To be a good doctor, you must also be a good human being.

Tan Sri Abu Bakar Soleiman, President, International Medical University Malaysia
That it was possible for Malaysians to build an education model that would allow more young Malaysians to pursue their ambitions to become doctors; that it was possible to build a globally-recognised curriculum to create better doctors, and that it could be done at a cost significantly lower than what parents were currently investing. It was a radical idea that changed the model for medical education around the world. And in the process helped build a better Malaysia.

EDUCATION AT IMU

20 years ago, IMU was born from the seed of an idea.

Turn to page 10 to find out more about Education at IMU.
HEALTHCARE AT IMU

In 2010, IMU began the process of establishing healthcare services in different medical disciplines, offering an integration of Western, traditional and complementary medicine. Today, it’s the only private university in the country open to Medical Care, Oral Health Centre, Chinese Medicine Centre and Chiropractic Centre.

Turn to page 60 to find out more about Healthcare at IMU.

Medicine isn’t just about learning; but also about application.
RESEARCH AT IMU

Medicine isn’t only about what you do today, but the foundation you lay for better medicine tomorrow.

At IMU, we believe in investing time and resources in research that is ethical and useful, through a stringent research process that ensures our work meets the most demanding of international standards. Today, our focus expands beyond medical and basic science research into research on education. Our aim – to not just teach more effectively, but to help other educationists do the same.

Turn to page 64 to find out more about Research at IMU.
We started in 1992 as Malaysia’s first private medical college, offering medical degrees in partnership with five of the world’s renowned medical schools, through a unique model we called the Partner Medical Schools (PMS) programme—a world’s first.

Today IMU is an integrated medical and healthcare institution, offering education, healthcare and research in partnership with some of the world’s most respected individuals and universities in the field of medicine and healthcare.

Our success stems from a lot of hard work, and our belief that everything that we do must draw from our core ethos of **Innovation, Imagination, Insight**.

As we move into a new decade of growth, we continue to be guided by these 3Os— **Innovation**, to be creative and productive in the way we do things and to be focused on continuous innovation; **Imagination**, to be realistic about what we can achieve and measure, and **Insight** to be focused on our productivity and responsiveness, to be acceptable to who we serve.

Everything that we do, from developing our people, our curricula, our environment, our ethical and social values, to treating our patients and investing in research, draws from this.

As we mark our 20th year, we continue to be focused on our most important role—to help mould individuals to be better people, and to be better medical and healthcare professionals.

IMU began as a dream to provide Malaysians an opportunity to realise their own dreams of becoming doctors and healthcare professionals.
By all accounts, the setting up of the International Medical University was a huge adventure for all concerned, and it started with a momentous meeting thousands of miles away, in Canberra, Australia.
The year was 1974. Dr Kamal (now Prof Muzaffar) of Universiti Sains Malaysia (USM) in Penang was delivering a paper at the Australian National University (ANU) in Canberra, and as was the norm then, fellow Malaysians decided to go to see him. “I wasn’t meant to be there, but a fellow Malaysian, also from Malaysia, contacted me about it. It was really not nice not to return from abroad and really believed in making a difference through education. It was heady times.

Other than Kamal, the social scientists, many already in senior positions, were people like Lim Teck Ghee and Chandra Muzaffar. They already had a reputation for working against social injustice and poverty. Rubber prices had plummeted causing long and severe economic hardships to families. It caused the death of a child, who, in hunger, ate the base for her fieldwork, which lead to her joining USM, in the newly set-up department of Development Studies.

Kamal had already created a name for himself as an economist and regional scientist. He was energetic and always keen to try new things. So impressed was he by Mei Ling’s enthusiasm to return to Malaysia and commitment to serve the country that he offered her the use of USM as the base for her fieldwork, which was housed USM, in the newly set-up department of Development Studies. Mei Ling details the incident, “All of us demonstrated and drove our cars around the Chancellery, holding placards. A court case was filed against us for tarnishing the image of the University. We didn’t have much money but we had great ideas and idealism, so we got Raja Aziz Addruse, who was well known for taking on underdog social causes, to represent us. The case dragged on, but eventually we won.” Kamal left the university, and went on to found the Malaysian Institute of Economic Research (MIER). Mei Ling joined him soon after.

MIER quickly grew, and a number of academics were recruited as adjunct consultands who did not have to leave their university jobs to work at MIER. Although MIER represented their first foray out of the university environment, Kamal and Mei Ling had toyed with the idea of leaving academia earlier. “For a number of months I didn’t have a salary,” says Mei Ling, “but I felt we were doing something good for the country because MIER was an independent think-tank. We liked the idea of working in an organisation that was autonomous and we felt that this would help us do high quality and independent research.”

MIER quickly grew, and a number of academics were recruited as adjunct consultands who did not have to leave their university jobs to work at MIER. Things came to a head when the press picked up the news from the USM Staff Association that academic standards in universities had dropped owing to the brain drain in faculty. “For a number of months I didn’t have a salary,” says Mei Ling, “but I felt we were doing something good for the country because MIER was an independent think-tank. We liked the idea of working in an organisation that was autonomous and we felt that this would help us do high quality and independent research.”
Seeding Change

In the late 1980s, Kamal and Mei Ling were working out what they wanted to get into after MIER. At the same time, it was clear that Malaysia was facing a serious shortage of doctors, and they focused on the challenge of how Malaysia trained more doctors?

At that point, there were only four medical schools in Malaysia — Universiti Malaya, Universiti Kebangsaan Malaysia, Universiti Sains Malaysia and the International Islamic University. These institutions only trained around 300 doctors a year, and the choice for a Malaysian student was either to study in one of these institutions or go out side the country. Available places were severely limited in both cases and those choosing a foreign education also had to contend with high fees.

Kamal and Mei Ling hit on a brilliant, simple idea — if young Malaysian students could not go out into the world to get the education they wanted and deserved, they would bring it to them. They wanted to leave MIER, said Mei Ling. “We knew education was our forte. There was a great need for doctors. But I also felt there was a need to produce doctors in Malaysia who were caring, who approached patients by explaining the problem, the medication, and telling them what they should do to get well. We had to make the difference. We were gung-ho, young and maybe just a bit naive.”

Their plans for a new medical college would not only supply Malaysia with doctors who were caring, communicative doctors. But I also felt there was a need to produce doctors in Malaysia who were caring, communicative doctors. For example, when the country’s population hit the 16 million mark, doctors. For example, when the country’s population hit the 16 million mark, the quality of medical education had to be the same as that offered in Australia, and there were some concerns about graduates here being able to practise in Australia. Because the Faculty was divided over this, there was some talk of working with Sheffield University in the UK instead. Students would begin the course there and return to Ipoh for clinical training. The idea collapsed before it could happen.”

With IMC, the opposite was proposed. The student would do five semesters here and complete five semesters abroad. The student would also graduate with a degree from the partner school abroad. This was an attractive and innovative idea, and we encouraged them to work on it.”

Believing In The Impossible

Kamal and Mei Ling agreed on two key points — the first, that to be the best, you have to start with the best and second, that nothing was impossible.

The first thing they did was contact the late Dr Sa’di Sulaiman, an old friend from USM who had helped start the university’s Medical School and risen to Deputy Dean before leaving academia to pursue his own interests in business. The three then approached the authorities with the idea. Dr Sa’di Dr Abu Bakar Sulaiman, the current President of IMU, was at that time Deputy Director-General of Health. “I was involved in long-term planning at the Health Ministry and was appointed advisor to the Education Ministry on the development of medical schools. Kamal, Mei Ling and Saidi came to see me to seek my views on their idea for a medical college. Kamal was two years my junior at Monash University in Melbourne, but I didn’t know him or Mei Ling. I only knew Saidi because we were in the same profession.”

“I was fascinated by what they told me. In the late 1980s, Monash had proposed a private medical school in Ipoh. There were stumbling blocks — the quality of medical education had to be the same as that offered in Australia, and there were some concerns about graduates here being able to practise in Australia. Because the Faculty was divided over this, there was some talk of working with Sheffield University in the UK instead. Students would begin the course there and return to Ipoh for clinical training. The idea collapsed before it could happen.”

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“The IMU Story: An Adventure in Medical Education”

1993

29 NOV 1993

IMC student registration
Next Saidi contacted his old friend and USM colleague Professor Ong Kim Hie. “When Saidi got in touch with me, I said ‘sure’, since we were friends and had worked together,” Ong recalls. “I did a lot of paperwork. Kamal and Saidi were the idea people and they wanted the college to have partnership programmes with universities abroad.”

“That’s how Saidi and I were involved – when we started the USM Medical School, we decided to go into the new way of training medical students, through an integrated problem-based approach, which was very new at that time. We adopted it in 1979, and were probably the first medical school in Asia to do it – although we never made a big deal of it.”

“I would get Ong to do all the technical work, as Kamal and Saidi were very much the concept people. They were not doing it full time; I was. Ong would fly down from USM every Thursday. I, having noted all the things we had to follow up on, would work together with him,” recalls Mei Ling.

As part of this revolutionary initiative at USM, Saidi and Ong had invited two leading medical educators – Professor Ron Harris and Professor Ian Port – to run a series of workshops that would provide the framework for the USM Medical School curriculum. Ron, an endocrinologist, was Professor of Medical Education at the University of Dundee, and was one of the world’s leading medical educators. Amongst other things, he pioneered the Objective Structured Clinical Examination (OSCE) – now the universal standard in assessing clinical competence.

His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa. His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa. His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa. His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa. His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa.

Ron and Ian, Ong recalls, resembled the comedians Laurel and Hardy. “Ron is the serious one, thin and taciturn. Ian is stout, big, light-hearted, with a great sense of humour. They brought a good balance to the discussions and both joined the USM team.”

Ron had been impressed by Kamal and Saidi when he first collaborated with them at USM. “I remember their vision to improve medical education not just in Malaysia,” he recalls, “but internationally as well. I was also impressed by their genuine enthusiasm.”

“I first met Kamal, then the Deputy Vice Chancellor of Academic Affairs at his office in USM – it was an odd place for an office, on top of a water-tower. He filled me with his presence and excitement and I thought, ‘Here was someone with a vision and who had a good understanding of academia and business.’ It was not a common man.”

“When he came to see me with Saidi a year later, with the idea for the IMC, the feeling I had about him was reinforced. He was hugely passionate about the project and the IMC’s mission was truly forward-looking. The notion that you could do a core curriculum in Malaysia and enter medical schools in other countries was completely new at the time.”

“One letter from a medical dean said it would never work, but Kamal, Mei Ling and Saidi had a vision beyond that. Saidi himself had developed an innovative curriculum at USM so he demonstrated what was possible.”

Consulting for an already-established University was one thing; building a new medical college from scratch was altogether a different matter. Ron remembers clearly the reason he didn’t hesitate to support the project. “Small events have a big impact. When I was at USM, I visited the art gallery there. At the time, there was an exhibition of watercolors by a local artist and I wanted to buy one.”

“Unfortunately, they were not for sale, but the gallery manager gave me the artist’s number and I telephoned him. I arranged for him to bring some paintings around to the E&O Hotel where I was staying and to my surprise, he arrived on a motorcycle with his girlfriend riding pillion holding his paintings. He was immediately dressed in a suit and tie – not at all like an artist, I thought. I bought two paintings and they take pride of place at my home in Dundee.”

“When I asked him what his ambitions were, he said that he really wanted to become a doctor. He had done very well in school but he couldn’t get a place at any of the universities. That stuck in my mind.”

“Many years later, when Kamal and Saidi came to Dundee and told me their vision for a new, affordable medical college, and that one part of that vision was that medical education should have no boundaries, I thought back to this young artist and others like him. It was these small things that made me enthusiastic about the project.”
The team knew they could not sell their unique model to a skeptical public immediately. Furthermore, Kamal and Mei Ling were social scientists, not medical educators, so they formulated a clear and simple strategy: they would secure the participation of renowned medical schools abroad as Partner Medical Schools through powerful, credible networks.

Mei Ling recalls, “We had sessions late into the night, trying to work out how to make this happen. We knew we had to draw on the connections of Ron Harden and Ian Hart. Ron’s Principal at Dundee, Professor Michael Barton, was already very supportive of the IMC. If you hit supportive universities, you have a clearer pathway.”

“It was a very special time,” says Mei Ling. “The different personalities of the core group formed a close bond — we could agree to disagree. We had two places immediately. We had a clean slate with no lifts and lots of stairs. The college’s first office was a compact little space, on the 3rd floor of a shoplot in Plaza Damansara, Kuala Lumpur — with no lifts and lots of stairs. The college’s financial requirements had to be met to get the project off the ground.”

By 1991, the six of them — Kamal, Mei Ling, Saidi, Ong, Ron and Ian — had formed the core group that would lay the foundations for the IMC. Kamal had by then built up a successful business and provided much of the financial resources required to get the project off the ground.

“With this in hand, Ron then approached Sir Robert Shrive, with whom he did his degree. Sir Robert was very influential at the University of Liverpool, and he told us that the Dean of Medicine there was open to the idea of a partnership.”

Before long, the team had secured the participation of two other leading medical schools — the University of Aberdeen and the University of Glasgow, all based on old school ties.

It was quite an achievement, says Mei Ling: “The medical fraternity is a very cautious community, but sometimes the participation of renowned medical schools Ð the University of Aberdeen, the University of Glasgow, Dundee, and the University of Liverpool Ð the medical dean had an interest in medical education, was open, and ready to try new ideas.”

“Ron knew Professor Kevin O’Malley, the Registrar of the Royal College of Surgeons, Ireland, and he was very keen to link up with us because, like us, their medical school relied solely on tuition fees. They were more entrepreneurial and had a long-standing relationship with Malaysia Ð providing many places for government scholars as well as private students. They gave us 20 places immediately.”

And Then There Were Six

The early years of the IMC (1990 Ð 1995) were some of the most hectic. Says Ong, “We were engaged in a lot of planning and was a consultant — I was still working in USA. My family was in Penang, where the USM Medical School had started, but the faculty shifted to Kelantan in 1990. So, a typical week would see me working there from Saturday to Thursday, when I would fly to KL to work on the IMC, before taking the last plane back to Kelantan on Friday night. It was really tough, but we really didn’t think of it that way, it was truly an exciting project.”

In November 1992 — after only 2 years of intense planning and with five leading Partner Medical Schools on board — the International Medical College opened the doors of its campus to students in Jalan Selangor, Petaling Jaya.

“The IMC Board of Governors was made up of well-known people, but they were not international figures, so were not known to potential partner deans. It was Ron Harden and Ian Hart who made the difference — they gave us credibility. The fact that Kamal, Saidi and I were academics, rather than businessmen, also helped, as did Kamal’s former position as a Deputy Vice-Chancellor. All the same, the first five partner deans really took a huge leap of faith by giving us a try.”

The college was launched on 13 April 1992 by the then Education Minister, YB Datuk Amar Dr Sulaiman Haji Daud, demonstrating the full support of the Malaysian Ministry of Education and Ministry of Health.

And So It Began

The college is located in Kelantan, Northern Malaysia, on the east coast of Malaya, a day that forever changed private medical education in Malaysia.
The IMC curriculum was unique not just in its teaching and learning methods, but also in the fact that it was designed to be universally accepted as a foundation by some of the world’s best medical schools.
Creating a new education concept didn’t just consist of setting up the school – like-minded academics who would agree to be part of the faculty, and contribute to creating and moulding the doctor of tomorrow, were desperately needed.

Faculty: A Leap Of Faith

While the team, in particular Professor Ron Harden and Professor Ian Hart, helped with the framework of the curriculum for the new school, they also faced the challenge of recruiting medical educators to the cause.

The most important factor – could the fledgling, unconventional College prove interesting enough? Were faculty prepared to join?

It had to appeal to two core groups – academics who were prepared to embrace this germ of an idea, of an innovative curriculum – to develop and teach it. And whose teaching expertise would be invaluable to the IMC. The second group – administrative academics who would help set up the partnerships.

An international search for a Foundation Dean started in 1991, and here IMC struck gold – eminent Professor of Pathology, the late Professor John S. Beck from the University of Dundee became IMC’s first Foundation Dean. Sir Patrick Forrest, who in the early 1990s had just retired as the Regius Professorship of Surgery and as Emeritus Professor of Surgery from the University of Edinburgh, joined as Associate Dean later.

“John and I were on a plane to London when we met Ron, and I asked him what he was up to,” Sir Patrick recalls. “He told me about the IMC and I was quite interested. I told him I would be prepared to teach Anatomy. I had been brought up with the pre-clinical courses in Dundee, Glasgow, Cardiff and Edinburgh, and I wanted to work in a medical school that had a fully-integrated curriculum.”

Sir Patrick was by then a leading clinician who had trained Malaysian doctors at the University of Edinburgh for many years. John, on the other hand, was a clinical pathologist and an exceptional scientist. “He was very important, and brought a wholly different perspective,” says Sir Patrick, “and I was an absolute troublemaker. We became very good friends, but there was a lot of tension.”

These were healthy tensions, according to Ron Harden, and John created a vital balance to discussions in the early years. A practical and steady administrator, John worked hard to respond to the various needs of the administration, the Partner Medical Schools, parents, students and academics, and especially to explain the subtleties of IMC’s new curriculum to every new lecturer.

Mei Ling, only in her early 40’s, totally inexperienced in this type of work, was left with the job of convincing and later negotiating with these two eminent professors. Managing these two famous, but opposites in personality, was very difficult, she reminisced. “John was a pathologist, shy and retiring, even reculsive. Pat was a surgeon, wanted everything like yesterday. The tension between the two, on a daily basis, which Ron called ‘healthy’ was even too hard to bear at times, said Mei Ling, who had to end up placating and reminding them to think of the greater good – that of the success of the IMC.
A Groundbreaking Curriculum

The success of the International Medical College was a direct result of the calibre of the medical educationists who came on board, and the reputation of the Board of Governors who lent credibility to the project and worked closely with them.

But it was the progressive, systems-based, integrated medical curriculum that caught the attention of the Partner Medical School.

The IMC curriculum was unique not just in its teaching and learning methods, but also in the fact that it was designed to be universally accepted as a foundation by some of the world’s best medical schools.

“One of the challenges in education has always been collaboration; most schools are competitive. To get them to work together on such a project was a significant achievement. As was getting it done on such an international scale,” says Ron Harden.

“The notion that a student could spend the first part of training (in one school), then continue in another school, the notion that you could have a core curriculum that could stand the student in good stead wherever they were going, what was truly groundbreaking.”

“IMC’s curriculum adopted several bold concepts in answer to criticisms of orthodox medical learning,” says Sir Patrick. “The first was the division of the medical teaching component into two parts. The first lasted three years in Malaysia, during which students would undertake courses in medical science that would lead to a degree in medical biology.”

“The second part required two to three years of further clinical training in a medical school abroad, forming the basis for a graduate degree from a Partner Medical School.”

IMC’s curriculum also required clinical input that was balanced by the basic sciences. “That was a very powerful combination,” says Ron, “so the first thing that didn’t make it a traditional medical curriculum was the presence of Sir Patrick, as well as the basic science staff. Then there was Mei Ling, who introduced behaviourial sciences. According to Ron, “Behavioural science and psychology trained the students in how they should deal with the patients in a caring manner. In those days, IMC’s behavioural science was ahead of its time.”

An important part of the curriculum was the decision to structure teaching according to systems, rather than teaching individual subjects in isolation. “The key words are integrated and systems — you don’t learn the basic sciences separately, ie physiology separate from biochemistry etc.,” says Mei Ling. “All the basic sciences are integrated when you learn, say, the cardiovascular system, or the reproductive system. You see how physiology and biochemistry are linked with the particular system you are studying. In the traditional curriculum you study all separately, and you have to integrate them when you go into the hospitals and see the patients.”

A critical aspect of the systems approach was the exposure of medical students to clinical skills in hospitals and the community early in their medical training. Having learnt the particular systems, the student goes into the community clinics, or the hospitals and sees the patient in the relevant system. Sir Patrick took charge of designing IMC’s Clinical Skills Unit (CSU), which was the first of its kind in the ASEAN region, and even preceded many similar establishments in IMC’s Partner Medical Schools in the UK. He had the credibilit to drop out unnecessary aspects of anatomy in the curriculum, being a highly respected surgeon.

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In designing the programme, Sir Patrick took careful note of the clinical skills unit (CSU) in Maastricht, Holland and adapting best practices from all over the world as well as instituting a robust quality system to renew, learn, unlearn and relearn continuously. It is not just about what the students learn, but how they learn.

It is about learning to break away from teacher-dependent learning and learning to be responsible for their own learning. The model, still in place today, is known as the Self-directed Learning model.

In 1995, Sir Patrick joined the IMC and developed the CSU, the idea was revolutionary.

Students in their first semester would learn to practise taking patients’ medical histories, perform physical examinations and practise simple procedures. They were expected to be competent in all these areas.

In the traditional approach, the first time you would do these things – like taking blood samples – would be on a human; a later stage in your degree,” says Mei Ling. “At IMC, you would do it again and again on mannequins. Once competent, you would do it on a person.”

Students would then go to hospitals and community clinics weekly. These visits included examining and interviewing patients, as well as visits to the full range of specialist departments, clinics and critical care units.

“Students would attend maternal, child health and family planning clinics and make home visits too,” Sir Patrick continues. “All this made for a remarkable experience for a 2nd year medical student.”

Once competent, you would do it on a person. “The most useful thing from the session, for me, was remembered things very clearly.”

He added, “Some groups would just chat about things, such as girls! But seriously, in the end, we actually did learn. The most useful thing from the session, for me, was remembered things very clearly.”

“I realised that it was not so much about the content of the knowledge, but the thought-process, the ability to debate and argue with your peers, which is very similar to what happens in the real world, in the hospital ward. You discuss possible treatments with other doctors, and come to a consensus.”

He further explains, “At IMC, it made you think because you felt very out of place if you had nothing to contribute to the discussion. It also helped in character building, in how you argued and built consensus. This is very important, because in clinical medicine, it’s not always right or wrong, it’s consensus on how to treat a patient.”

“The evaluation of the curriculum was under great scrutiny from the deans of all schools,” says Ron Harden, “so teaching was a priority, not necessarily research. The amount of hard work, enthusiasm and motivation of staff was amazing – everyone was committed, inspired by the fact that you not just teach students to be doctors, but also that you could teach students how to learn, and how to cope with change.”

To this end, the curriculum has been further improved over the years to incorporate innovative methods such as problem-based learning, and a programme of reflective practice. IMU has since introduced more non-medical learning innovations such as speech, language and drama, to improve the students’ communication, i-learning modules, to improve research and problem-solving skills, and a strong focus on ethics and interpersonal learning.
They were eager to explore the idea of a wholly new medical school which, not bound by established teaching traditions, could develop new educational methods.
With the new curriculum in place, the next step was to secure the Partner Medical Schools. The IMC team knew that this would be the crucial juncture of IMC’s future success – getting the right, internationally-recognised medical schools to demonstrate their confidence in IMU.

Thankfully for the team, many were enthusiastic about exploring partnerships with IMC.

“Why did they agree to be our partners in the first place?” asks Professor Ong. “If they needed more students, they could have got them from the first. What they saw was an adventure in medical education – IMC was an experiment in a new medical school with a unique curriculum.”

They were eager to explore the idea of a wholly new medical school which, not bound by established teaching traditions, could develop new educational methods. The international partnership model would also create a network of institutions around the world at a time when international connections were becoming increasingly more important.

In 1992, the IMC team invited the representatives of the universities it sought to be partners to Kuala Lumpur—a group that included senior medical deans. Ong explains, “We invited them as a mix of talents.”

Michael Orme was the Dean of Medicine at the University of Liverpool in the early 1990s, and recalls that a partnership with IMC would provide advantages to both Liverpool and Malaysia. Sir Robert Shiple, the former dean, had already been contacted and was very supportive.

Orme knew Malaysia well, having been an examiner at the Universiti Malaya, and having worked with colleagues at the University of Leeds. Kamal and Mei Ling were introduced to him by Ron Harden’s friend, Sir Robert Shiple, and when Michael heard about the plan, he was immediately attracted to the opportunity to help Malaysia deal with its shortage of doctors through the Universiti Sains Malaysia. Kamal and Mei Ling provided me with a valuable chance to see a new educational theory being put into practice,” Michael recalls, adding that Liverpool would also benefit from research opportunities for staff for both institutions.

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Another strong supporter of IMC was Professor John Simpson, Associate Dean of Medical Education at the University of Aberdeen, who describes Kamal and Mei Ling as “an extraordinary mix of talents.”

“The next important milestone was the joining of the rest of the Irish and the Canadians, which made a major difference because the five partner schools could only give IMC places for about 20 students. IMC needed a minimum of 80.”

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They were eager to explore the idea of a wholly new medical school which, not bound by established teaching traditions, could develop new educational methods. The international partnership model would also create a network of institutions around the world at a time when international connections were becoming increasingly more important.
It was only when Ian Hart started engaging with universities in North America that the prospects for IMC began to brighten. The entry of institutions such as the Jefferson Medical School in the US, the other Canadian universities, and the Irish schools provided the numbers. "It was only when Ian Hart started engaging with universities in North America that the prospects for IMC began to brighten. The entry of institutions such as the Jefferson Medical School in the US, the other Canadian universities, and the Irish schools provided the numbers."

"Suddenly, from a situation of not having enough places for students we had too many. The tables had turned and all the PMS insisted on having at least some, so a quota was set!" recalls Mei Ling. "Suddenly, from a situation of not having enough places for students we had too many. The tables had turned and all the PMS insisted on having at least some, so a quota was set!"

This had always been the work of Mei Ling. For example, "RhqOdsdqFktbjl`m, then dean of the University of Auckland asked me how many places I wanted, to which I boldly replied, 20 (to test the situation). Then, he asked how much should the tuition fees be (Auckland does not take international students in medicine, except through government-to-government agreements and they were few and far between) and I remember saying "less than the other PMS, and rated in ringgit. To my shock, he agreed! With that, Auckland became the most affordable medical school."

IMC launched into another innovative approach. In order to get the top students throughout the year, Mei Ling suggested the idea of a 2-intake per year to John, Sir Patrick and Ong. Initially, they were shocked – it had never been done before in medical schools. Again, in her usual challenging style of pushing the barriers, she asked "Why not?"

So the IMC team set to work it out. At the next Academic Council, Mei Ling mooted this idea to the regional caucus heads first, in order to gain acceptance before bringing it up to all the PMS. After some convincing that IMC wanted to capture the best students throughout the year, they agreed. "On reflection, the reason we were able to do all these ‘first ever’ was that all the deans knew they were part of an exciting, unique project. The whole atmosphere of being prepared to try new things which they cannot in their own well-established universities of tradition – gave the whole enterprise a great sense of daringness. We were all caught up in that spirit."

A major turning point was when the students transferred to the PMS. It was the best of the budding. Says Mei Ling. "We waited with bated breath when the evaluation came back, that our first batch was doing well, that in fact, their clinical skills were better than the home-grown students – we knew for sure, we were on our way!"

Says Ron, "It was a comment by some of the deans – that the students we sent were of such high quality that they could adapt into the system with no trouble at all."

Between 1998 and 1999, the pioneer class of medical students graduated from partner universities, marking a major milestone for IMC. And from 2000 onwards, more PMS, particularly in Australasia and the UK joined the consortium. One of IMC’s early members of the Board of Governors is SngOt`m@hrg`g Nmf, who joined in 1993 shortly after IMC was founded. She believes that IMC provided and continues to provide greater access to medical education for all Malaysians. "It was a comment by some of the deans – that the students we sent were of such high quality that they could adapt into the system with no trouble at all."

Since 1993, there have been 32 cohorts of PMS students, totalling 2,519 in number. Today, IMU has 29 renowned Partner Medical Schools, which between them offer around 240 places a year to IMU in this exciting, innovative and transformational education model. IMC’s success is also due to the support of the non-academic staff, who were prepared to do everything to make it a success. All were caught up with the excitement of the project and to make sure it succeeded. 28 MAY 2003
Wong Tan Boon Debi Seti Dr Cheng Hoe Nyeu installed as IMU’s Pro-Chancellor
19 SEPTEMBER 2003
Launching of the IMU Dental School in Kelawari
Our Partners Over The Years

Universities In Australasia
1993 University of Auckland
2000 University of Queensland
2001 University of Tasmania
2002 University of Melbourne (till 2012)
2002 University of Otago
2004 University of Adelaide
2004 University of Western Australia
2005 University of Newcastle
2005 University of New South Wales
2005 University of Sydney
2008 Australian National University
2008 RMU University
2008 University of Western Sydney

University In China
2009 Guangzhou University of Traditional Chinese Medicine
2009 Shandong University of Traditional Chinese Medicine
2009 Shanghai University of Traditional Chinese Medicine
2010 Beijing University of Chinese Medicine

University In Ireland
1993 National University of Ireland, Galway
1993 Trinity College Dublin (till 2007)
1993 University College Cork (till 2001)
1993 University College Dublin (till 2007)

Universities In North America
1992 McGill University (till 2005)
1992 University of Western Ontario (till 2006)
1993 Dalhousie University, Canada
1993 Memorial University of Newfoundland (till 2010)
1993 University of Calgary (till 2009)
1993 Thomas Jefferson University

Universities In United Kingdom
1992 Royal College Surgeon of Ireland (till 2001)
1992 University of Dundee, Scotland
1992 University of Glasgow, Scotland
1992 University of Liverpool, England
1992 University of Newcastle Upon Tyne (till 2005)
1993 Queen’s University of Belfast, Northern Ireland
1993 Thomas Jefferson University
1993 University of Aberdeen, Scotland
1995- University of Strathclyde, Scotland
2001 University of Edinburgh, Scotland
2002 University of Manchester, England
2002 University of Southampton, England
2004 St. George’s University of London, England
2004 University of Leeds, England
2005 University of Leicester, England
2006 Keele University, England
2007 University of Nottingham, United Kingdom
2007 University of Warwick, United Kingdom
2009 Brighton-Sussex Medical School, United Kingdom
2010 Anglo-European College of Chiropractic

Our Partners Today

Universities In Australasia

Universities In China

University In Ireland

Universities In North America

Universities In United Kingdom
The various processes the Academic Council put in place over the years – governing the quality of students IMC was admitting into its programme, the matching system between IMC students and the Partner Medical Schools, the standards that the students would be held to and a myriad of other issues – have withstood the test of time.
One of the concerns of the Partner Medical Schools was the quality of students coming in from IMC, and whether the sudden influx of foreign students would change the character of their institutions.

Michael Orme of the University of Liverpool says his colleagues at the University of Liverpool were apprehensive about the fact that IMC’s students might be admitted to the programme at academic standards that were lower than those of the University. “There were also concerns that IMC’s students had to be comparable to those of UK students – that the IMC students would have the English language skills necessary for clinical studies in the UK.”

His colleagues were also worried about IMC’s ability to recruit qualified teaching staff and whether or not the College’s curriculum would be approved by the National Accreditation Board in Malaysia — especially considering its innovative approach and departure from traditional methods.

“We all had our own way of doing things, and we didn’t know much about what other Partner Medical Schools did,” says John Simpson, of the University of Aberdeen. “Some of us were asking questions like: Is the way IMC does things going to produce students who will fit in with our courses? Is this going to affect our product and reputation? (Seeing in mind some of the PMS like Aberdeen were over 400 years old).”

“At the Partner Medical Schools had different requirements, but how could IMC satisfy them all? Did it have to? We had to agree that whatever IMC’s admission requirements were, the Partner Schools would accept students if they got through IMC’s curriculum satisfactorily – even if their qualifications weren’t as good as we would have liked.”

While the entry of these renowned institutions provided much-needed operational viability, as well as a boost to morale, each new partner school brought with it specific, and often unique, concerns.

The challenge for IMC was to ensure that each of these concerns were addressed quickly. The solution lay in the establishment of IMC’s various governing bodies, the most crucial of which was, and remains, the IMU Academic Council.

“The role of the Council in those days was to consider in detail what the project should do – how it should go forward,” says Professor John Simpson, who continuously represented the University of Aberdeen from IMC’s establishment in 1992, and chaired the Council from 2002 until his retirement from it in 2006.

“In the beginning, IMC needed the expertise of the Partner Medical Schools to advise it about virtually everything it was doing to set up the new institution. In addition, IMC was not a degree-awarding body, so all its students needed to transfer to other schools to graduate. Some amount of supervision of Phase 1 by the Partner Schools was required.”

The Council met twice a year until the first cohort of students transferred in 1996, and when they were found to be of quality, the Academic Council met yearly.

A Stringent Review Process

The biggest contingent of Academic Council members, the Canadians and Irish, joining the IMC.
Today, the Council meets annually for three days. Membership is composed of the IMU Senate, a member of each of the Partner Medical Schools (the Dean or the Dean’s representative, usually the Teaching-Learning Dean) and three student representatives.

While the Academic Council has witnessed some of the most important events to have shaped IMU’s history, the various processes the Academic Council put in place over the years — governing the quality of students IMC was admitting into its programme, the matching system between IMC students and the Partner Medical Schools, the standards that the students would be held to and a myriad of other issues — have withstood the test of time.

Looking back, Ron Harden, who chaired the Council in its first years, says, “Up until the first student transfer after Phase 1 in 1996, there was a huge amount of debate on the content of the curriculum, at an almost microscopically level. I remember one Council representative — an anatomist — who tried to push for a two-hour lecture on the knee joint. That was the level of our discussion! But after the first batch of students left for their universities, and fitted in well, the discussions at the Council reached a major turning point because the students’ success showed that the content of the curriculum was working well.”

The Academic Council today

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While the Academic Council has witnessed some of the most important events to have shaped IMU’s history, it was not all business; the IMU team ensured there was fun involved as well. As John Simpson says, “What has always been important to the IMC (and IMU today) and the Partner Schools is that we all agreed on the need for clarity and transparency between IMC and the outside world. The Academic Council served this purpose, but the camaraderie of the Council and the IMU, as well as our developing friendships, was a truly wonderful experience.”

Looking back, when the Academic Council members, in their discussions on the IMU curriculum, referred to it as ‘‘ours’’, I knew ownership of the IMU curriculum by the Academic Council members was complete!” says Mei Ling.
The IMU MBBS programme was, and remains, a unique programme that created the opportunity for the nation and its younger generation to pursue a world-class degree in medicine.
From 1992 to 1998, IMC focused on Phase 1 of its masterplan— the building of its Medical Sciences programme— so that Malaysian students could transfer seamlessly to the Partner Medical Schools. By 1999, IMC was running two intakes, and by 1998, transferring approximately 68 students a year. Kamal and Mei Ling had always had plans that there would be an IMC Clinical School— eventually. The idea was always to consolidate the IMC, then only to start a Clinical School.

But everything changed dramatically, when in 1998, the Asian financial crisis struck, hitting parents with the double whammy of currencies fluctuating by the hour. It was a crisis.” Mei Ling called the deans for help. Students already in UK schools were badly affected. The deans were prepared to let the students leave. But to where? Again, Sir Peter Gjødalen of Auckland came to the rescue. “As we had negotiated for Auckland fees to be rated in ringgit, and for lower than the rest, he was prepared to help by taking extra students, who were in financial straits, from other PMS,” says Mei Ling.

Many parents, whose children were finishing the last semester at IMC before transferring to their scheduled PMS, were gravely concerned as to whether they could now afford to do so. What was going to happen? IMC saw the need for a homegrown private medical degree, and put in place plans to launch an MBBS programme.

The then Minister of Education, YB Dato Sri Mohd Ngah Yaacob, now Prime Minister of Malaysia, asked Kamal and Mei Ling to fast-track the setting up of IMC’s Clinical School to help solve the problems of parents as well as the government-sponsored students.

This had vast implications for IMC— upon completion of their Phase 1, students would have a choice to transfer to a PMS or to the Clinical School to then complete their education. The College would in effect become a degree-awarding body—a university.

With the help of two renowned educators—Professor Ron Harden and Professor Ian Hart, both whom already had key roles in establishing the IMC, and senior medical deans Professor Michael Orme of the UK, and Professor John Bosco of North America and Australasia, the curriculum for Phase 2 and the physical design of the Clinical School were drawn up. A handful of clinicians, under the inspiring leadership of Professor John Joseph Bosco, who was scheduled to be the Foundation Dean of the Clinical School, fleshed out the modern innovative curriculum with eight outcomes, the Phase 2 curriculum. This curriculum incorporated the most forward-looking aspects of medical curricula in the English-speaking world.

The School, comprising its curriculum, faculty and buildings, was completed in record time—just one year. Again, the sacrifices and commitment of the staff came to the fore. It was like the early days of planning of the IMC. The sense of excitement, of doing something meaningful and daring became infectious. “The only major difference was that there were more staff and we had the track record of Phase 1, where parents knew that transfer to those established medical schools was indeed real, and their children were doing well,” said Mei Ling.

In 1999, IMC was granted university status and became the International Medical University (IMU), thus providing students the additional option of reading the whole medical degree in Malaysia, graduating with the MBBS (IMU). With this, IMU also became the country’s first private medical college to be upgraded to a university.

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The IMU MBBS: Born Out Of A Financial Crisis

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On September 20, 1999, the IMU Clinical School, built in just 9 months, welcomed its first batch of 46 medical students, all originally scheduled to go to the PMS, but were now stranded. The School was located on the grounds of the Seremban Hospital, where IMC students had been going for their clinical skills training since IMC Associate Dean Professor Sir Patrick Forrest established the course in the early 1990’s.

And a month later, in October 1999, Professor Mohan was appointed its first Professor of Medicine.

Speaking of IMU’s approach, Mei Ling says, “For the Clinical School, our emphasis was not just on developing a progressive and innovative curriculum but also providing a good clinical environment that would be suitable for student learning activities. We recruited a pool of experienced clinicians with expertise in various specialities to not only teach our students, but provide clinical services to the Seremban Hospital, the full teaching hospital of our Phase 2 students. The faculty were committed to the IMU’s mission.”

In addition to the introduction of a “senior clerkship”, in the final semester, Semester 10, IMU students were also required to organise and participate in community health promotion programmes in collaboration with government hospitals, health clinics and adopt local villages, which not just gave them exposure, but also provided a service to the country. It also instilled good core values of sacrifice, altruism and reflective learning in a context of interprofessional work.

The study guides for the Clinical Programme, consisting of 110 core clinical problems were also developed during this period.

These efforts paid off – in 2001, just 3 years after launching the programme, the IMU (MBBS) programme earned accreditation from the National Accreditation Board.
Engaging The Public Sector

The IMU MBBS programme called for Phase 2 students to undergo training within the hospital environment, and the government hospital for the full training of medical students (in the IMC days, it was more clinical exposure), and there were many aspects to be hammered out of medical students (in the IMC days, it was more clinical exposure), and there were many aspects to be hammered out. The success of the partnership lead to the Ministry of Health in the delivery of healthcare services and sharing teaching-learning activities. The IMU MBBS programme has helped transform these facilities into teaching hospitals with a special commitment to teaching, research and tertiary care.

Speaking at the IMU’s Clinical School 10th Anniversary Celebrations in 2009, Professor Dato’ Dr. Kajalsami, who was Dean of the IMU Clinical School from February 2007 – October 2009, said, “The mother of all challenges we face is the experience of a private medical school working together with the Ministry of Health in the delivery of healthcare services and sharing teaching-learning activities.

There are MOUs to guide the working relationship of the two parties, however, professional jealousy and mistrust are major barriers to the growth of this relationship. Over the years, we have learnt to work with each other and now enjoy a smart partnership. The MOH clinicians participate in the teaching, supervision and assessment for IMU students and in some cases, even research, while the IMU academicians provide healthcare services in addition to their teaching responsibilities.

The Ministry of Health facilities are traditionally service hospitals, but we’d like to think that the relationship with IMU has helped transform these facilities into teaching hospitals with a special commitment to teaching, research and tertiary care.”

The result of this close working relationship with the Ministry of Health was that IMU MBBS students were exposed, over the course of their degree, to the full spectrum of primary, secondary and tertiary care - with Phase 1 at IMU’s Main Campus in Batu Jali, Semester 6 to 9 at Hospital Seremban, then on to Hospital Batu Pahat and Hospital Kluang for Senior Clerkship. This is one of the distinguishing features of the IMU MBBS programme, and one that has contributed significantly to the quality of the IMU medical graduate.

Launching of the Batu Pahat Clinical School 2003

Exposure To The Full Spectrum Of Care

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A True Innovation In Medical Education

By 2009, the IMU MBBS programme had nearly 400 students, more than 50 faculty and clinical training done at five hospitals and multiple health centres. It was, and remains, a true innovation in medical education.

Today, the IMU Clinical School offers one of the best medical training programmes in the country, and has produced 1,168 graduates. Its very success is reflected in the quality of its alumni, many of whom are already specialists.
Well before the development of the IMU MBBS programme, IMC was already exploring ways in which it could expand its healthcare education offering. Despite the variety, the different programmes share the same philosophy – to produce thinking students who are lifelong learners.
As Mei Ling explains, “We had to start the next phase of our development, and the easiest thing to do was to pluck at the lowest hanging fruit—the School of Pharmacy. Like medicine, there was no need to sell the profession because there was a severe shortage of pharmacists in the country.”

The Foundation Dean, the late Professor John Beck, was closely connected with the University of Strathclyde, as his colleague in earlier days. John invited the University’s Vice-Principal, to Malaysia to explore the idea of a partnership. “Henderson was a physicist, a go-getter,” recalls Mei Ling. “He really wondered how IMU were going to do it so fast, but he decided to put his faith in us. We were clear that we would take their curriculum and use it here, but we would not pay them and would send our students to them for the completion of their degree.” Henderson responded with pride that the students performed outstandingly well. “Indeed, they comfortably out-performed the home-based students.”

In October 1997, a Master of Pharmacy (MPharm) programme was offered to replace the BSc (Hons) in Pharmacy. The MPharm programme was a newly-introduced undergraduate degree in the UK and replaced all BSc Pharmacy undergraduate courses.

Expanding The PMS Programme Into Pharmacy

IMC soon found that the new programme provided unforeseen benefits. “Pharmacy and Medical lecturers cross-teach,” says Mei Ling. “In some areas of medicine, the pharmacy teachers are the best ones to lecture, and vice-versa. This way, we made our programmes much better and more cost-effective.”

The first batch of pharmacy students left IMC in 1997, a year and a half after beginning their studies, in order to continue with their final year at Strathclyde. Henderson recalls with pride that the students performed outstandingly well. “Indeed, they comfortably out-performed the home-based students.”

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Home-Grown Bachelor Of Pharmacy Programme

Based on the success of the partnership programme with the University of Strathclyde, IMU’s School of Pharmacy took the bold step of launching its own Bachelor of Pharmacy (Hons) course following the awarding of university status to IMU.

Professor Peter Poon, now Executive Dean at IMU, was tasked with the initiative, becoming IMU’s Foundation Head of Pharmacy in January 2001. “When I joined in 2001, the School of Pharmacy was a rather small one. Because of the nature of the programme, we didn’t need a full complement of staff for all the different areas of the pharmacetical sciences, as students were transferring to Strathclyde to complete their degree,” Peter explains.

“The situation is very different today. We launched the IMU Bachelor of Pharmacy programme in 2004, and now students have the option of spending the full four years of their degree in IMU—it’s been very successful.”

The pioneer batch of IMU Bachelor of Pharmacy (Hons) students graduated on May 24, 2008. And on April 1, 2010, IMU signed a Memorandum of Understanding with Guardian Pharmacy enabling IMU’s pharmacy students to gain industrial experience and work environment exposure through internship placements, attachments or study-visits as well as employment opportunities at Guardian.

Today, the IMU School of Pharmacy is the biggest in its kind in Malaysia, and more importantly, is well regarded by members of the profession. The School has to date trained over 346 pharmacists, many of whom are holding senior positions in the Malaysian healthcare sector.
Students not only have hands-on clinical experience of treating patients at the IMU Oral Health Centre located at IMU’s Bukit Jalil campus but are also exposed to government dental and mobile clinics and centres and private dental clinics, for a wide experience to develop their ability to improve the oral health of individuals, families and the community.

Dental clinics at IMU are equipped with digital radiography and electronic patient management systems to operate in a “paperless” environment. The university also promotes the practice of close-support dentistry.

In February 2008 the pioneer batch of 50 students was enrolled in the IMU dentistry programme. And in June 2010, IMU signed an agreement with Shfu, Inc as an industry partner for the dental programme.

The pioneer batch of the BDS (IMU) will graduate in 2012 and 2013, marking a major milestone for the University.

Traditional And Complementary Medicine

Believing that health is holistic, IMU believes there has to be the integration of allopathic (Western) medicine with complementary medicine. The University introduced the chiropractic programme in 2010, the first of its kind in Malaysia and in Southeast Asia.

The chiropractic profession is relatively new to Malaysia and, as a result, there are very few practitioners. Therefore, the need for chiropractors in this region is great and opportunities abound for successful graduates; an opportunity IMU realised.

The IMU chiropractic programme features an evidence-based curriculum, meaning the material that is taught is derived from research findings as much as possible. It is designed to prepare the student for success as a chiropractic physician at an international level in the field of Chiropractic Medicine (International). The 4-year course only assists students in their academic and clinical goals, but also prepares them for the business side of the practice. It also includes a year’s housemanship. Students have the option of graduating with a Bachelor of Science (Honours) Chiropractic or doing a credit transfer to the RMUT University, Australia and the Anglo-European College of Chiropractic, England. The first batch of IMU chiropractors will graduate in 2014.

Recognising the worldwide trend to integrate certain Chinese Medicine practices like acupuncture and herbal remedies to complement the management of pain and reduce side effects of drugs used to treat chronic diseases, IMU introduced the Chinese Medicine programme in February 2011 with a pioneer batch of 13 students.

In IMU, the Chinese medicine programme is integrated, where students are very few practitioners. Therefore, the need for chiropractors in this region is great and opportunities abound for successful graduates; an opportunity IMU realised.

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In IMU, the Chinese medicine programme is integrated, where students are required to learn the basic medical sciences alongside clinical practice of Chinese Medicine. This integration is important as it combines the best of both types of medicine and enables students to study and apply a scientific and an evidence-based approach to Chinese medicine. This enables students to be better equipped to deal with the health challenges of the future.

The IMU Bachelor of Science (Honours) Chinese Medicine (CM) is a 4-year full-time course taught in English and Mandarin, where necessary. After graduation, the graduate spends 12 months in an accredited hospital as an intern of the Public Service Department of the Malaysian Government. Upon satisfactory internship, the Chinese medicine practitioner’s licence can be registered by the Ministry of Health (MOH) to practice in Malaysia.

IMU has partnerships with several universities of Traditional & Chinese Medicine (TCM) in China, like the Shanghai University of TCM, the Shanghai University of TCM & the Guangzhou University of TCM. And in Australia, IMU partners RMUT University for students to transfer after 3 years in this programme. After an additional 2 years, the graduates will be awarded bachelor degrees in Chinese Medicine from the respective partner universities, the same model for medicine and dentistry.
Within the School of Health Sciences is the discipline of nursing. IMU launched the Bachelor of Nursing degree in 2005, with an initial intake of nine students. This was a marked difference from other healthcare institutions in the market, which were focused on offering the popular Diploma in Nursing course.

The IMU nursing degree programme is planned to prepare a person to become a registered nurse and to be able to practise his or her profession in various settings - in the public or private sector healthcare system as well as in other health-related industries. The approach has paid off as IMU’s nursing graduates are some of the most sought-after in the region, with many being offered positions in Singapore and the Middle East even prior to graduation.

In 2003, IMU introduced Bachelor of Nursing Science (B.Nurs), a programme targeted solely at registered nurses to upgrade their qualification from diploma to degree level, in 2009. In 2003, IMU introduced the Bachelor of Medical Sciences (BMed Sc), providing research-interested students the opportunity to do scientific research and to undertake a small research project. In order to enter the BMed Sc programme, a medical student must have passed all the examinations in Phase 1 of the medical programme. This is also a pathway to the graduate entry MMed programme.

“We are very short of basic scientists in Malaysia,” says Peter Poo, at that time head of the School of Pharmacy and Health Sciences. “These graduates will not only contribute to the alleviation of staffing problems in hospitals and universities, they will also drive much-needed research in various areas.”

Making use of its years of experience in dealing with revolutionary new ideas as well as its strong friendships with colleagues in the 30-plus Partner Schools around the world, IMU then moved into non-clinical health sciences to complete its medically-related education offering.

It was the first educational institution in Malaysia to offer a combined programme in nutrition & dietetics, which is introduced in 2008.

“Vegetarian is important because, not recently, the two disciplines have been taught as completely separate programmes. But there is a great shortage of dieticians, who work with patients in hospital, whereas nutritionists work in the community and can’t prescribe. With a combined programme, you can take the role of the dietician to the community [but]...”

The programme also meets the requirements of international standards set by professional bodies in Australia and the US, an important fact because there is no similar body that regulates the profession in Malaysia.

“...these fields also play a large role in general medicine,” says Peter. “Consider, for example, eating disorders, which is a growing problem in society. Clinical psychologists and dieticians can play an important role in rehabilitation. By educating both professionals together at IMU, we allow for greater inter-professional and interdisciplinary training.”

IMU’s degree in psychology enables students to qualify in postgraduate training in clinical psychology and other areas badly needed by the Malaysian healthcare services. IMU’s 2-track system again allows students to either graduate with a Bachelor of Science (Hons) Psychology (IMU) or credit transfer options for psychology degrees from the University of Newcastle, Australia and the University of Strathclyde, Scotland.

Recognising their growing importance in Malaysian health sciences, IMU also introduced medical biotechnology and pharmaceutical chemistry, both in 2008. Medical biotechnology students graduate to concentrate on using plant-based sources in diagnosis, therapy and the formation of drug delivery vehicles. Pharmaceutical chemistry is an interdisciplinary science that deals with drug design and synthesis, drug formulation and testing, as well as the delivery of drugs in the body. Graduates of the programme are in high demand as continuous work in the discovery of new drugs that have high therapeutic efficacies but minimal side effects is necessary, given the increase in the occurrence of existing and new diseases. Pharmaceutical chemists play an irreplaceable role in this global effort in drug discovery and also in drug development. More pharmaceutical chemists are required to support Malaysia’s growing pharmaceutical sector.
Foundation Programme

To meet the needs of students looking for a sound pre-university foundation course, IMU signed an agreement with KBU International College in October 2010, for the Foundation in Health Sciences programme. This gave secondary and high school students, interested in pursuing a medical or healthcare-related programme, the opportunity to gain a strong foundation prior to entering the university.

Postgraduate Programmes

Since 2004, IMU has been offering postgraduate programmes, their MSc in Community Health, and PhD in Medical by research.

In September 2011, IMU welcomed the pioneer batch of students enrolled in the IMU Master of Science (Public Health) programme. This is the first-ever postgraduate taught course in public health offered by a private university in Malaysia.

Despite the variety, the different programmes share the same philosophy – to produce thinking students who are lifelong learners, with an evidence-based education system.

The university continues to seek to widen access to healthcare education, with courses that are both progressive and innovative, go aim to grow into a centre of healthcare education excellence in the Asia-Pacific region.
The IMU Healthcare Centre is unique in that it brings the disciplines of allopathic medicine under one roof alongside those of traditional and complementary medicine. It is both a teaching and service innovation that IMU is justifiably proud of.
In January 2010, IMU took a bold step in its plan to be an integrated health care provider, with the opening of the IMU Oral Health Centre, the first of several clinics in what was to eventually become the IMU Healthcare Centre. This marked a major breakthrough for the university as it moved from just providing educational and research programmes in medicine and health to healthcare services for the public. For the very first time, IMU was receiving and treating real patients.

The primary role of the Oral Health Centre is to support the clinical learning experience of dental students at IMU. The Centre is a patient-centred and technology-driven practice, providing personalized professional care by competent dental students, who work under the supervision of qualified dental clinicians and specialists, and follow MNK (maximum interception & minimum invasion) principles.

The opening of the IMU Chiropractic Centre in May 2010 rapidly followed this – a fully equipped centre, with international-standard equipment complementing the services offered by the Chiropractic team. It was a major achievement, as noted by Professor Michael Haneline, the Foundation Head of IMU’s Chiropractic programme: “Chiropractic being taught in a medical university with so many famous medical schools as partners, is a first in the world.”

Pioneer specialists included Dr George Bose from the United States of America, well-known for his work with the US Judo Olympic team, who was soon joined by Dr Anna Marie from Faroe Islands. Services include chiropractic treatment, ultrasound therapy, electric muscle stimulation and general exercises counselling.

In July 2010, the IMU Medical Clinic joined the Oral Health and Chiropractic Centres in providing healthcare services to the public, marking IMU’s foray into primary healthcare covering acute and wellness services.

Its opening created a new category of healthcare services in Malaysia, as the Clinic offered including a wide range of health services such as nutrition & dietetics and psychological counselling.

Pioneering the team was Dr Verna Lee, who was assisted by the IMU Family Medicine Faculty, including Professor Ying Choo Ling and Dr David Wang. Together, they catered to all age groups and offered a wide spectrum of services, covering general medical consultation and treatment, medical check-ups, vaccination programmes, screening and wellness programmes. These were provided by an integrated practice of Family Medicine Specialists, medical practitioners, psychologists, dieticians and nurses.

IMU Healthcare’s complementary medicine offering was further enhanced in November 2010 with the opening of the IMU Chinese Medicine Centre. Co-located with the Chiropractic Centre, its opening marked the foundation for IMU’s plan for a Traditional & Complementary Medicine Centre.

Under her inspiring leadership, the Centre introduced a wide range of services including herbal therapy, traditional and laser acupuncture, cupping, tui na, as well as bone and spinal manipulation. Another innovation was the introduction of herbal extracts formulated for pre-packed sachets, which made it very convenient for patients. These herbs comply with WTO standards and are GMP certified.

Together, the clincs – Oral Health, Chiropractic, Medical and Chinese Medicine, serve as teaching sites for IMU students, and play an important role in educating future health care professionals who understand the importance and benefits of offering integrated healthcare services.

Holistically, it also allows IMU to extend the learning experience, beyond that already offered by its partnerships with Ministry of Health hospitals and clinics. At the same time, a strong healthcare offering helps attract quality faculty.
Moving into research is a natural progression in the evolution of IMU in its continual quest for academic excellence. Says Tan Sri Abu Bakar, “We believe that a university is not a university of quality unless there is good research, which in turn attracts good academics. It is a fallacy to believe that research brings in money; in fact it loses money. But what it does is attract quality faculty, which makes it a sound investment.”
“We started putting money into re- 
search around 2000, when IMU was on 
a more stable financial footing. We built 
research labs, and had allocations every 
year, including short-term grants. Now it’s 
an integral part of the University 
and will be a growth factor in coming 
years. The University will make its name from research.”

Major Achievements In Medical & Healthcare Research

Twelve years on, IMU’s research work has grown in quantum leaps, contrib-
uting significantly to the academic 
and professional credibility of the 
University. IMU has grown in quantum leaps, contrib-
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From 2008-2011, it successfully com-
pleted three projects, each consisting of 
a mix of undergraduate, graduate and faculty
research

The main source of these external 

funds has been the Ministry of Science, 

Technology and Innovation Malaysia 
through the eScience and eTechno-

logy (eSTeM) program. The total impact factor 

(IF) of the 281 ISI papers is 678.244, 
giving an average IF of 2.41 per paper.

Chu went on 

three expeditions to the 

Antarctic and Arctic for the collection 
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ricula that meet the needs and expec-
tations of over 36 partner schools, and 

its own IMU MBBS programme, as well 
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pharmacy, traditional and complemen-
tary medicine, and the health sciences, 

IMU, under the leadership of Professor 

Victor Tan, Vice President, Education, 
is making inroads into assessment, 
teaching-learning methodology, 
and curriculum development.

IMU’s research efforts have been 

acknowledged on many occasions, and 
has received significant recognition 

and awards, including the Research 
Supervisor of the Year, the IMU 

Research Supervisor Award, and 
The Mandeval Award, Malaysia’s highest award 
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Another significant achievement was 
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Global And National Recognition

Since 2000, when research activities 
first started, IMU has initiated 947 
research projects, consisting of a mix 
of undergraduate, graduate and faculty
research

IMU has also forged collaborations with 
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testing services related to its research 
output, an effort to translate IMU’s 
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IMU’s research efforts are expected to 
be further enhanced when its proposed 
Institute of Research, Innovation and De-
velopment (IRID) comes onstream, 
which will elevate the university as a 

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cialisation.
One of IMU’s core values is that to be good healthcare professionals, students must be moulded to be good human beings. And this includes being aware of and sensitive to the needs of the communities in which they live and work, hence IMU’s long tradition of active community engagement.
Through a comprehensive community engagement programme, students, faculty and staff work with a variety of local communities, particularly those in need, to build therapeutic relationships, share healthcare knowledge through treatment and counsel and run educative programmes.

These communities clearly benefit from this effort, and in many ways, so does the University. This community engagement provides many opportunities for hands-on, very real life learning experiences, contact with diverse groups of people of different age groups, races, geographical and cultural influences, and as a result, health and wellness issues.

The engagement also creates opportunities for students to experience and education over time.

When IMU celebrated its 15th anniversary in 2007, it launched a community service programme – adopting one village in each of its three campuses in Bukit Jalil, Seremban and Batu Pahat. The objective of this “Kampung Angkat” (village adoption) programme – to provide basic health screening and education to the villagers, provide basic medication for minor ailments as well as advise and help them if they need further care.

In Negeri Sembilan, the village Kumpung Tekir, was chosen. A community of about 600 people, including 400 children, the village is located about 20 km away from the IMU Clinical School, along the Labu Road, situated within a large oil palm estate owned by Sime Plantations. Access is only by 4-wheel drive tractors. It has a population of 460 people, with half being children below 12 years of age. The nearest health facility is in Nai, about 20 km away.

The adoption of the village was launched in July 2007 in a grand ceremony, followed by visits every 3-4 months by groups of 20-25 medical students led by 2-3 IMU faculty members to do health screenings. Villagers detected with serious ailments were referred to the Nai Health Clinic or Hospital Tua Tiew Jaafar in Seremban for further management. Data was collected for future analysis and record keeping. Many visits later, the villagers have benefited from the health screening and education, while IMU students have been exposed to practicing medicine in a rural setting.

In 2009, in conjunction with the 10th anniversary of the IMU MBBS programme, and the IMU Clinical School, a new programme was planned and launched, called the “Health and Wellness Programme”. The programme targets mainly the 200-odd children as children in the village. Children below 12 are screened and their anthropometric measurements taken to monitor for growth deficiencies. Once these are identified, efforts are taken to rectify them. The new programme complements the existing health screening and education programme, which started in 2007. The impacts are monitored and efforts measured, so that IMU can take the programme to the next stage.

In October 2002, the University launched the IMU Cares programme, aimed to create awareness and to inculcate the practices of recycling, greening the environment, saving of energy and other valuable resources including water.

In 2010, IMU started holding regular Health Awareness Days as part of its continuing outreach activities. The events, which include free health screenings, health talks, chiropractic, nutrition and diet counselling as well as Chinese medicine consultation, are designed to educate and build awareness on the need for better health management, and are conducted by IMU management, faculty, staff and students for the public.

In the same year, it initiated a working arrangement with the National Kidney Foundation of Malaysia for shared community service engagements. More recently, in 2011, dentistry students, in collaboration with their peers from the University Sains Malaysia Dental School, worked on a health promotion project at a village in Kelantan. And in September 2011, specialists from the Ministry of Health ran a training workshop for students and staff to familiarize them with the use of decontamination and oral hygiene in individuals with special needs.

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“Central to IMU’s education philosophy are the guiding principles that motivated the founders – access, quality, innovation. My belief is that our core values and purpose must not change, but must inspire change.”

Tan Sri Abu Bakar Suleiman, President, IMU
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As it approaches its 20th year, IMU faces both challenges and opportunities. Its very success has spurred the rapid growth of the private medical education industry in Malaysia, leading to increased competition as more and more schools try to emulate IMU’s successful model. Yet IMU remains Malaysia’s only university focused 100% on medical and healthcare education, and continues to play a significant role in nation-building.

At the same time, increasing opportunities in education beyond medicine – especially in new areas in medical biotechnology, pharmaceuticals and traditional & complementary medicine, are creating avenues for growth. This is especially so in the healthcare industry in Malaysia, leading to the growth of the private medical education sector.

IMU faces both challenges and opportunities. “Our focus on quality improvement must continue to evolve to ensure that we produce graduates fit for purpose, skilful, effective and relevant. Therefore, our curricula are regularly monitored for quality, effectiveness, and currency, and for the achievement of key exit outcomes. It is important that our curricula not only address the criteria and standards of the Malaysian Qualifications Agency, but that they are also benchmarked to international standards.”

In January 2011, IMU launched its 5-year Strategic Plan – ASPIRE, which will see the University work towards becoming a truly Learning Organisation, as envisaged by Peter Senge.

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“Our focus on quality improvement must be relentless. As much as our efforts are invested in achieving excellence, the environment locally and internationally continues to change quickly. There is a sense of continually moving targets, and for us to be considered excellent will require that we also change and adapt quickly. This is very challenging, demanding and exceedingly complex.”

In 2011, IMU launched its 5-year Strategic Plan – ASPIRE, which will see the University work towards becoming a truly Learning Organisation, as envisaged by Peter Senge. Through this systematic approach that includes a measurement system, IMU will work to fulfil Senge’s criteria of a Learning Organisation as part of the process of achieving excellence.

IMU focuses on producing fit-for-purpose graduates who possess the key attributes of high-quality education – creativity, critical thinking, effective communication, ethical practice, wisdom and humanity.

Our medical curriculum, for example, has undergone root-and-branch review and has been realigned under the ASPIRE project to meet anticipated challenges, and to take advantage of IMU’s research strengths. Under the proposed Institute for Research, Development and Innovation (IRDI), research efforts will be consolidated in four functional centres of excellence.

“Basic knowledge and skill won’t be enough, our challenge will be to continuously produce healthcare professionals that are research-driven, and patient-focused; who are holistic, who look to the now, with a firm eye on the future. And who recognise that it is not the system that serves them, but they who serve the system,” says Tan Sri Abu Bakar.

According to Peter Senge, when we started the IMU, we always knew that Phase 1, which feeds into a variety of medical schools overseas, is only a starter. With time we would have to be a university and develop a complete home-grown medical degree. This university will be a niche university concentrating on health-related courses. But all top medical schools would need to have an academic health centre where what their medical students learn be a niche specialty, evidence-based medicine and systems-thinking.

In Phase 2, plans are being put in place to develop a new healthcare model that will change the way patients are treated in the country.

IMU has also increased its efforts in Research, investing in research activities around RM5 million over the past 10 years. In line with the need to critically appraise research activity in 2011 and to formulate clear directions for the next five years, the research strategy has been realigned under the ASPIRE project to meet anticipated challenges, and to take advantage of IMU’s research strengths. Under the proposed Institute for Research, Development and Innovation (IRDI), research efforts will be consolidated in four functional centres of excellence.

“One major reason for this success, IMU will have combined education, research and healthcare, each component adding more value to each other. Quality must remain an obsession, as with international partnerships. And for organisations that last – core human values, doing what is right all the time, values that transcend race, religion and creed must run through everything we do. That is the dream.”

Moving forward, Tan Sri Abu Bakar says, “The future is anticipated to be even more challenging, not least by being intrinsically competitive. If we are to succeed in this future we must be able to critically and rigorously evaluate our performance, be even more responsive to change, and become even more innovative than we have ever been.”