highest levels in the region. There is no doubt that Bahrain has successfully made qualitative and quantitative leaps in higher education (The Economic Development Board, 2011). The main regulatory body in higher education is the Higher Education Council (HEC) which was established in 2006 and is responsible for the licensing of new private institutions. This was followed by the establishment of the Quality Assurance Authority for Education and Training (QAAET) in 2008 to review and report on the performance of all public and private educational institutions. Most recently, Bahrain Qualifications Authority (Framework) has been established to facilitate mobility of learners between institutions through a transparent system that clarifies qualifications offered by the different institutions in the country. As the knowledge economy is now considered to be the most imperative direction in education, Bahrain has recognised its importance and adopted this concept in the mission statement of its national strategy of higher education (Bahrain Higher Education Strategy, 2011-2015).

There is one public and 13 private universities in Bahrain. Bahrain has a higher Gross Enrolment Ratio (GER) of tertiary education than the average for the GCC countries (Bahrain 35%, GCC 23%), but this tends to be small when compared internationally, for example to Canada 89%, (Booz & Company, 2008). There is a lack of balance in enrolment amongst specialisations, with predominance in the humanities and social sciences and a shortage in healthcare related subjects (Booz & Company, 2008). Additionally, there are a small number of graduate programmes and a weak research culture, and some of these higher institutions fail to provide a satisfactory level of quality assurance.
Economic Profile

In the composition of its student body, RCSI Bahrain is an international university serving in order of intake: Bahrain, the Gulf Region, the Middle East Countries outside of the Gulf, and the wider international community. Moreover, to the extent that the university is subject to the approval of the Bahrain Higher Education Council (HEC) and the national quality assurance standards and regulations framework, it is an integral part of the fabric of higher education in Bahrain. Accordingly, the socio economic position of the country is of primary importance to the university’s planning and strategic direction.

Current conditions of a political and economic nature in the region present challenges to planning, making predictions less reliable. Up until early 2011, Bahrain in common with many other neighbouring Gulf countries, had remained largely aloof from the economic crisis affecting many of the other countries of the world. Building on an agenda of economic diversification, recognising the supply of hydrocarbons was both finite and considerably smaller than its nearest neighbours, the Bahrain economy had grown substantially in the years up to 2011. It had become one of the leading financial capitals in the Middle East, with a thriving tourism sector and some advanced industrial facilities, especially in aluminium smelting (Bahrain Report, 2011).

Healthcare Demand in Bahrain

The health service in Bahrain is delivered by the Ministry of Health and more than 11 hospitals and clinics within the private sector. The private sector is small but growing rapidly and represents around 10% of the healthcare service. The Ministry of Health provides comprehensive health services to the citizens free of charge and to the residents for a small fee. There are 24 health centres distributed throughout the country and they are considered the cornerstone of the health system, supported by a good referral system established with secondary care. Secondary and tertiary care is provided by Salmaniya Medical Complex (SMC), four maternity hospitals, a psychiatric hospital and a geriatric hospital with a total number of beds of approximately 1,375. More than 60,000 patients are admitted annually (Bahrain National Health Strategy 2002-2010). Bahrain Defence Force Hospital (BDF) is the second major hospital (420 beds) and provides a range of primary and secondary healthcare services to members of the Bahrain Defence Force and their families. It also provides emergency and cardiac care services to the public (Health Statistics-2010). Recently, King Hamad University Hospital (320 beds) officially opened in February 2012 is the main teaching hospital for RCSI Bahrain.

There is a genuine rise in demand for healthcare in the Gulf Co-operation Council (GCC) countries to be met over the next two decades. This exceptional increase, which is not found in any other region of the world will cost more than US$60 billion by 2025 (Alawi and Alkhazim, 2012). Different factors affect healthcare demand in the GCC and these are mainly related to population growth, aging and health risk factors. There has been an increase in the Gross Domestic Product (GDP) of these countries, for example in Bahrain it rose by 62.56% from 2004 to 2008. In 2007, Bahrain spent 4% of its GDP on health. Economic growth enables larger families and also encourages the inflow of expatriates. This not only leads to population increase, but also creates multi-cultured societies (McKinsey & Company, 2005). The statistics show an increase in the total population of the GCC from 1970 with the expectation to double by 2025. Considering the ratio of births and deaths, Bahrain’s rate of annual increase is 1.7%
compared to 0.6% in the United States. The other impact of economic and population growth is reflected on the life expectancy figures of the GCC which are now comparable to those of developed countries. For example, the average Bahraini can today expect to live to an age of 75 years, compared to 62 years in 1970. The impact of this improved life expectancy, together with the decrease in the total infant mortality rate equal to 10.43/1000 live births in 2011, will increase a demographic segment, being the elderly, who require more healthcare services (Ithmar Capital, 2009).

Prosperity has not only affected the size of the local population, but also influenced its general health and welfare. The government has made substantial investment in the building of infrastructure, hospitals and clinics. Prosperity has also dramatically decreased the prevalence of infectious diseases to a level of eradication of certain infections such as measles, which is related to the establishment of robust child immunization programmes. It is estimated that 99% of children are now immunized in Bahrain. The incidence of tuberculosis has decreased from 76 per 100,000 of population in 1990, to 41 per 100,000 by 2006 (World Health Statistics, 2009).

The situation is different when considering non-infectious conditions such as diabetes, obesity and auto-immune diseases that are still the leading cause of death in the country. The prevalence of Type 2 diabetes in Bahrain in 2010 was 15.4% and the expectation for 2030 is 17.3%, which would rate Bahrain as being one of the highest five countries in the world (Shaw et al., 2010). Moreover, 61% of Bahraini males and 67% of females are overweight. Whilst this is partially related to genetic predisposition, it is also related to life style and more specifically to food habits and lack of exercise. Lack of exercise is related to the prevailing preference of local people to have desk-bound jobs and a climate that limits outdoor activities. There is also a culture of dependence upon cars related to the low cost of fuel. The problem of obesity is also related to the growing market in Bahrain of fast food with insufficient nutritional values. A population-representative sample of Bahraini students between the ages of 12 and 17 years shows a prevalence of obesity of 21% for boys and 35% for girls (Al-Sendi et al., 2003). Additionally, there is an increased health risk from tobacco consumption. Although Bahrain has recently introduced legislation against smoking in public areas and increased taxes on cigarettes, there is still a good percentage of smokers not only in adults (23.5% in males and 5.7% in women), but in children between 13 to 15 years (10.6%). This percentage is one of the highest in the Middle East, rendering the population prone to smoking related diseases (Fadhil, 2007).

McKinsey & Company and Ithmar Capital carried out two studies to assess the healthcare demand of the GCC in the future. The studies provided models that projected very clearly, a substantial increase in the number of inpatient and outpatient treatments, health human resources, as well as hospital beds over the next 20 years. It is estimated that treatment demand will increase over the next 20 years in the GCC by 240%, particularly related to cardiovascular and diabetes-related conditions. Currently Bahrain offers 3 hospital beds for every 1,000 members of the population. There are 3 doctors and 4 nurses per 1,000 people. By 2025, the projection for the demand for hospital beds in the GCC will have doubled, requiring almost 162,000 beds. Bahrain’s increased bed demand is anticipated at 80%. If the same numbers of doctors and nurses per 1,000 of population (which mainly match the numbers of beds) are to be preserved, Bahrain will require 3,585 physicians and 4,780 nurses in 2050 (McKinsey & Company, 2005 and Ithmar Capital, 2009).

Many people from Bahrain still seek medical treatment in different countries in the Middle East, Europe and USA. Medical conditions such as oncology, neurosurgery, congenital cardiac
defects, complicated diseases and cases requiring organ transplant are the major medical conditions for which people travel abroad. Expenditure on overseas treatment by the Ministry of Health in 2006 was 2.1 million BD (Health System Profile, Bahrain, 2007). There is a great demand to have these specialties available in the country and to be provided by local expertise to decrease cost. The university, together with King Hamad University Hospital and through a partnership with the Health Oasis, will facilitate addressing these needs. The RCSI Health Oasis project foundation stone was laid by His Highness the Prime Minister, Shaikh Khalifa bin Salman Al Khalifa in 2009 in the area adjacent to the university. It will provide a world class healthcare service and act as a health tourist hub in the region. The Oasis will have a wide range of advanced centres such as diagnostic, nutrition and diabetes, cosmetic surgery and sports medicine (MEED special report healthcare, 2009).

With respect to health, there are two universities in addition to RCSI Bahrain that offer medicine in the country. The first one is the Arabian Gulf University which was established in 1981 and is governed by the 6 countries of the GCC. The medical college admits up to 150 students annually from GCC countries according to an agreed formula. The first cohort graduated in 1989/90 (Arabian Gulf University, 2012). The second university is AMA International University which is a member of the AMA Education System based in the Philippines and was founded in 2002. The student enrolment at the School of Medicine is around 1% of the undergraduate number, which was 3,945 in 2010 (Higher Education Review Unit-Institutional Review Report - AMA International University – Bahrain, 2010). The number of medical graduates each year from this university is very small. Neither of these universities has a nursing school. The only institute in Bahrain involved in the education of nursing is the College of Health Sciences which was established in 1976 and has graduated nurses and allied health professionals under the auspices of the Ministry of Health. Recently, the college has moved to fall under the umbrella of the University of Bahrain.

At present, the available health schools are unable to produce sufficient numbers of clinical staff to accommodate the increase in healthcare demand and decrease the dependency on foreign clinical staff. The number of health education providers are planned to increase and some GCC countries have already started this process. For example, Qatar invited Weill Cornell Medical College which graduated its first class in 2008 and established a partnership with Imperial College London for a centre for robotically-assisted surgical training in the Qatar Science and Technology Park (AME info, 2008). The Bahrain government has followed this lead by strengthening its education system through the invitation to establish RCSI Bahrain. RCSI had a close relationship with Bahrain for 30 years with a significant number of surgeons working in Bahrain having been trained in Ireland. The main ethos of this partnership is that by transferring external quality and high standards in education, local expertise will eventually be developed. This heritage, along with the experience of more than 200 years in medical education that will be passed from RCSI Dublin to RCSI Bahrain, will make this Goal achievable (RCSI 200 Years on St Stephen's Green - Video, 2011).

It is a challenge to secure internship posts for graduating students. There are currently insufficient posts at SMC and BDF. Also, the development of professional training in the form of postgraduate residency programmes is not well structured in the country. Plans are in progress to establish these programmes in collaboration with RCSI Dublin and the Royal College of Physicians of Ireland (RCPI) at our main teaching hospital - King Hamad University Hospital.

In conclusion, it is clear that the GCC countries have been exposed to a paradigm shift in their standard of living, size of populations, lifestyle and expectancy, as well as a higher rate of
chronic diseases. They have also been influenced by the epidemiological and demographic changes in the region. With all these factors, the need for a qualified healthcare workforce is seen as crucial for continuing the delivery of quality healthcare services. The university’s Vision and Mission will contribute to this need in Bahrain and beyond.
SECTION THREE: STRATEGIC PILLARS

Introduction

This Plan has emerged from a number of processes which have included:

- A number of All Staff Workshops devoted to conducting a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the university currently and over the coming 5 years [see Appendix 1]. This was followed by the establishment of 3 working groups to process this overview with regard to:
  1. Teaching and Learning
  2. Research
  3. Community Engagement

- Feedback to staff on the deliberations of the 3 working groups established at the previous workshop
- Student consultation workshop
- Stakeholder consultation with the primary external stakeholders with which the university engages
- Staff feedback process on draft plan
- Environmental analysis of the social, economic and demographic profile of Bahrain and of the emerging healthcare needs in the country and region
- Reference to the recommendations of the report of the QAAET’s Institution Review 2010

This Plan sets out to assess the challenges which are emerging for the university in addressing this context. Focusing on 3 key Pillars of Teaching and Learning, Research and Community Engagement, the Plan identifies a number of ambitious but realistic Goals, lays down a road map and a timeframe for the realisation of these Goals and outlines the infrastructural platform of resources and culture necessary for the attainment of these Goals.

Fig 1: Strategic Pillars of RCSI Bahrain
PILLAR ONE: ENHANCING THE QUALITY OF TEACHING AND LEARNING

RCSI Bahrain recognises that its capacity to attract high quality students from all over the world rests primarily on its reputation as a centre of Teaching and Learning. The student experience is paramount in terms of the quality of education which they receive and the skill set which they bring with them on graduating, as they enter the workforce in various healthcare professions. The quality of RCSI graduates and undergraduates engaged in clinical placement settings is already attested to by employers in the country and by the capacity of graduates to secure prestigious internships in hospitals throughout the world.

Strategic Aim

Notwithstanding this reputation, the university recognises that it must continuously upgrade and enhance the pedagogical experience of the students, both in terms of direct curricular engagement and also in terms of the teaching and learning resources and wider environment in which they pursue their studies.

For the purposes of this Plan therefore, the university has identified the following key strategic goals:

Goal 1: Develop processes which support a culture of faculty and staff excellence
Goal 2: Further develop a learner-centred culture within the university
Goal 3: Improve the quality and availability of educational and learning resources
Goal 4: Enhance the processes of collegial decision making, both within the local campus and with the parent campus
Goal 5: Expand postgraduate provision
Goal 6: Develop a procedure for the introduction of new programmes

The university has set the following strategic initiatives towards the realisation of these goals:

Goal 1: Develop processes which support a culture of faculty and staff excellence

Talented, highly qualified faculty and staff are the cornerstone of RCSI Bahrain’s success. In the coming 5 years, the university will implement the following strategic initiatives to reach this goal:

1. Increase the number of faculty and administrative staff in key academic areas, with a particular focus on clinical leadership
2. Achieve staff diversity by expanding the pool of staff recruitment
3. Implement a staff development programme to include:
a) induction programme for new staff  
b) a staff training needs analysis survey  
c) performance and development review for all staff  
d) structured professional development programmes for clinical tutors in the university affiliated teaching hospitals  

4. Continually monitor staff-student ratios so as to provide opportunities for staff to pursue their research interest in association with their teaching obligations  

Goal 2: Further develop a learner-centred culture within the university  

Effective teaching is essential for achieving learning outcomes. Creating an environment that supports student learning requires careful consideration of different factors affecting the pedagogical process. The university therefore will implement the following strategic initiatives:  

1. Review the admission criteria, with a view to continuously improving the quality of student intake  

2. Introduce innovative methods to deal with the challenges related to the transition from second to third level education  

3. Explore innovations in medical education, especially in areas such as problem based learning and action learning  

4. Introduce further support in English language and basic sciences education for students  

5. Further develop the clinical simulation curriculum  

6. Encourage inter-professional learning/training especially between the Schools of Medicine and Nursing  

7. Promote a student mobility programme between RCSI Bahrain and RCSI Dublin  

8. Systematic review of the curriculum and assessment, with an emphasis on local adaptations and particularly considering the language issues  

9. Systematically monitor and improve the passing rate of students in international exams  

Goal 3: Improve the quality and availability of educational and learning  

The university has a defined policy of linking ICT and teaching programmes to improve the quality of the learning experience. All teaching is facilitated by a fully customised Virtual Learning Environment (VLE) which allows students 24 hour access to all learning material presented during lectures and tutorials. The VLE also provides many additional electronic learning resources such as online tutorials and formative assessments in order that students can learn and monitor their own progress.
Over the period of this Plan, the university will implement the following strategic initiatives:

1. Increase the students’ use of VLE and other technologies in teaching.
2. Recruit an additional full-time learning technologist
3. Establish a learning technology support unit to undertake the role of technical support, staff training, strategic development and integration of technology into teaching
4. Increase staff skills in the use of VLE and technology
5. Adopt a campus management system to be integrated with ICT systems including the VLE, to create an efficient student experience from the time of application to beyond graduation as alumni
6. Improve access to electronic resources at clinical sites by exploring individual arrangements with these premises and possible partnerships with internet service providers, mobile carriers and device vendors
7. Maintain high speed access to electronic resources
8. Improve the Learning Resource Centre (LRC) educational and teaching resources at the university and at clinical sites
9. Development of the learning support centre to expand language support services to assist students with lower language ability

**Goal 4: Enhance the processes of collegial decision making, both within the campus and with the parent campus**

RCSI Bahrain is committed to the principal of academic freedom and of collegial decision making. It already has in place a comprehensive structure of staff engagement in the committees which oversee the management and governance of the university. In the course of this plan the University will implement the following strategic initiatives,

1. Review the effectiveness of current committee structures in the academic management of the university and change where appropriate
2. Create an institution wide position as Vice President for Academic Affairs, to provide oversight and direction to the three existing schools
3. Reallocate existing academic support and student related offices of the university to the office of the Vice President for Academic Affairs
4. Review the composition and operations of the Executive Committee and the Management Committee, and the inter-relationship between them

The unique relationship of the university with the parent campus in Dublin presents a range of additional challenges in the day to day management and strategic direction of the university. Bearing in mind this context, the university in the course of this Plan will:

5. Review and agree a new governance relationship between the two campuses
6. Encourage staff exchange between the campuses
7. Develop inter-campus processes for curriculum review, development, delivery and assessment
8. Implement a system to share resources between the two campuses
9. Develop complementary research strategies

Goal 5: Expand postgraduate provision

Quality training of postgraduate students is a key objective of RCSI Bahrain and is delivered by the School of Postgraduate Studies and Research in collaboration with the RCSI Research Institute. The School was established in 2006. It provides two MSc(s) in Nursing and in Healthcare Ethics & Law. The School also hosts two MSc(s) programmes in Healthcare Management and in Quality & Safety in Healthcare Management. These are delivered by the RCSI Institute of Leadership. In the consultations surrounding the preparation of this Plan, a clear need was identified regarding the availability of opportunities for postgraduate programmes for medical practitioners. A particular need for initial basic surgical or basic medical training was identified. Accordingly, the university will implement the following strategic initiatives:

1. In association with the main hospitals on the Island develop a 3 year Postgraduate Programme to enable trainees to sit the membership examination in surgery (MRCSI) or medicine (MRCPI) and progress to higher specialty training in Ireland or the UK
2. In association with the parent campus in Dublin, develop a doctorate programme in basic and clinical sciences
3. Continuously pursue the recognition of undergraduate and postgraduate programmes by professional councils throughout the world

Goal 6: Develop a procedure for the introduction of new programmes

As previously stated, the university currently has 3 schools, namely Medicine, Nursing and Postgraduate Studies. It is important that the university has the capacity to respond to emerging needs for new programmes, either within these schools or in cognate discipline areas. It is important that the university develops a formalised process of due diligence in new course development. Accordingly, it will implement the following strategic initiatives:

1. Establish a New Programmes Committee which will explore submissions for new courses and make recommendations to the Academic Board, the Senior Management Team and the Board of Governors
2. Establish processes for the analysis of the feasibility of new course proposals
PILLAR TWO: RESEARCH

Research forms the second key pillar of this Strategic Plan. The School of Postgraduate Studies and Research has responsibility for the development of research within the university, as well as overseeing the quality and delivery of the Postgraduate programmes.

An active Research Committee oversees research within the university, disbursing institutional research funding to faculty through a peer reviewed application process and overseeing student summer research grants and projects. A Research Ethics Committee exists within RCSI Bahrain to examine all research involving RCSI Bahrain faculty and students.

Strategic Aim

Healthcare requires a strong evidence base to enable its development and RCSI Bahrain is committed to contributing towards an understanding of disease processes, healthcare interventions and health services within Bahrain and the GCC. Building on these beginnings, the university has identified the following Goals with regard to research over the coming 5 years:

Goal 1: Develop research active staff

Goal 2: Promote research led teaching and learning

Goal 3: Develop a small number of key thematic areas and research clusters

The university has set the following strategic initiatives towards the realisation of these goals:

Goal 1: Develop research active staff

The university recognises the need for a proactive policy to support staff in undertaking research. It will do this in the following ways over the period of this Plan:

1. Establish a Research Office to support research
2. Appoint a Head of Research and a Research Project Manager
3. Appoint a Statistician/Epidemiologist to support staff and students throughout the university in their research activities
4. Provide focused research training for faculty in the area of research methods, research governance and research funding
5. Actively explore with the parent campus, the introduction of research leave arrangements in the form of sabbatical leave or other such protected research time options
Goal 2: **Promote research led teaching and learning**

The university is committed to remaining at the forefront of emerging developments in the world of research within the fields of Nursing and Medicine. So as to ensure that this is realised, the university will implement the following strategic initiatives:

1. Enable staff to participate in professional networks, research collaborations, present and attend at professional conferences, with financial and other supports
2. Explore research collaboration possibilities with other research active institutions in the country, the Gulf region and beyond
3. Expand the Student Summer Research Programme by doubling the funding available over the 5 year period
4. Enhance and significantly upgrade the existing research laboratory facilities on the campus
5. Develop close working relationships with the newly developed Research Centre in King Hamad University Hospital
6. Put in place a Postgraduate Scholarship Fund with a view to attracting a cohort of full time Masters and Doctoral students to the campus

Goal 3: **Develop a small number of key thematic areas and research clusters**

As a relatively small institution, RCSI Bahrain recognises the requirement to concentrate its research activity on a small number of thematic areas, thereby building critical mass within a narrow thematic range. The themes selected for this Plan reflect the current expertise within the university, the research capability within the parent campus in Dublin, and the particular research needs of Bahrain and the Gulf region. Bearing these considerations in mind, the university will implement the following strategic initiatives:

1. Develop a research profile focusing on
   - Cardiovascular diseases and associated risk factors
   - Haemoglobinopathies
   - Oncology
   - Healthcare/Medical Education
2. Work with governmental and non-governmental agencies in Bahrain and beyond in developing a national/regional research strategy and funding which comprehends the above domains
3. Attract staff with expertise in the above themes towards the creation of research clusters in each of these thematic areas
4. Develop a Post-Doctoral Funding Programme in the university in each of the above themes, to enable research cluster leaders in the university to attract Post-Doctoral researchers to work with the cluster leaders.
PILLAR THREE: COMMUNITY ENGAGEMENT AND SERVICE

Building on the Noble Purpose of RCSI Bahrain, the university is committed to establishing a collaborative partnership with the local and wider community. The concept of Community Engagement as employed in this Plan, refers to a strategic intervention on the part of the university institution to enhancing the wellbeing of the wider community.

Strategic Aim

The University will actively engage in designing, implementing and maintaining community engagement and service projects. As a centre of learning and excellence, the university will strive to:

Goal 1: Promote Healthy Communities (PHC)

Goal 2: Give back to the community

Goal 3: Advocate for the growth and development of healthcare professions and influence policy reforms

Goal 4: Engage with the wider community of healthcare professionals

Goal 5: Make a difference internationally

Goal 6: Establish the office of Community Engagement

The university will implement the following strategic initiatives towards achieving these goals

Goal 1: Promote Healthy Communities (PHC)

The university is committed to enhancing the health of the population of Bahrain through innovative collaborative and culturally competent community outreach projects. Accordingly, it will implement the following strategic initiatives,

1. Collaborate with local residents, leaders, key stakeholders, and governmental and non-governmental organisations, to identify community priorities within the scope of the PHC initiative
2. Identify annual themes for raising public awareness regarding prevention, control, self-care management of specific health needs within identified target groups
3. Design and implement annual, collaborative, interdisciplinary and community partnership projects that address specific healthcare needs of our target groups
4. Increase public access to competent and reliable sources of knowledge/expertise within RCSI Bahrain and its collaborative bodies
5. Establish formal mechanisms for integrating community engagement and service in the curricular learning outcomes of all educational programmes

**Goal 2: Give back to the community**

The university is committed to planning and implementing a series of charitable small scale events involving students and staff (academics and administration) to donate or raise funds and promote an annual health promotion theme. All proceeds will be donated towards a charitable cause within the local community. It will do this by implementing the following strategic initiatives:

1. Raise funds through an annual series of charitable small scale events in support of specific target groups/organisations/societies in need of financial aid
2. Increase public awareness of supporting specific target groups within the community
3. Establish and promote an annual RCSI Bahrain health awareness campaign theme
4. Engage students in charitable activities through the Students’ Council, Clubs and Societies

**Goal 3: Advocate for the growth and development of healthcare professions and influencing policy reforms**

RCSI Bahrain is a unique asset to the healthcare sector in Bahrain, not only in terms of education, but also in terms of policy development and the general advancement of the healthcare professions. Reflecting this, the university will implement the following strategic initiatives:

1. Actively pursue representation in the Health Professions and Services Regulatory Council (HP&SRC)
2. Collaborate with governmental and non-governmental healthcare institutions to improve the quality of healthcare services in Bahrain, GCC and beyond
3. Develop a proactive programme of Continuing Medical Education (CME) for all healthcare professionals on the Island

**Goal 4: Engage with the wider community of healthcare professionals**

As an institution with global reach, RCSI Bahrain can play a significant role in linking the healthcare sector on the Island with the sector abroad. It is uniquely positioned to bring together international healthcare organisations and professionals with those on the Island to contribute to the knowledge, skills and other resources needed to promote the health of the wider community. Specifically therefore, the university will implement the following strategic initiatives
1. Gain World Health Organisation (WHO) Collaborating Centre for international Nursing and Midwifery status

2. Collaborate with governmental and non-governmental institutions in Bahrain to plan activities to celebrate the World Health Day on an annual basis

3. Collaborate with governmental and non-governmental institutions in Bahrain to coordinate one major activity to celebrate the International Nurses Day (IND) on an annual basis

4. Develop a Professional Training Courses from RCSI Bahrain for Health Policy influentials in Bahrain and the Gulf Region
SECTION FOUR: QUALITY ASSURANCE AND ENHANCEMENT

RCSI Bahrain is committed to enhancing all aspects of the student experience whilst at university and to preparing world class graduates in the healthcare sector who are capable of securing employment, and of contributing significantly to any healthcare institution throughout the world.

The university is committed to continuous quality improvement and enhancement and considers the embedding of a culture of quality in all of its activities to be at the core of its mission. As part of the university’s commitment to quality enhancement, a Quality Enhancement Office was established in January this year and a key appointment made to lead on this agenda.

The quality enhancement strategy is built around the European standards for internal/external quality assurance in Higher Education and will be intrinsically linked to the QA/QI processes already in place in RCSI Dublin. This strategy is illustrated in the following diagram:

Figure 2: Elements in Internal Quality Assurance
The strategy is further informed through a variety of feedback mechanisms from student, staff, alumni and stakeholders.

In maintaining the quality of its programmes and awards, the university has formal mechanisms for approval and review. This includes a schedule of a rolling programme of academic and administrative periodic reviews. The system of internal quality enhancement is the key to achieving external verification and in this regard the university has undergone external scrutiny from the Bahrain Higher Education Council (HEC), Quality Assurance Agency for Education & Training (QAAET) and Higher Education Review Unit (HERU). In addition, the university has participated in voluntary reviews though the World Federation for Medical Education (WFME) and the GCC Dean’s Committee to affirm RCSI’s quality processes.

Teaching, learning and assessment are at the core of the quality enhancement strategy. The university takes pride in the quality of its teaching staff, the single most important resource available to students. Through an explicit quality assurance and enhancement process, the university will systematically focus in the course of this Plan on staff recruitment, staff development, performance review and promotional policies.

The university recognises that the key to quality assurance and enhancement is knowledge of the institution’s own activities, what is unique, what works well and what is in need of improvement. It also recognises the need for a system of data collection to track students through admissions to employment. This, in the longer term, will impact on admission criteria, curriculum development, student satisfaction, employment outcomes and university’s key performance indicators in the pursuit of quality enhancement.

Against the background of these considerations, the university’s quality assurance and enhancement Goals for the coming 5 years are as follows:

**Goal 1:** Embed a culture of quality enhancement throughout the university

**Goal 2:** Enhance the quality of teaching and learning

**Goal 3:** Enhance the quality of the learning environment

**Goal 4:** Enhance the quality of the work environment

The university will implement the following strategic initiatives towards achieving these goals:

**Goal 1:** *Embed a culture of quality enhancement throughout the university*

In the course of this Plan, the university will foreground an emphasis on quality in all aspects of its work. This will require an openness to feedback, the development of effective mechanisms for the collection of all relevant data regarding the effectiveness of the university in realising its goals, and procedures for acting on this feedback. This will require:

1. The further resourcing of the newly established Quality Enhancement Office
2. Establishing a Quality Assurance and Enhancement Committee involving staff, students, alumni and external stakeholders
3. Developing protocols for quality reviews and a schedule thereof
4. Creating an archive of Policies and Procedures
5. Actively engaging in and contributing to the QA/QI processes in place in Bahrain
6. Engagement in on-going quality reviews with all of the key external bodies with a role in the recognition or registration of the university or its graduates. Accreditation by the Irish Medical Council will be a priority

**Goal 2: Enhance the quality of teaching and learning**

As already alluded to, the international reputation of RCSI Bahrain rests primarily on the quality of the teaching and learning provided to the students and on the unique relationship which has developed on the campus between staff and students. Formalised processes of quality assurance must not be to the detriment of the rich staff-student relationship which prevails in the university. The newly formed Evaluation Working Group reporting via the Academic Board to the Academic Council is now the mechanism by which student feedback is considered and actioned.

It is therefore proposed to:

1. Maintain and continuously refine existing student feedback mechanisms
2. Closely monitor staff-student ratios to ensure the possibilities for small group teaching are optimised
3. Develop innovative learning opportunities for students outside of the formal provision of lectures, tutorials and laboratory practicals
4. Develop a metric of teaching quality
5. Continually review the exit learning outcomes benchmarked against the graduate medical profiles aspired to by the university
6. Introduce a programme on the pedagogy of Medical Education for all academic staff, both on campus and in clinical settings

**Goal 3: Enhance the quality of the teaching learning environment**

Notwithstanding the fact that the campus is newly built and provides a space norm of 15m² per student as against the more usual norm of 8-10m² per student, issues have been identified in the consultation processes regarding the fitness for purpose of some of the facility. In addition therefore to the more specialised campus development commitments referred to elsewhere, it will be necessary in the course of this Plan, to:

1. Significantly upgrade staff office facilities
2. Extend the library
3. Create a greater variety of teaching spaces
4. Identify examination spaces other than the sports hall
5. Extend extra-curricular and sports facilities for students and staff
6. Explore the provision of student accommodation
7. Undertake the comprehensive development of an Institute-wide Risk Register and Business Continuity Plan
SECTION FIVE: KEY PERFORMANCE INDICATORS

The university will establish a Monitoring Group which will report on an annual basis on the implementation of all aspects of this Plan. The Monitoring Group will consist of the President, Vice President for Academic Affairs, Vice President for Administration, the Heads of Schools and two nominated staff members, one academic, one administrative/technical. This Monitoring Group will report to the Management Committee of the university. The reports to this Group will be based on the following template:

<table>
<thead>
<tr>
<th>Pillar 1: Teaching and Learning</th>
<th>KPI</th>
<th>Current</th>
<th>Measure of success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1.1 Develop processes which support a culture of faculty and staff excellence</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.1.1 Staff/Student ratios</td>
<td>1:19</td>
<td>HEC Standard 1:25&lt;br&gt;Ratio not to exceed 1:20</td>
<td>Reviewed annually until 2017</td>
<td></td>
</tr>
<tr>
<td>1.1.2 Balance of academic activity</td>
<td>No explicit model in place</td>
<td>Workload model introduced</td>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>1.1.3 Performance and Development Programme</td>
<td>Current system used variably throughout the university</td>
<td>System reviewed and process in place in all departments with 100% staff undergone P&amp;DR.</td>
<td>Increased incrementally to 100% by 2017</td>
<td></td>
</tr>
<tr>
<td>1.1.4 Staff Induction Programme</td>
<td>Current programme applied variably</td>
<td>Existing programme reviewed and implemented.&lt;br&gt;Induction of 100% of new staff within the first week</td>
<td>2012&lt;br&gt;2012</td>
<td></td>
</tr>
<tr>
<td>1.1.5 Administration/Academic Staff Professional Development Programme</td>
<td>Variable use of existing programme by administrative/academic staff</td>
<td>Core competencies defined and training needs analysis completed&lt;br&gt;Revised Staff Development Programme in place for all staff</td>
<td>In place and linked to P&amp;DR by 2014</td>
<td></td>
</tr>
<tr>
<td>Goal 1.2 Further develop a learner-centred culture within the University</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1 Student Admissions Policy</td>
<td>Policies in existence for admissions and entry requirements</td>
<td>Policies reviewed, updated and implemented</td>
<td>New student intake 2013</td>
<td></td>
</tr>
<tr>
<td>KPI</td>
<td>Current</td>
<td>Measure of Success</td>
<td>Time Frame</td>
<td></td>
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</tr>
</tbody>
</table>
| **1.2.2 Transition Programmes from 2\textsuperscript{nd} to 3\textsuperscript{rd} level** | Medical Commencement Programme currently in place                                                                                                                                                      | Introduction of a revised programme  
Establishment of a Learning Drop in Centre                                                                                                                | 2013  
     2013                                                                 |
| **1.2.3 English language support**                                 | In existence, currently understaffed/under resourced                                                                                                                                                  | Recruitment of 1 additional staff member  
Development of an English Language Resource Centre for students                                                                                      | 2012  
     2013                                                                 |
| **1.2.4 Clinical simulation in the curriculum**                   | Limited opportunities for IPL in the curricula                                                                                                                                                        | Curriculum reviewed to include additional opportunities for IPL                                                                                         | 2012/2013 |
| **1.2.5 Student participation in international examinations**     | Medical Council of Canada  
10 applicants / 100% pass rate  
United States Medical Licensing Examination  
10 applicants /75% pass rate  
| Number of applicants increased by 50%  
Number of applicants increased by 10%, pass rate increased to 100%                                                                 | Reviewed annually until 2017  
Reviewed annually until 2017                                                                                                                        |
| **Goal 1.3 Improve the quality and availability of educational and learning resources** | |                                                                                                                                 | |
| **1.3.1 Learning technologies**                                   | Suboptimal utilization of VLE  
Variable Staff/Student skills in VLE use  
ICT- limitations in current internet access                                                                                               | VLE facilities reviewed and upgraded  
VLE staff training completed  
Training provided to 100% of students on induction  
Recruitment of a full time learning technologist  
Establishment a learning technology support group  
Technology upgraded for increased internet speed and availability                                                                 | 2013  
     2014  
     2014  
     2012  
     2013  
     2012                                                                 |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
<th>Measure of Success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.2 Student mobility</td>
<td>Limited opportunities at present</td>
<td>Opportunities for expansion investigated</td>
<td>Reviewed annually until 2017</td>
</tr>
</tbody>
</table>

**Goal 1.4 Enhance the process of collegial decision making, both within the local campus and with the parent campus**

<table>
<thead>
<tr>
<th>1.4.1 Committee structures</th>
<th>Reviewed in 2011</th>
<th>Structures refined and implemented for best organisational fit</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4.2 Organisational structure</td>
<td>Currently under review</td>
<td>VP for Academic Affairs appointed and new reporting structures defined</td>
<td>2012</td>
</tr>
<tr>
<td>1.4.3 Governance</td>
<td>Currently under review</td>
<td>Relationship between the two campuses reviewed and agreed</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mechanism for staff exchange/secondments within teaching and learning established</td>
<td>2013</td>
</tr>
</tbody>
</table>

**Goal 1.5 Expand postgraduate provision**

<table>
<thead>
<tr>
<th>1.5.1 Clinical Postgraduate Programmes</th>
<th>None at present</th>
<th>Development of a clinical programme for membership exams (MRCSI/MRCPI)</th>
<th>2014/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5.2 Doctoral opportunities</td>
<td>None at present</td>
<td>Development of doctoral programmes in basic and clinical sciences and incognate fields in the health area</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Goal 1.6 Develop a procedure for the introduction of new programmes**

| 1.6.1 Programmes Committee          | None at present | Establishment of a new Programmes Committee                           | 2013                           |
| 1.6.2 New course proposals          | None at present | Development of feasibility analysis for new courses                     | 2014                           |
## Pillar 2: Research

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
<th>Measure of success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 2.1 Developing research active staff</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1 Establishment of a Research Office</td>
<td>None at present</td>
<td>Appointment of the Head of Research</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appointment of a Statistician/Epidemiologist</td>
<td>2012/2013</td>
</tr>
<tr>
<td>2.1.2 Staff development in research</td>
<td>Basic funding support in place</td>
<td>Development of training courses for research active staff</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy in place for research leave arrangements, including sabbaticals</td>
<td></td>
</tr>
<tr>
<td>2.1.3 Staff research outputs</td>
<td>No systematic monitoring in place</td>
<td>Research output metric introduced</td>
<td>2013</td>
</tr>
<tr>
<td><strong>Goal 2.2 Promoting research led teaching and learning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.1 Number of research collaboration initiatives</td>
<td>3 institutional partnerships</td>
<td>One additional partnership per annum</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td>2.2.2 Student participation in the Summer Research Programme</td>
<td>4</td>
<td>50% increase in number of projects completed annually</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td>2.2.3 Research laboratory infrastructure</td>
<td>Currently under review</td>
<td>Research laboratories reviewed and upgraded</td>
<td>2013/2014</td>
</tr>
<tr>
<td>2.2.4 Number of postgraduate students</td>
<td>36</td>
<td>Increase to 100</td>
<td>2017</td>
</tr>
<tr>
<td>KPI</td>
<td>Current</td>
<td>Measure of success</td>
<td>Time Frame</td>
</tr>
<tr>
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</tr>
<tr>
<td>Goal 2.3  Developing a small number of key thematic areas and research clusters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3.1 Research reporting</td>
<td>No systematic recording and collection of research data</td>
<td>Evolution of research clusters</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Development of a process to report and monitor staff involvement and activity, including:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Increased funding for four research applications per year</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>100% increase in staff and post-doctoral students working in particular research clusters</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>100% increase in the number of staff engaged in national and regional research strategic planning</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Level of university funding allocated to research increased to 3% of the total budget</td>
<td></td>
</tr>
</tbody>
</table>
## Pillar 3: Community Engagement and Service

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
<th>Measure of success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 3.1 Promoting Health Communities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.1 Staff/Student participation in Community Outreach Initiatives</td>
<td>4 Staff / 12 Students / 4 Alumni collaborated with Bahrain Diabetes Society in organising and running the week long Shurook Camp for children</td>
<td>Staff/Student involvement increased by 5%</td>
<td>2013 and annually until 2017</td>
</tr>
<tr>
<td></td>
<td>2 Staff/ 40 Students involved in “Think Pink”</td>
<td>Staff involvement increased by 5%</td>
<td>Annually till 2017</td>
</tr>
<tr>
<td></td>
<td>“Go Active” Community Involvement Events - Unknown</td>
<td>10 events per annum</td>
<td>2013 and annually till 2017</td>
</tr>
<tr>
<td></td>
<td>90 school health education talks to children in governmental schools every first semester of the academic year</td>
<td>Maintain this level</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Diabetes Mobile Unit Acquired</td>
<td>Unit utilized and pilot scheme completed</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 outings per annum</td>
<td>2014 - Reviewed annually until 2017</td>
</tr>
<tr>
<td><strong>Goal 3.2 Giving back to the community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1 Staff/Student participation in the annual blood drive</td>
<td>1 event per annum, approx. 55 participants</td>
<td>2 events per annum</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td>3.2.2 Student participation in the Charity Challenge</td>
<td>No base line available</td>
<td>80 Students from a total of 8 organisations participating in competitive even</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td>3.2.3 Number of “Go Green” initiatives</td>
<td>3</td>
<td>One new activity introduced to improve the environment</td>
<td>Reviewed annually until 2017</td>
</tr>
<tr>
<td>KPI</td>
<td>Current</td>
<td>Measure of Success</td>
<td>Time Frame</td>
</tr>
<tr>
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</tr>
<tr>
<td>3.2.4 Number of fundraising activities</td>
<td>1 activity per month</td>
<td>Each year will see a 10% increase</td>
<td>Annually until 2017</td>
</tr>
</tbody>
</table>

**Goal 3.3 Advocating for the growth and development of healthcare professions and influencing policy reforms**

| 3.3.1 No of staff representing RCSI on National/Strategic Bodies/Health Policy Context | 1 staff member | Increased staff involvement in healthcare setting reform policy by 2/3 persons | 2017 |
| 3.3.2 Number of activities promoting nursing and medicine as a career | 8 per annum | Increase to 10 per annum | 2013, Reviewed annually until 2017 |
| 3.3.3 Number of professional conferences/events hosted | 1 per annum | Minimum of 1 per year | Increase annually in line with demand, Minimum of 1 per year |

**Goal 3.4 Engaging with the wider community of healthcare professionals**

<p>| 3.4.1 Recognition as a WHO collaborating centre for international nursing | No activity at present | WHOCC process initiated Designation achieved | 2013 2017 |
| 3.4.2 Number and type of National Collaborations | None at present | One high profile campaign along the theme identified for World Health Day: engaging with two other institutions providing healthcare/education to demonstrate collaboration Collaboration with 2 local institutions in supporting International Nurses Day | Annually from 2013 |</p>
<table>
<thead>
<tr>
<th><strong>KPI</strong></th>
<th>Current</th>
<th><strong>Measure of Success</strong></th>
<th><strong>Time Frame</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 3.5</strong> Make a difference internationally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5.1 Number of international charitable projects involving staff, students and alumni</td>
<td>None at present</td>
<td>Link established with one healthcare education provider in a developing country - to establish a mechanism for providing education/healthcare expertise from RCSI</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Link established with one international charitable organisation - to play a key role in one project annually within a developing country, involving students and faculty members</td>
<td>2013</td>
</tr>
<tr>
<td>3.5.2 Number and type of charitable donations for equipment</td>
<td>None at present</td>
<td>50 Medicine/nursing text books collected for national/international donation</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>None at present</td>
<td>20 Laptops/mobile devices collected for national/international donation</td>
<td>Annually</td>
</tr>
</tbody>
</table>
## Quality Assurance and Enhancement

### Goal 1: Embed a culture of quality enhancement throughout the university

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
<th>Measure of Success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QA/QI Committee in existence</td>
<td>Review of existing and establishment of a new Quality Assurance and Enhancement Committee involving staff, students, alumni and external stakeholders</td>
<td>2012</td>
</tr>
<tr>
<td>1.2 Quality reviews</td>
<td>No formalised rolling schedule</td>
<td>Protocols for quality reviews defined and a schedule of rolling reviews introduced</td>
<td>2012 and annually</td>
</tr>
<tr>
<td>1.3 Policies and procedures</td>
<td>No archive, stored manually and on VLE</td>
<td>Create an archive of Policies and Protocols</td>
<td>2012</td>
</tr>
<tr>
<td>1.4 Number of full confidence reviews</td>
<td>No programme reviews have yet taken place</td>
<td>100% confidence in all programmes as determined by QAAET</td>
<td>2012 onwards</td>
</tr>
<tr>
<td>1.5 Accreditations</td>
<td>Self assessment submitted 2009</td>
<td>Irish Medical Council accreditation</td>
<td>2013</td>
</tr>
</tbody>
</table>

### Goal 2: Enhance the quality of teaching and learning

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
<th>Measure of Success</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Number of benchmark reviews against the medical graduate profile</td>
<td>Last review 2008</td>
<td>One additional review completed</td>
<td>2014</td>
</tr>
<tr>
<td>2.2 Teaching quality</td>
<td>Student feedback through Evaluation Working Group data</td>
<td>All modules/years generating qualitative and quantitative feedback</td>
<td>2013/2014</td>
</tr>
<tr>
<td></td>
<td>Reports through School academic committee</td>
<td>Establishment of an annual report through Academic Board</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>No current base line</td>
<td>Metric for measurement of teaching quality developed</td>
<td>2013</td>
</tr>
</tbody>
</table>
## RCSI Bahrain Strategic Plan 2012-2017

### KPI

<table>
<thead>
<tr>
<th>KPI</th>
<th>Current</th>
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<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 Staff development</td>
<td>No Higher Education qualification in teaching and learning in Bahrain</td>
<td>Establishment of a programme on the pedagogy of medical education for all academic staff, both on campus and in clinical settings 10% staff participating</td>
<td>2013 Reviewed annually until 2017</td>
</tr>
</tbody>
</table>

### Goal 3  Enhance the quality of the learning environment

<table>
<thead>
<tr>
<th>3.1 Infrastructure</th>
<th>Inadequate provision of office space</th>
<th>Appropriate office space made available for current and additional staffing Relocate library to more expansive space</th>
<th>2013 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Extracurricular and sports facilities</td>
<td>Sports facilities well utilised</td>
<td>Expansion to accommodate increasing student numbers.</td>
<td>2014</td>
</tr>
<tr>
<td>3.3 Student accommodation</td>
<td>None on campus</td>
<td>Consider on site accommodation or lease with local landlord</td>
<td>2013</td>
</tr>
<tr>
<td>3.4 Quality of work environment</td>
<td>Health and Safety Policy under review</td>
<td>Audit completed Risk Register developed</td>
<td>2013 2013</td>
</tr>
<tr>
<td>3.5 Business Continuity</td>
<td>Newly established Crisis Management Plan Currently no Business Continuity Plan in place</td>
<td>Plan tried and tested through scenario planning Development and implementation of Business Continuity Plan</td>
<td>2013 2014</td>
</tr>
</tbody>
</table>
APPENDIX 1: SWOT ANALYSIS

PILLAR ONE: TEACHING AND LEARNING

Strengths

- History and reputation of RCSI
- Strong international branding and profile
- Experienced, qualified, committed staff
- Well defined curriculum, based on experience and educational values
- Provision of technology (laptops, Moodle)
- Multi-cultural student body
- High quality facilities and environment

Weaknesses

- Matching teaching style to student learning style and previous learning experience
- Attrition rate attributed to student learning style adaptations and low English language
- Much didactic teaching
- Low flexibility of shared curriculum and local adaptations
- Insufficient teaching and examination space
- Insufficient use of simulation laboratory for clinical skills training
- Under-utilisation of VLE as a teaching tool
- LRC: educational and teaching resources are not adequate
- Teaching load: extended teaching and non-teaching commitments to meet growing student numbers
- External communication: three sites of operation centralised from Dublin
- Internal communication: transition needs of student and interface of educational progression

Opportunities

- King Hamad University Hospital: joint and independent innovative course development
- Decentralisation, more decision making in Bahrain
- Government sponsored training for Bahraini staff
- Provision of in-house training
- Introduction of inter-professional learning to enrich student experience
- More small group teaching at all levels
- Use of i Pads instead of laptops
- Simulation laboratories to provide clinical skills
- Limit late entry students
- Revisit English language entry levels
- Provision of a language laboratory
- Greater use of sports hall
- Use of 5th floor as teaching space
- Extension of teaching day, flexible delivery
- Increased student exchange programme, electives expansion to new locations

**Threats**

- Reputation risk associated with attrition rate
- Extended admissions procedure
- Over-recruitment of students, unmatched by increase in staffing
- Recruitment of international faculty
- Development of competitive medical schools in the region
PILLAR TWO: RESEARCH

Strengths

- Availability of Open Funds
- Excellent academic support
- External expertise from RCSI Dublin & Penang/Perdana campuses
- In-house e-package learning resources
- Excellent administrative & staff co-operation and support
- Diverse multi-cultural knowledge on the Island
- Local knowledge with bilingual sphere
- Local specialists’ expertise
- Hosting of Research Day for dissemination of important information and “breakthroughs” knowledge in the field of basic clinical, applied and educational researches
- Excellent Research & Ethics Committee within RCSI Bahrain
- Multi-cultural research colleagues in Dublin, Bahrain, Penang and Perdana campuses
- Diverse and multi-national, multi-cultural population on the Island that can be tapped for clinical, applied and educational research.
- Diverse population of professionals on the Island

Weaknesses

- Absence of full time and dedicated research statistical staff
- Lack of complete and dedicated scientific and/or clinical research laboratories
- Inadequate sources of external funding (other than the house budget)
- Limited size of research pool
- Limited size of research bank (in process or published)
- Distinctive requirements of governmental funding agencies within this region
- Limited in-house research experts and expertise
- Low level of incentive rewards for scholarly scientific published works
- No critical mass
- Limited time for scholarly activities
- Absence of support funds for post-research publications and presentations in international medical journals and medical symposia
- Limited research-related resources from in-house LRC
- Absence of national strategy in scientific, clinical and educational fields
- Limited access to research related materials and supplies including equipment
- Absence of motivational support from within to do scholarly research works
- Lack of postgraduate students to do scholarly research work
- Non-availability of doctoral and post-doctoral programmes related to research
- Very limited opportunity to do undergraduate research activities
- No follow-up into the community for information gathering and dissemination
- Representation to national policy making bodies related to research
Opportunities

- Open possibilities for medical and nursing clinical researches
- Open possibilities of collaborative works with clinical colleagues in the field of clinical, applied and educational researches
- Open possibilities of collaborative works through inter-collegiate institutions available locally in Bahrain
- Available up to date technologies in Bahrain that can support clinical, applied and educational researches
- Availability of a diverse population of multi-national and multi-cultural in addition to the local population
- Availability of untapped public and private funding through Private-Private or Private-Public partnerships or schemes locally and regionally (GCC-wide)
- Availability of undergraduate research for ‘student selective components’ module
- Harnessing leadership potential in researches from clinical and academic staff
- Harnessing and enhancing specialisation in areas of research and teaching
- Exploring, making use of, enhancing and focusing on inter-disciplinary research availabilities in Bahrain
- Exploring, making use of, enhancing and focusing on trans-national educational researches
- Inter-regional research collaboration with other international institutions in the GCC

Threats

- Lack of dedicated time among RCSI Bahrain academic and administrative staff, and insufficient funding from the institution itself
- High rate of competition among regional educational institutions in the field of clinical, applied and educational research
- Challenges in the wider environment in Bahrain
- Unattractive employment package to recruit high calibre well-known clinical, medical, applied and educational research staff worldwide. Including high calibre administrative research staff
- Insufficient number of clinical researchers
- The research profile of RCSI Bahrain is not on a par with worldwide research institutions
- RCSI Bahrain’s low status on clinical, applied and educational research could adversely affect student recruitment in the long term
- No compulsory research programmes within RCSI Bahrain curriculum in the undergraduate and postgraduate programmes which can affect RSCI Bahrain’s attractiveness to prospective students
- Evidence of a lack of, or no priorities, on researches either institutional or national as a policy
- Increasing competition with other universities offering attractive research activities for undergraduate and postgraduate programme
PILLAR THREE: COMMUNITY ENGAGEMENT AND SERVICE

Strengths

- The university is currently hugely involved in Charity and support initiatives like ‘Think Pink’
- The university sponsors students to participate in different community activities
- School students receive career guidance from the university during their visits to the Career Exhibition
- The university is very active in providing postgraduate training
- The university campus is provided for community events
- Students have high initiative, are well organised and very committed to community activities
- Students from a diversity of cultural backgrounds
- Students are supported by the university to organise symposiums and other charitable events
- Staff expertise in various disciplines and public relations are well utilised
- The name ‘RCSI’ is well known and respected in the community
- Community work is included in the curriculum of the School of Nursing
- There is a centralised office for communication which coordinates different events
- Students are encouraged by their lecturers to participate in different community events for example: diabetes camps

Weaknesses

- Time constrains limit involvement of both students and staff in activities
- Lack of collaboration between staff and students around larger projects and low staff involvement in the programme of activities organised by the Communications Office.
- Inefficient use of resources available for example: utilizing the laboratories and sports hall for activities arranged for the community
- Insufficient emphasis on community care in the curriculum of the School of Medicine
- Too much red tape, particularly for administrative staff having time off for community involvement
- Limited size of the campus

Opportunities

- Collaboration with other universities, hospitals and institutions
- Utilising our facilities for public events and advertising their availability
- Better inter-disciplinary and inter-departmental communications for community events
- Admissions’ selection of students with commitment and experience with community work
- Integration of community work into the curriculum of the Medical School
**Threats**

- Local/GCC regulations
- Challenges in the wider environment in Bahrain
- Danger of misinterpretation
APPENDIX 3: STAKEHOLDER CONSULTATION

Primary stakeholders with which the university engaged:
APPENDIX 3: REFERENCES


- Bahrain Higher Education Strategy (2011-2015) Copy provided to RCSI Bahrain


- Health System Profile, Bahrain (2007) [http://gis.emro.who.int/HealthSystemObservatory/PDF/Bahrain/Full%20Profile.pdf](http://gis.emro.who.int/HealthSystemObservatory/PDF/Bahrain/Full%20Profile.pdf)

• Ithmar Capital (2009), Expand, Consolidate & Support: Meeting the GCC Healthcare Challenge 2050

  http://middleeasthospital.com/GCC%20HEALTHCARE%20CHALLENGE.pdf

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  http://vimeo.com/9291349


• The Economic Development Board - Education

• The Gulf’s Health Challenge, MEED Special Report Healthcare (2009)

• World Health Statistics – WHO (2009)
  www.who.int/whosis/whostat/EN_WHS09_Full.pdf