

Quality Assurance of Basic Medical Education

Report on Hull York Medical School

December 2008

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

Contents

The GMC's role in medical education	2
Introduction	3
The QABME team	3
Our programme of visits in 2007/08	4
The report	5
Summary of our key findings	5
Requirements	5
Recommendations	6
Areas of innovation and good practice	6
Curricular outcomes, content, structure and delivery	7
Outcomes	7
<i>Working with colleagues</i>	7
Content	8
<i>The scientific basis of practice</i>	8
<i>Treatment</i>	8
<i>Clinical and practical skills</i>	8
<i>Medico-legal and ethical issues</i>	9
<i>The health of the public</i>	9
Structure	10
Delivering the curriculum	10
<i>Supervisory structures</i>	10
<i>Teaching and Learning</i>	10
<i>Learning resources and facilities</i>	11
<i>Student support, guidance and feedback</i>	12
Assessing student performance and competence	12
The principles of assessment	12
Assessment procedures	13
Student health and conduct	14
Acknowledgement	14

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. This is a report to the GMC Education Committee of the General Medical Council on the quality assurance programme for the Hull York Medical School (HYMS) for 2007/08.
5. The School was established as part of the national expansion of medical schools. Having accepted its first students in September 2003, the School delivers an integrated curriculum using problem-based learning supported by a virtual learning environment to deliver the same curriculum across the Hull and York campuses and NHS trusts across the region. Students experience clinical placements weekly from the outset, spending time equally in hospital and community settings. The School currently has over 650 students on its MBBS course.
6. As a new School HYMS has been subject to quality assurance for the duration of the first cohort of students. On the basis of its performance up to and including Year 4 of the five year curriculum, the GMC Education Committee recommended that the School be listed on the Medical Act 1983. The Privy Council agreed this on 9 April 2008 and from 14 May 2008 the School can award UK primary medical qualifications.
7. It was not possible to observe Phase 3 (Year 5) activities and the final assessments prior to making the recommendation to add the School to the Medical Act 1983. The GMC Education Committee therefore directed follow up quality assurance activities focused on Phase 3 assessment for 2007/08. This report focuses only on the 2007/08 review and is not a summary report on the whole process.

The QABME team

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

Professor Michael Farthing (Team Leader)
Dr Richard Boyd
Professor Lindsey Davies
Professor Richard Hobbs
Dr Tim Lancaster
Professor Peter McCrorie
Dr Gemma Mullen
Ms Raisha Nurani
Professor Robert Peveler
Professor Janice Rymer
Professor Marc Winslet

9. Miss Elizabeth Leggatt (GMC Education Quality Officer) supported the team.

Our programme of visits in 2007/08

10. The team conducted three quality assurance visits on: 15-16 November 2007, 21-23 May 2008 and 25 June 2008.

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

- a. Observation of the inter-professional teaching ward.
- b. Observation of large group teaching sessions.
- c. Meetings with students in Phase 2 (Years 3 and 4) and Phase 3 (Year 5).
- d. Observation of the School's final Objective Structured Clinical Examination (OSCE) and Objective Structured Long Examination Records (OSLER) at both Hull and York.

The report

Summary of our key findings

12. Subject to the requirements in paragraph 16 the School's MBBS programme meets the requirements of *Tomorrow's Doctors* in accordance with Section 5(3) of the Medical Act 1983.

13. In response to the 2006/07 QABME report the School has appointed a full time public health post and negotiated part-time teaching from a public health specialist at York University. The School has also reviewed the Year 4 clinical examinations and found them to be a fairly good predictor of performance in the final examinations. They were satisfied that the examinations were fit for purpose and intend to continue with them in the same format.

14. In its response to the 2006/07 QABME report the School also provided an action plan for addressing attendance at mandatory tutor training and increasing tutor development opportunities. During the Spring and Autumn of 2008, it intended to: develop a database to record the training of all tutors, incorporate mandatory training within problem based learning (PBL) tutors' contracts, and introduce a Certificate in Medical Education. We will request an update on this action plan to be included in the School's 28 day right of reply in response to this report together with the timelines for action to the requirements listed in paragraph 16.

15. In 2009 we will meet with Foundation Year 1 (F1) doctors and educational supervisors to review their undergraduate experience at the School.

Requirements

16. The School is required to:

- a. Define more clearly what should be achieved in Phase 2 and Phase 3 of the course (see paragraph 21-22), paying particular attention to:
 - i. Developing a mechanism that will provide structure for Phase 3 rotations and articulate the practical expectations of both students and tutors during these rotations (see paragraph 32).
 - ii. Developing a mechanism to monitor students' experiences within and across rotations (see paragraph 32).
- b. Review its final examinations with reference to examination performance data and evaluation from external examiners and act on the lessons learnt from its first implementation to ensure that clinical skills are thoroughly examined close to graduation (see paragraphs 31, 51-53, 60-61).

- c. Provide an update in its 2009 annual monitoring return on:
 - i. Its staff recruitment strategy, identifying posts recruited and ongoing recruitment (see paragraph 39).
 - ii. Its staff development plan (see paragraph 40).
 - iii. Changes to PBL teaching (see paragraph 42).

Recommendations

17. To enhance the quality of the MBBS programme we have identified the following recommendations:

- a. Support tutors in delivering the range of teaching methods required by the curriculum in its staff development plan, which it should continue to regard as a priority (see paragraph 40).
- b. Extend the inter-professional training ward to include healthcare professionals other than nurses (see paragraph 44).
- c. Act on the self-identified need to improve career advice for students (see paragraph 48).

Areas of innovation and good practice

18. We commend the School on the following areas of innovation and good practice:

- a. The inter-professional training ward in Goole, which provides students with good opportunities to interact positively with other healthcare professionals and provides useful patient management experiences (see paragraph 44).
- b. The Phase 2 and Phase 3 handbooks, which provide a useful overview of the course and the School's approach to learning and assessment (see paragraph 57).
- c. Communicating fitness to practise issues effectively to students (see paragraph 62).

Curricular outcomes, content, structure and delivery

19. In Phase 3 students rotate through general medicine, general surgery and general practice in 8-week rotations (blocks), acting as a junior member of the medical team. Students have an additional six week rotation between their clinical examinations, in which there is an element of choice. There is a three week shadowing period following the last of the two clinical examinations.

20. Phase 3 students are personally responsible for around six patients under supervision. They have a weekly dedicated teaching session from their educational supervisor which in some weeks consists of a case based discussion or a formative OSLER.

Outcomes

21. While we accept the design of the learning outcomes of the course we are concerned that the gradation between Phase 2 and Phase 3 is not well understood by students and tutors. Phase 3 of the course uses the same generic outcomes as those for Phase 2, which are set at the level of competence required on graduation. The emphasis changes between Phase 2 and Phase 3: in Phase 2 students focus on diagnosis and underlying pharmacological mechanisms, while in Phase 3 students focus on the practical management of common presentations and must be able to manage the patient including appropriate use of investigations. In Phase 3 there are specific additional learning outcomes relating mainly to management (e.g. prescribing). Students interviewed generally understood Phase 3 to focus on practical skills and pharmacology. However, there were comments made by some Phase 3 students in the 'Year 5 Preparation Survey' and during our interviews with Phase 3 students that indicated concerns about a lack of structure and guidance and feeling isolated at peripheral sites. Student evaluations also indicated that students perceived tutors to be unclear about their role and the outcomes to be achieved. These concerns were triangulated in discussions with clinical tutors.

22. Learning outcomes issued to students in Phase 2 cover both Phase 2 and Phase 3 of the course. The School stated that it uses italics in the Phase 2 block study guides to identify the outcomes that will need to be demonstrated in Phase 3. Phase 3 students stated that they were not fully aware what was expected of them in Phase 3 which we also read in the student evaluation report provided by the School. We require that the School provide more explicit guidance on which outcomes students must be competent in by the end of Phase 2 and which outcomes should be demonstrated in the various placements in Phase 3.

Working with colleagues

23. Phase 3 students work on the wards in 8-week blocks with foundation doctors and nurses. On the inter-professional training ward they work for two weeks alongside final year nursing students and it is the intention to extend this to include physiotherapy students and occupational therapy students. Phase 3 educational

supervisors reported that students were competent and good at communicating with other professionals on the ward. We observed positive interactions between the different students when we visited the ward. Students are also encouraged to attend the multi-disciplinary meetings once a week with specialist nurses and there are a number of 'sign-up' specialist clinics which students can attend to fulfil their learning needs.

Content

The scientific basis of practice

24. Phase 3 students reported that they felt they had gaps in their anatomy and physiology learning. They would have appreciated more time allocated to these topics. Phase 3 educational supervisors reported that they were not surprised that students felt that they were not receiving enough anatomy teaching but did not express a consistent view on whether the students had sufficient anatomy knowledge for F1 duties. We will discuss basic sciences, including anatomy and physiology with F1 doctors from HYMS when we meet them in 2009.

Treatment

25. The clinical placements provide students with sufficient opportunities to learn about treatment options, implementation and results. We observed students on the inter-professional training ward being taught to read drug labels and discuss medication and they also attend dispensing ward rounds and see a dispensing session at the pharmacy. However, we heard from the School and students that students must be self motivated to take the opportunities available and noted that Phase 3 students had held voluntary management sessions on treatment and pharmacology to support their learning.

26. The School reported that the 'practice prescriptions system' used on placements had worked effectively due to the commitment of pharmacists. Students were required to complete one practice prescription per week and discuss this with the pharmacist on site and then hand in a portfolio of eight prescriptions at the end of the placement.

Clinical and practical skills

27. Students have attachments in anaesthetics and experience practical physiology, which they rated highly when interviewed. However we found a relative lack of structured on-call and acute general surgery experience for students. Year 4 students reported that the School encouraged them to view procedures, go on call and see acute medicine at Scunthorpe, Scarborough and Grimsby. However the School had already identified that students were not taking these opportunities. Students reported variation in the extent and type of surgery experience. The School

plan to review this and provide more opportunities for students to see acutely unwell medical and surgical patients, which we support.

28. The School are considering replacing one eight week block with two 4-week blocks in Phase 3. Additionally next year the new F1s will run teaching sessions for Phase 3 students to provide more support and guidance.

29. Phase 3 students reported that speciality rotations were useful and well structured. The 8-week obstetrics and gynaecology block in particular was well received. Students had hands-on experience of intimate examinations under supervision and were able to watch deliveries.

30. Overall evaluation from educational supervisors indicated that they consider Phase 3 students to be well prepared for F1. However they were less satisfied with students' ability to perform clinical skills and procedures than with students' communication skills. Evaluation from Phase 3 students showed that they felt prepared for F1 although qualitative feedback indicated some students lacked confidence in specialties outside general medicine and general surgery.

31. We acknowledge that the School requires specific skills to be signed off in Phase 2 and Phase 3 using a clinical skills log book. We recognise that skills deteriorate without regular practice and it is unreasonable to assume a student who has been signed off for a skill in Year 4 is still competent in that skill a year later. We require the School to consider some retesting of clinical skills closer to graduation to ensure students are fully prepared for F1.

32. While we accept that students receive good opportunities to experience working in clinical teams over rotations of significant length, we are concerned that the student experience during these rotations can vary. Accepting also the School's position that students should share responsibility for their learning, we are concerned that some students may not accumulate sufficient experience across all of the rotations. We require the School to develop a mechanism to provide structure for Phase 3 rotations, to track and review student progress and to articulate the practical expectations of students and tutors during these rotations.

Medico-legal and ethical issues

33. Students confirmed that ethical issues had been integrated into the half-day academic Fridays and were highlighted within case scenarios. They felt prepared to deal with ethical issues in their foundation years. Feedback from clinicians indicated strong confidence in students' attitudes and ethical behaviour.

The health of the public

34. We consider the coverage of public health in the Phase 3 examinations to be satisfactory. The final OCSE included a scenario centred on risk factors and lifestyle

advice to prevent coronary artery disease and there was a public health related question included in the written paper.

Structure

35. The School reported its intention to reduce its student selected component (SSC) provision from 29 to 26% of the curriculum. This is intended to allow time for more reflective learning.

Delivering the curriculum

Supervisory structures

36. We heard from the School that it is revising its management structure to support communication between undergraduate education and the local postgraduate deanery.

37. We noted that Phase 3 students gave examples of the School responding to their concerns, particularly with regard to the new inter-professional training ward in Goole, and we consider that the supervisory structures facilitate collection and analysis of, and response to, student evaluation.

38. We are satisfied that the School has sufficient general practice (GP) capacity to cater for the increasing student numbers and has plans in place to ensure sustainable teaching for the significant GP taught components of the curriculum. The School reported a waiting list of GP surgeries who wish to be involved with teaching.

Teaching and Learning

Staffing

39. We received an update on the staff recruitment strategy and noted the challenges the School has faced in recruiting staff. Last year we were concerned about the reliance upon a single individual for core public health teaching; this year we welcomed the additional appointment of a public health teaching post. The School has also secured teaching contribution from a public health or health science post in York. In addition a senior lecturer in respiratory medicine at Hull and a Senior Lecturer in Medical Education at York had been appointed and a number of other senior posts were also under negotiation, awaiting interview or being advertised. We encourage the School to continue to regard recruitment as a high priority. The School must provide an update on its teaching posts and recruitment when it provides its first monitoring report in 2009.

Mixed method teaching

40. We consider that there is a good variety of teaching methods utilised within the School's curriculum but noted variability of delivery across the range of methods. Last year we recommended that the School prioritise staff and tutor development and accepted the action plan provided by the School to address this recommendation. We encourage the School to focus on tutor and facilitator development to support those required to deliver the different teaching formats within its staff development strategy.

41. Phase 3 students reported that the conference call format used in Phase 2 for academic half days is not effective and that not all tutors facilitating the conference call across the different sites were able to do so effectively. This feedback triangulates with our two observations of conference calls on previous visits.

42. We have also previously observed PBL sessions and found variation in the approach to and quality of facilitation. This triangulated with student feedback on this year's visits. The School has explored the option of swapping Year 2 PBL facilitators at six months rather than continuing the facilitators with the same group for the whole year. We encourage the School to consider this option and the School must respond to this in the annual monitoring report in 2009.

43. We observed a large group teaching session in Hull on the topic of pain management. The session contained 40 out of a potential 60 Phase 3 students. Four tutors were present, including an inter-professional learning facilitator. We considered that the students displayed excellent interactive skills and knowledge of pain management.

Inter-professional learning

44. At the inter-professional training ward in Goole we observed a good multidisciplinary morning handover session that included a diary check of hour by-hour scheduled tasks. Students reported that the training ward was good for learning about patient management. Tasks included changing dressings, washing and feeding patients and clerking patients with the nurses. Phase 3 students found it to be a rewarding learning experience. We consider that this is a positive training environment for students and are pleased that the School is already considering how this learning environment can be enhanced by including students from professions other than nursing.

Learning resources and facilities

45. The School provided a written response to our concerns that job cuts at Scarborough would affect student placements there, which satisfied the team that there would be no need to reduce student numbers.

Student support, guidance and feedback

46. In their final year students identified themselves with HYMS rather than separately with Hull or York. Having reviewed the phase handbooks and spoken to students who identified a range of clinicians, tutors and university services they could seek support from, we found that that the School appropriately publicised student support services.

47. We are concerned about the lack of support for some students situated on peripheral sites. Phase 3 student evaluation indicated feelings of isolation.

48. The School identified a need to improve careers advice for students. The School reported that it intends to liaise with the local postgraduate deaneries that have good careers advice on their websites to improve the advice that it offers. The Associate Clinical Dean for Students has taken on the role of careers advisor.

Assessing student performance and competence

The principles of assessment

49. The School uses a range of assessment tools for its final examinations:

a. OSCEs consist of six stations of seven minutes each, with one rest station and three minutes reading time between stations. It examined students mainly on their communication skills via short complex consultations.

b. OSLERs consist of four cases that involve 15 minutes taking the history of a real patient and conducting a brief examination, observed by two examiners. The student then has 15 minutes to consider the case and to prepare their findings. They then return to the pair of examiners and give a short presentation where the examiners ask questions related to treatment and patient management. After this the student returns to the patient to explain the diagnosis and management.

c. A written paper (the Common Management Problems paper) consisting of short answer questions testing clinical reasoning, management and ethical application.

50. The School takes a sequential approach to clinical testing: all students sit stage one of the clinical examinations in which they see six OSCE and four OSLER patients. Borderline students undertake a second stage of a further six OSCE and four OSLER stations to demonstrate their competence in a wider range of contexts. The results of students sitting the extended examination are calculated across all of the cases they see in both stages. The School planned for one-third of students to sit stage two. Students based at Hull sit their extended OSCEs and OSLERs in York and vice versa.

51. Real patients were used in the final OSLEs and simulated patients for the final OSCEs. We noted that real patients were already very well informed about their condition and the simulated patients, while less realistic, were more consistent in their response and approach and more able to participate in an interactive dialogue about diagnosis and management. We recognise that this is a tension experienced by schools who adopt this approach, to balance realistic clinical scenarios with reliable assessment.

52. We also noted that using real patients resulted in sometimes very complex scenarios with multiple conditions such as a patient observed in York with Parkinson's disease, diabetes and severe arthritis.

53. The School's piloting of OSCE stations with Foundation Year 1 and 2 doctors may have also contributed to some stations being pitched at a level suited to more experienced Foundation doctors.

Assessment procedures

54. We reviewed the blueprints and found them to adequately identify the skills, knowledge and behaviours to be tested.

55. The marking scheme used for the final examinations is the same as that used for the Intermediate Clinical Exams (ICE) in Year 4, which consists of a penalty point system where points are awarded if a student fails to meet pre-specified criteria. The mark sheets were clear but the OSCE sheets unlike the OSLE sheets did not have a space for examiners to write comments about a student's performance, which could lead to problems if examination results are queried. We acknowledge the School is incorporating a specific space on OSCE mark sheets for examiner comments in future examinations.

56. Communication skills were tested thoroughly across the OSCE and OSLE examination. We are concerned that there may be too much emphasis on communication skills across both examinations. The School should undertake a thorough analysis of the skills weighting to make sure a student with good communication skills but who demonstrates poor clinical skills or knowledge cannot pass the exams (see paragraph 31).

57. We observed the Phase 3 student briefings at all four sites, all of which were adequate and we found that students were fully aware of the assessment process. Students had received a list of possible OSCE scenarios prior to the examinations and so knew the type and level of assessment to expect. The Phase 2 handbook also contained comprehensive information on the School's approach to assessment and progression.

58. We found that the examiners had undergone appropriate training for the assessment and had been thoroughly briefed immediately prior to the examinations. The examiner briefings for the final exams across the four examination sites were

standardised by the use of a DVD. Although examiners adhered to the clear marking scheme we noted some variation between individual examiners.

59. External examiners were present at all examination sites and we found evidence of the external examiner system working effectively. The School acted appropriately on advice from external examiners, for example by responding to evaluation from an external examiner about an internal examiner who was giving students too many prompts.

60. We found the School's first final examinations were administered satisfactorily across all four sites and note that a project manager had been recruited to advise on further refinements to the process. External examiners were used appropriately at all sites and the School analysed exam performance data and evaluation from external examiners when making decisions on progression. We require the School to review its final examinations with reference to exam performance data and the evaluation from the external examiners and acts on the lessons learnt from its first implementation.

61. We found the duration of the final exam standard setting meeting to be limited and suggest the School reviews the procedure and the timing of the meeting as part of the requirement in paragraph 16b, to ensure that data is analysed sufficiently. We recognise the School has already acknowledged this issue and is looking for ways to improve this for next year.

Student health and conduct

62. Phase 2 students demonstrated good awareness of the School's fitness to practise measures. Phase 3 students reported that they had signed a conduct form at the beginning of the year and had received emails from the School on fitness to practice issues. Students considered that poor attendance was treated as a serious fitness to practice issue at the School.

Acknowledgement

63. The GMC would like to thank Hull York Medical School and those we met for their enthusiasm and co-operation during the course of the 2007/08 review and for their willingness to share learning experiences.

19 November 2008

Professor Peter Rubin
Chairman, Education Committee
c/o Ms Kirsty White
QA Programme Manager
Education Section
General Medical Council
350 Euston Road
Regent's Place
LONDON NW1 3JN

Dear Professor Rubin

Thank you for your letter and for the constructive report. We note the areas of good practice, the requirements and the recommendations.

We accept all of these and are committed to working on the specific requirements and recommendations. Indeed we had identified these as areas of priority for further development.

I attach a grid identifying the points in the report, our planned actions and a timescale. We will also be using this document as an aide memoire in our committee procedures.

With the graduation of our first cohort of doctors, and with highly positive feedback from the hospitals, may I take this opportunity to thank the team for their unstinting advice and support during this past six years. HYMS development has benefited from the professionalism, support and collegiality of all the members, which we greatly appreciated and value highly. Indeed, this has been a key component of the success of HYMS.

Yours sincerely



Ian A Greer
Dean, Hull York Medical School



THE HULL YORK
MEDICAL SCHOOL

Tel 0870 1245500

HULL
The University of Hull
Hull
HU6 7RX

YORK
The University of York
Heslington
York
YO10 5DD

www.hyms.ac.uk



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In association with the 