

Quality Assurance of Basic Medical Education

Report on University of East Anglia Medical School

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

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The GMC's role in medical education

1. The Education Committee of the General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC Education Committee by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing extensive school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been endorsed by the GMC Education Committee.

Introduction

4. UEA School of Medicine (the School) was established as part of the national expansion of medical schools. Having accepted its first students in September 2002, the School aims to deliver a fully integrated curriculum using problem-based learning, and students participate in clinical placements from the first year onwards.

5. This is the 2006/07 quality assurance report to the GMC Education Committee on the School. The School was added to the Medical Act in May 2007 to enable the first cohort of students, graduating in July 2007, to be awarded a primary medical qualification from the University of East Anglia. This report focuses only on the 2006/07 review and is not a summary report on the whole process.

The QABME team

6. The visiting team members appointed by the GMC Education Committee to undertake the quality assurance visits were:

Professor Tony Weetman (Team Leader)

Mr Trevor Beedham

Dr Rebecca Dobson

Dr Michael Gill

Professor Steven Heys

Ms Sue Leggate

Professor Alison MacLeod

Professor Nigel Oswald

Professor Stewart Petersen

Professor Simon Wessely

7. Ms Alison Lightbourne (GMC Education Quality Officer) supported the team.

Our programme of visits in 2006/07

8. A number of quality assurance activities were to be completed in 2006/07, following the accreditation process (2005/06 report, paragraph 12).

9. The requirements of this 2005/06 report formed the basis for the selection of quality assurance activities, and the evidence requested from the School during the 2006/07 visit cycle.

10. The team conducted five quality assurance visits on: 8 September 2006; 1 and 2 February; 21 March; 31 May and 1 June; and 8 June 2007.

11. The findings of the team have been reached by reviewing evidence submitted by the School and undertaking the following activities:

- a. Meetings with a variety of School representatives.
- b. Site visits to various NHS Trusts and GP practices.
- c. Discussions with students, teachers and tutors.
- d. Observation of the Year 5 final examinations.
- e. Observation of Year 1 - 4 Resit and Year 4 Elective Board (2006); and Year 5 Examination Board (2007).
- f. Visiting new School facilities.

The report

Summary of our key findings

12. In accordance with the Education Committee's power to make determinations in Section 5(3) of the Medical Act 1983, we concluded that the School is meeting the requirements of *Tomorrow's Doctors*.

2006/07 update

13. In 2005/06 the School had the following requirements, which the School satisfied and the team triangulated in 2006/07:

- a. Comply with the details of the final assessment, as agreed between the visiting team and the School (2005/06 report, paragraphs 72 and 73).
- b. Ensure that the arrangements for changing the Year 5 OSCE stations for sequential groups are in place, as agreed by the visiting team and the School on 26 May 2006 (2005/06 report, paragraph 69).

14. We will meet some new Foundation Year 1 trainees in early 2008 to review their undergraduate experience at the School.

Requirements

15. There are no requirements in the findings of this report.

Recommendations

16. To enhance the quality of the programme we advise the School to:

- a. Improve anatomy facilities (paragraph 38).
- b. Formalise arrangements for final year students who fail their exams to continue clinical training during their repeat year (paragraph 61a).

Areas of innovation and good practice

17. We commend the School on the following areas of good practice:

- a. Its active and ongoing review of the curriculum and course (paragraph 25).
- b. The way that Unit Leaders communicate across the years of the course and have the support of the Curriculum Development and Design Group and school management (paragraphs 30 and 31).

- c. The continued efforts and success in staff development, and the notable dedicated training for examiners of the Year 5 final examination (paragraphs 35 and 36).
- d. The responsiveness to our feedback on the development and management of the new Year 5 final examination (paragraphs 51 - 53).

Curricular outcomes, content, structure and delivery

Outcomes and content

18. We remained satisfied with the content of the curriculum.
19. We observed a number of sessions of Year 5 teaching in both primary and secondary care during two visits to the School, covering Emergency Care, and Mental Health. We were satisfied that the teaching and learning observed was of a high standard and the students displayed knowledge appropriate for the final year.
20. On two occasions we observed Year 5 teaching in the mental health module, and confirmed our findings that learning and teaching in this module was of a good standard, that it included applied learning, and that tutors were aware of key learning objectives.
21. The emergency care modules observed were well organised and structured, and we found that there was a good standard of teaching including a good induction and resources to support student learning.
22. We discussed learning outcomes, and the assessment and quality assurance of public health teaching as well as its representation in the course to triangulate findings from 2006. These were satisfactory and public health was well integrated.
23. Having checked the inclusion and spiral development of basic sciences throughout the curriculum, we confirmed that it was present throughout the curriculum and in the Year 5 final examination.
24. Curriculum timetabling was revisited, as this was an issue in previous years; students were unable to attend all seminars, and were expected to share knowledge with other students. The students spoken to were more satisfied and happy with the structure and results, and discussed ways they had found to get over the difficulties. The School is aware that timetables are not ideal but is satisfied that students are able to access the material and fulfil the learning objectives. In general the core information needed by any student should not depend on the willingness of other students to disseminate it. This could be particularly important if student numbers increase significantly. The School is considering whether any reorganisation is possible.

Curriculum review

25. We were pleased to note that the School is conducting a curriculum and course review and will request an update on the review findings and activities as a result of the review as part of the School's annual update to the GMC in 2008.
26. In discussions with the School we emphasised that the School should make use of the current Year 5 students' feedback as part of this review. We queried the

fact that it appeared that students' email accounts would be closed as soon as results were posted. The School and university may wish to consider whether it would be possible for email accounts to be retained for a short time as a means of gathering feedback from students.

27. We also found that there remained some room for improvement in the analysis, action and evaluation of student survey results and external examiner reports. We are aware that development is ongoing and will be extended as part of the review.

Delivering the curriculum

Supervisory structures

28. We previously had concerns about how management responsibilities were shared, and this was explored again in 2006/07. The School does appear to have resolved the issues and has established a strong team.

29. We found that there was a good staff to student ratio, particularly in placements, and the School acknowledge that the increase in student numbers means that the ratio will be difficult to maintain, but has plans in place to achieve this.

30. Year 5 modules were generally well organised and managed. However we raised with the School concern that staffing resource constraints meant that the leader of the emergency care module was not medically qualified. His role was primarily to organise the timetabling, and the School's unit team would guide him on what learning objectives needed to be covered. We considered that the School needed to be especially careful when appointing a non-medical unit lead. The Curriculum Development and Design Group (CDDG) and school management staff members were supportive of both Unit Leaders.

31. We commended the way that Unit Leaders communicate across the years of the course and with the CDDG so that changes are effectively made to curriculum.

32. A teaching post at the Norwich and Norfolk University Hospital (NNUH) which we found to be extremely effective was vacated during the year. We strongly supported the School's replacement of this post.

Teaching and learning

33. The teaching environment at the GP practice visited was excellent, and we found that there were good links to *Tomorrow's Doctors*, particularly the benefit derived from seeing patients in community settings, and including family members in assessing a patient's condition.

34. Students on placement were satisfied with the learning and support in the modules, and overall with their experience at the School. We understand that the learning outcomes for primary care practices are identical. However there might be some differences in placement experiences provided in different practices. Year tutors liaise between practices to ensure common understanding.

Staff development

35. We commended the School's continued success in staff development and training, and the extent to which GP and psychiatric clinical staff have taken part in training.

36. The examiner training for the final examination included a dedicated half-day training that was completed by all examiners, and we commended the use of video-marking during the training as notable practice.

Inter-professional learning

37. We were pleased with the examples of inter-professional learning opportunities that we saw at both primary and secondary care teaching sites. We found that there were good inter-professional linkages and it was well integrated. At a GP surgery students had standard sessions with an emergency care practitioner who works in the community, and with a nurse in the practice. Previous placement students also spent time in the community at lifeboat stations and with fire crews.

Learning resources and facilities

38. The anatomy facilities have not improved and the resources remain very limited by space and the number of cadavers. The School has plans for improving the anatomy facilities, and we recommend implementation and strongly support the School's plans to enlarge and improve the facilities.

39. The new School building was delivered on time to be used for the new academic year, and cover 1800 square metres including office and PBL/meeting rooms, as well as NHS clinical research facilities. The building also has an innovative heating and cooling system.

Student support, guidance and feedback

40. As discussed elsewhere, students in the past had been concerned about overlapping seminars. The School now plans to stagger them so students can attend more (paragraph 24 refers to the curriculum delivery consequences of this perceived problem). The new facilities will also help to cater for increasing student numbers, although there remains limited provision for large classes.

41. We found at all site visits and in other discussions, both tutors and students were satisfied by the way that learning was coming together, and with their knowledge and skills. We found the students to be confident in their learning and

skills. Students reported that they saw evidence of the integrated and spiral curriculum as they approached the end of the course.

42. Tutors commented that students' communication and presentation skills were good, and they were confident in students' technical skills.

43. Staff identified that at times students doubted their knowledge of basic science, physiology and anatomy, but were proactive in revising or revisiting areas where necessary.

44. Tutors commented that in some cases more feedback on student performance following placements would be appreciated, and information on incoming students who were struggling would be welcomed so that support could be offered.

45. Tutors, management staff, and students understood the potential confidentiality issues.

46. The School said that the question of whether struggling students should be identified in advance to tutors was an ongoing point of discussion at staff/student liaison meetings. The School was working on a new form for students to review their learning during the year and with their advisor. This would create a personal log of strengths and weaknesses, which they could share with tutors. We thought this would be a positive and helpful development.

47. We found that the School had responded well to student difficulties with the student research project, changing timing and guidance to students.

48. We found evidence of personal, effective and sophisticated support mechanisms for students who were under stress.

Assessing student performance and competence

Assessment principles and procedures

49. The primary requirement of the 2005/06 QABME report was to confirm the plans, arrangements, standard setting, content and quality of the Year 5 final examination, together with associated analysis and student progression decisions. We had lengthy and detailed discussions with the School, and were satisfied that the information received complied with the requirements in the previous report:

- a. We reviewed the knowledge level of stations, and how different areas of the curriculum were included. Stations were blueprinted to course outcomes, with alternate questions for each rotation.
- b. We confirmed what information students would receive about the examination in advance, and were satisfied that it was appropriate.

c. External examiners had previously voiced concerns about the construction of the written exam questions. We reviewed this and were satisfied with the process and the content of the written examination stations.

d. The School is developing their bank of questions and will look at student access to past exam questions and the balance of formative and summative assessment, as part of the course review.

50. We observed a morning and an afternoon session of the new Year 5 OSCE (objective structured clinical examination) which ran across two days. We found that the content and standard of the examination was appropriate for the level that the students should have reached in order to begin their FY1 training, and that the examination met *Tomorrow's Doctors* standards.

51. The examination was managed excellently on both days, and the School was actively monitoring the examination to look for ways to improve it in subsequent years. We observed that it was a complex examination to run, but fit for purpose.

52. We recognised the effort and time that the School had put into the development of this innovative and integrated OSCE model, taking into account previous QABME report findings and discussions with the team:

a. A good range of relevant knowledge and skills were tested, and there was evidence of spirality.

b. The examination included some innovative stations and the themed linking of practical and written stations worked well.

c. Quarantining of students was effective.

d. We would like the School to include in their next annual update to the GMC a summary of lessons learned and an update on the final OSCE examination.

53. Examiner and student briefings were clear and well conducted although we saw some evidence that examiners were reluctant to use the full range of marks. This could be partially due to nervousness in the first year of a new examination format and new marking scheme. In the School's later analysis of results, there was no discernable adverse effect on the range of marks.

54. We did have some initial concerns about the mark distribution and the effect of the way that the written and practical station marks were combined. Results and analysis were presented at the Examination Board and resolved these concerns.

55. We were pleased to see that the School had made progress over the past year to increase and deepen the involvement of external examiners throughout the process of setting, quality checking, observing and moderating examinations. We look forward to reading further developments in annual updates.

56. We liked the arrangement of having one external examiner accompanying each cohort through the degree, and one for each year of the course.

Appraisal

57. Appraisal is built into the assessment structure as formative assessments preceding summative assessment.

a. The School changed the balance of formative and summative assessment for Year 5 in 2006/07. This clarified the number of assessments in Year 5 to us and the students, and their reliability and status.

b. We have been concerned in the past about the status of the Year 5 end of unit OSCEs which the school confirmed are formative.

Student progress

58. We observed the Resit and Elective Board in September 2006 to triangulate findings and questions from 2006, and were satisfied that it was conducted in accordance with the relevant regulations and procedures.

59. We observed the Year 5 Examination Board's discussion of Year 5 coursework and examinations including the final OSCE, in June this year. The meeting was efficient and well administered, and followed School and University regulations.

60. The Board discussed the probable fail candidates and had the full student records on hand in case the Board required further information. The Board considered any extenuating circumstances to take into account before recommending students to re-sit the year or withdraw from the programme.

61. We are aware that the School's processes are in line with University regulations and practices, and that a student cannot be compelled to complete the entire year rather than just the examination.

a. We support the School's efforts to ensure their graduates are fit to practise, and recommend that the School continues to discuss with the university the need for university regulations to be revised in order to support the medical school and the need for students to have recent clinical experience before entering their first year of training.

b. This is becoming increasingly important because students are now required to make a declaration of fitness to practise before entering Foundation Year 1, and the GMC considers recent clinical study to be a core indicator of capability to practise as a doctor.

62. We had previously discussed with the School the potential difficulties that may result from not having separate meetings for the approval of examination results, and the discussion of mitigating and personal factors for individual cases. The School is following university policies and practices and are satisfied with their processes. We consider it would be it better practice for Examination Board decisions to be separate from those decisions which relate to student progress so that a full consideration of facts can be made, and suggest that the School continues to monitor this area as they accumulate more experience.

63. We discussed with the School the improvement rates between the first and repeat examinations, even though there is a short time between the two examination periods. The School does have a structured and intensive remedial revision programme and the process is also helped by the still relatively small student numbers. We consider it worthwhile for the School and external examiners to continue to monitor these results.

Student health and conduct

64. Student support mechanisms and fitness to practise policies and procedures are in place. No issues were followed up in this visit year.

Acknowledgement

65. The GMC and the team would like to thank University of East Anglia Medical School and all those they met during the visits for their co-operation and involvement during the course of the review.

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Dear Peter

The University of East Anglia Medical School has read the final report of the Quality Assurance of Basic Medical Education visit during 2006/07. We are pleased with the positive tone of the report. We would reassure the Education Committee that specific steps have been taken to ensure that students failing finals have a personally tailored remedial programme before their second attempt. We would also confirm that the University is actively working to improve the anatomy teaching facilities.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sam Leinster', written in a cursive style.

Professor Sam Leinster
Dean