Quality Assurance of Basic Medical Education

Report on Bute Medical School
University of St Andrews

December 2008

General Medical Council

Regulating doctors
Ensuring good medical practice

Contents

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 make 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 will be endorsed by the GMC Education Committee.

Introduction

4. This is the final report to the Education Committee of the General Medical Council on the quality assurance programme for Bute Medical School, University of St Andrews ('the School') for 2007/08.

5. The last GMC review of the School was on 3 May 2006 as part of the QABME review of Manchester Medical School. A partnership between the two medical schools allows approximately 80-140 students per year to transfer from St Andrews after graduating with an Honours BSc in Medicine to Year 3 of the Manchester MB ChB course to undertake their clinical training. These students will graduate with a primary medical qualification from the University of Manchester.

6. Although the School does not offer a primary medical qualification it does provide a significant number of graduates who complete their clinical training at Manchester Medical School and will in future go on also to Scottish medical schools.

7. The following requirement and recommendations relating to the School were made during the review of Manchester Medical School:

a. Manchester Medical School must work with St Andrews to review the clinical component of the curriculum at St Andrews and investigate ways in which it could be increased, in order to better prepare students to transfer to Year 3 of the Manchester programme.

b. Manchester Medical School should hold a joint review of their programme of interactions with St Andrews in relation to changes to clinical experience in the new curriculum and the continuing links between St Andrews and Manchester.

c. Manchester Medical School should undertake a review of problem based learning (PBL) skills of St Andrews students in order for any targeted training to take place to ease the transition to the Manchester course.

8. The requirement and recommendations were taken into account when setting the action plan and undertaking this cycle of visits.

9. The team are content that the School has successfully addressed the requirement and recommendations from the QABME visit to Manchester Medical School in 2006.

10. The School introduced a new curriculum in 2004. Students gain direct entry to the pre-Honours year before completing two further years of Honours level modules. The curriculum is based on the spiral acquisition of knowledge providing a foundation in Year 1, more detailed study of the body systems in Years 2 and 3 and integration and critical analysis of information gained in Years 2 and 3. Students also complete a research dissertation in Year 3.

11. There is considerable integration of the clinical component within the curriculum. Recent graduates interviewed during the visit to Manchester Medical School would have welcomed more training in PBL at St Andrews. However their tutors considered there had been a vast improvement and coupled with the additional induction on PBL at Manchester Medical School thought that students were adequately prepared.

The QABME team

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

Professor Julius Weinberg (Team Leader)
Professor David Cottrell (Deputy Team Leader)
Professor Yvonne Carter
Professor David Croisdale-Appleby
Dr Mike Gill
Dr Johann Malawana
Mr Matko Marlais
Dr Bruno Rushforth
Professor Maurice Savage

13. Miss Jennifer Barron (GMC Education Quality Officer) and Ms Alison Lightbourne (GMC Education Quality Officer) supported the team.

Our programme of visits in 2007/08

14. The team conducted seven quality assurance visits on: 26 November 2007, 28-29 February 2008, 22 April 2008, 8 May 2008, 28-29 May 2008, 6 June 2008 and 3 July 2008.

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

a. Meetings with a variety of representatives from the School.

b. Site visits to a number of acute and primary care settings.

c. Discussions with students.

d. Discussions with teachers and tutors.

e. Discussions with recent graduates now at Manchester Medical School, their teachers and tutors.

f. Observation of the Year 3 Objective Structured Clinical Examination (OSCE).

g. Observation of Module and Degree Examination Board Meetings.

h. Inspection of additional documentation submitted by the School during visits and examination papers.

The report

Summary of key findings

16. The School's BSc programme meets the outcomes of *Tomorrow's Doctors* to the point of transfer to Manchester Medical School in accordance with Section 5(3) of the Medical Act 1983.

17. We recognise that many of the effective aspects of the programme are the result of a dedicated group of academics working within a small medical school. We consider the supportive atmosphere and ethos to be an integral part of the course and expect this will be sustained as the medical school expands. We acknowledge that the School will need a broader number of staff to be engaged to support curriculum development, organisation and administration.

18. We note the openness of the School to evaluation by others, including from students and from external sources.

19. Where there are requirements, the School is requested to respond to the requirements with timelines for action within the 28 day right of reply to the report.

Requirements

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

Recommendations

21. To enhance the quality of the programme we recommend that the School:

a. Prioritise the development of clinical placements which should include:

i. Opportunities for inter-professional working (see paragraphs 27-28).

ii. Implementation of the planned quality management system for placements as a priority (see paragraph 50).

iii. Training of NHS staff (see paragraph 53).

iv. Appraisal of both performance and professional attitudes and behaviours (see paragraphs 74, 86).

b. Develop formal, sustainable arrangements for public health teaching so that public health thinking is embedded in the curriculum (see paragraph 38).

c. Discuss the following with the University:

i. Extending the academic year for Medical Science students (see paragraph 42).

ii. Reviewing progression rules which mean a student undertaking a re-examination has their grade capped below the standard allowing transfer to a partner institution, considering the potential to move away from the Honours algorithm where appropriate (see paragraph 87).

d. Draw on the experience of transition to Manchester Medical School to systematise formal, structured arrangements with the Scottish Schools. Ensure the availability of formal support for students organising familiarisation visits to partner institutions (see paragraphs 70-71).

e. Review module assessment, particularly where it is competency related, to ensure that the assessment of clinical skills is properly weighted in the marks affecting progression to a clinical course (see paragraph 83).

f. Review the delivery of professional behaviour, careers advice and student fitness to practise teaching to:

i. Ensure that students are aware of their responsibility to report the inappropriate conduct of their colleagues (see paragraph 90).

ii. Link careers advice with that delivered at partner institutions (see paragraph 68).

Areas of innovation and good practice

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

a. The introduction of the yellow card system (see paragraph 24).

b. Use of broader educational opportunities within the wider health economy such as placements with funeral directors and NHS 24 (see paragraph 25).

c. Excellent links with NHS Fife, involvement with and planning within the region (see paragraphs 40, 46).

d. The breadth of dissertation topics (see paragraph 41).

e. Development of high quality clinical and communication skills teaching and the strong clinical links developed in anatomy teaching within the degree (see paragraph 55).

f. The curriculum tool Galen and its mapping to both *Tomorrow's Doctors* and *The Scottish Doctor* (see paragraph 58).

g. The School's responsiveness to student evaluation (see paragraph 64).

h. The School's extensive feedback to students on their progression (see paragraph 65).

Curricular outcomes

The principles of professional practice

23. We noted that students behaved professionally and appropriately during the Year 3 OSCE. Each practical station within the OSCE required the student to wash their hands, introduce themselves to the simulated patient, identify the patient, explain the procedure and obtain verbal consent. Students observed on clinical attachments also behaved appropriately.

24. The School has introduced a 'yellow card' system. If a student behaves in an unprofessional manner, this could be arriving late, failing to contribute appropriately or inappropriately dressed for a tutorial, they will receive a yellow card. The card is then recorded on their file and students with multiple yellow cards are called to speak to a tutor about their behaviour. Students were largely supportive of the system; we find this an interesting approach to reinforcing the importance of professional behaviours and standards.

Outcomes

Relationships with patients

25. The BSc Honours in Medicine is described as pre-clinical however we found evidence of significant integration of clinical skills within the curriculum that allowed students to develop their relationships with patients both real and simulated. We were impressed by the innovative placements the School provides for students in the community.

26. Through the observation of the Year 3 OSCE and speaking to teachers and tutors in Manchester we are content that students graduating with a BSc Honours in Medicine are adequately prepared for the clinical phase of their medical education.

Working with colleagues

27. We recognise that the School has difficulties in providing inter-professional learning opportunities for its students. Work has begun on a new purpose built building where the School will be based. Once this is built there will be increased opportunity for students to engage with those studying other scientific disciplines. We encourage the School to use this new building to offer the opportunity for students to interact with nursing students from the University of Dundee. The introduction of a

new community hospital within St Andrews should also be used to provide increased opportunity for inter-professional learning.

28. Until the longer term initiatives are complete we recommend the School continue to explore other opportunities for inter-professional learning, particularly with other clinical disciplines during clinical placements.

29. There is a workshop on team working at the beginning of the course which introduces the idea of the doctor as leader. Leadership is also taught through small group work where chairing the group is rotated.

Curricular content, structure and delivery

Content

30. Curriculum content was originally reviewed in a process lasting from 2002 to 2004 when the new curriculum was introduced and mapped against *Tomorrow's Doctors* and *The Scottish Doctor*. The review resulted in new content and forms of curriculum delivery, such as guided self study through Galen, which allowed the School to retain necessary subject matter and introduce new areas of learning.

31. The content of modules is determined by identifying learning objectives and is reviewed regularly by the module controller and the Director of Teaching. All modules are reviewed annually by the School Teaching Committee.

The scientific basis of practice

32. Recent graduates and tutors interviewed in Manchester considered St Andrews graduates to have a strong knowledge of basic medical sciences, biomedical sciences, anatomy and physiology.

Communication skills

33. Students found the structured communication skills teaching to be useful and at the right level to prepare them for their experiences with patients. They felt they had sufficient opportunity to practise their skills.

34. Although communication skills had been identified as a weakness of the St Andrews curriculum in previous GMC reports, tutors we met in Manchester considered significant improvements had been made and communications skills were no longer perceived to be a problem. The most recent cohort of students from St Andrews had fed back to Manchester Medical School that they did not feel the additional induction in communication skills at Manchester was necessary and tutors agreed.

Teaching skills

35. At the time of visiting, students did not teach each other but did undertake peer reviews of portfolio entries and clinical skills.

General skills

36. The School has placed great emphasis on the teaching of generic skills such as research, writing skills, presentations and learning to do critical reading in the BMJ style.

Disability and rehabilitation

37. Currently student exposure to issues of disability and rehabilitation is variable. The School plans to break groups down to smaller numbers in student selected components (SSC) and community placements next year to increase contact with patients and provide more learning experiences. We note and support the plans to introduce a SSC placing students within a school for children with disabilities.

The health of the public

38. The School should develop formal arrangements for public health teaching. Currently the public health teachers have between 0.25 and 0.5 planned activities for teaching but teaching has to be done in the time allocated for their own continuous professional development. We do not think this is an appropriate model and more formal arrangements should be developed given the need to further embed public health thinking in all aspects of the curriculum and because student numbers are expected to rise.

39. The School are planning to integrate public health into the curriculum with more themes introduced earlier and developed across the three years. Where subjects cannot be integrated into the curriculum the School will continue to hold public health days to ensure coverage of all essential topics.

40. We are encouraged by the recent appointment of a Professor of Public Health Medicine and think it will make a considerable difference. The School has set up a public health working group with NHS Fife, which discusses job planning.

Structure

41. Students are able to explore areas of interest through SSCs which are assessed although not all SSCs contribute towards their Honours classification. SSCs include a critical analysis paper in Year 1, acute/secondary care hospital modules in Year 3 and the Year 3 Honours research dissertation. There are additional poster presentations and ethics reports which are student selected

although the School had not identified them as SSCs. We commend the School for the wide range of dissertation topics students may choose.

42. We encourage the School to discuss extending the academic year for medical science students with the University. We think the current 28 week academic year is a challenge to delivering the curriculum and introducing more SSCs. We recognise the constraint resulting from delivering an Honours degree that has to fit with University regulations and timetable. We acknowledge this would require an increase in staff, funding and resources however with the planned increase in student numbers a review of staff, funding and resources will be necessary in the near future.

43. The School has completed curriculum mapping exercises with Manchester Medical School and plans to engage with the Scottish Schools to benchmark its curriculum. Considerable progress has already been made through mapping to the *Scottish Doctor*.

Delivering the curriculum

Supervisory structures

44. The School has a relatively small academic management team who provide continuity through their involvement in the different committees and groups that manage the content and delivery of the curriculum.

45. Curriculum development is managed by the Teaching Committee and assessment development is managed by the Assessment Committee but all decisions are referred to the Management Group, which is led by the Head of School and is the only executive body in the governance structure. Significant module and assessment changes must also be approved by the University's Teaching, Learning and Assessment Committee. The Teaching Management Group includes all module controllers, clinical leads and the Director of Teaching, and meets weekly to discuss operational matters associated with delivering the curriculum.

46. In developing and managing the curriculum, the School has engaged very successfully with the local Health Board, healthcare providers and the neighbouring Dundee Medical School.

Quality Management

47. Quality tools and procedures in use at the School vary from external quality assurance activities such as the QABME visits to St Andrews and Manchester Medical Schools and the Scottish Funding Council's Enhancement Led Institutional Review to quality management activities such as the use of multiple questionnaires, audit and peer observation of teaching. The School has responded positively to previous visits and extensively reviewed the curriculum. It is under constant scrutiny and the School Teaching Committee reviews the programme on a yearly basis.

48. As well as internal scrutiny the School is subject to scrutiny by the University. We are content with the degree of engagement of the University in oversight of the School.

49. There was effective use of external examiners in reviewing the course and assessment.

50. While there is no systematic quality management of placements currently, students provide evaluation of the quality of clinical placements. The community medicine lead outlined plans to develop a systematic approach based on visits to placements and using student evaluation next semester. Implementing the quality management system for placements should be a priority.

51. We found evidence of several ways in which the School monitors the quality of teaching. Students are invited to evaluate teaching, multiple questionnaires are used, teachers provide peer review and there is faculty discussion. There is a high level of student satisfaction with the School's responsiveness: all students we spoke to believed the School would address reasonable concerns and gave examples such as the School adjusting the timetable of lectures and long distance placements to improve the learning experience.

52. We are content that the majority of students were satisfied with the level of support provided whilst undertaking the dissertation. Student evaluation indicated that learning objectives should be made clearer upon commencement of the dissertation and we note that a decision to introduce a learning agreement for the dissertation was made during the Degree Examination Board Meeting.

Teaching and learning

53. The School offers training and support for internal and NHS teaching staff in many ways: through the University Human Resources Department; St Andrews learning and teaching innovation, review and enhancement online initiative; training provided by the School specifically for medical educators; communication skills training which uses videos of scenarios and different communications behaviours; and university induction. The School should explore formalising and improving training for clinical teaching staff.

54. The staff recruitment policy should take into account the teaching requirements of the medical school in terms of coping with increased student numbers and subject coverage. The profile of suitable teaching staff is a vital part of maintaining the achievement of curricular outcomes which will permit the students to meet the requirements for progression on to the School's partner institutions.

55. The curriculum is delivered through a range of teaching methods. Core subjects, including science, communication skills and ethics are taught through lectures, practicals and small group sessions (although these are limited by lack of facilities) then reinforced and developed in clinical or community placements. We found an effectively integrated curriculum with good clinical exposure and commend the depth, quality and clinical relevance of anatomy teaching.

56. Students experience medicine in a range of different contexts. All students participate in the Community Medicine Programme: Kirkcaldy and Levenmouth Community Attachment programme (KLCAS). The KLCAS comprises ten substantive half day sessions, with a further ten from August 2008, taught in a community setting outside St Andrews. The sessions aim to encourage students to think about medicine in the context of the community and to understand the role of other health professionals. Many of these sessions are taught or facilitated by professionals from other healthcare disciplines. For example, an occupational therapist and a psychiatrist facilitated small group discussion as part of the head injuries session, which was led by the Director of Fife Rehabilitation Services. Not all topics afford students the opportunity to work directly with patients or practice clinical and communication skills. We were pleased to note the Community Lead was already identified this and plans to reorganise this teaching for the next academic year.

Learning resources and facilities

57. A new purpose built facility is under construction which will prove a considerable improvement. Facilities are currently limited and the lack of small group teaching rooms constrains further curriculum development and increased student numbers. Student evaluation suggests the faculty are aware of this and amend their teaching accordingly. Students praised both the 24 hour computing room and the dissection room.

58. We are impressed by the sophisticated yet easy to use online e-portfolio system, Galen, and consider it to be a valuable learning resource providing guidance and learning materials in advance of lectures and classes.

Student selection

59. Places are oversubscribed and students tend to have excellent academic records. The interview is therefore a very important part of the selection process. Interviews are structured and standardised. Applicants are interviewed by a panel of two trained interviewers, at least one of which is a medical school staff member. The second member may be from another faculty, honorary teaching staff and NHS staff. There are no student interviewers involved in the application process.

60. When deciding which students will progress to which Scottish School, student choice at the point of application will be the first criterion, although this is unlikely to match the places available across Scotland. Academic attainment at the mid point of the second semester of Year 2 will therefore also be used to allocate places, as modelling has shown this to be a good indicator of honours grades.

61. International students must have an International English Language Testing System score of 7 or better.

62. Applications declaring a disability are referred to the Disabilities Service who contact the student to ascertain what adjustments would be needed and whether

these could be provided by the School, seeking advice from occupational health and any other relevant external agencies. This process runs parallel to the selection process and the Director of Admissions will be advised whether reasonable adjustments can be made prior to issuing a conditional or unconditional offer. We were provided with information on the role of the Disabilities Service and examples of how this process had worked.

63. The School is committed to widening participation and has an arrangement with Perth College that up to five students a year who reach a specified standard and achieve a Higher National Diploma in Biomedical Sciences will be accepted directly into the medical programme. In addition there is an alternative route for students from certain schools and non-standard backgrounds to be admitted into a pre-medical Foundation year taking first year science subjects from a prescribed list. If the students reach an appropriate level during that science year they may progress to Medicine in their second year. There is additional academic support for these students and staff members have been identified to monitor their progress. The school also offers financial assistance. There are currently two students who have been selected through this route.

Student support, guidance and feedback

64. We are impressed by the School's responsiveness to evaluation and saw much evidence of the students' ability to affect change.

65. Each student has a personal tutor whom they must meet at least once a year and the School offers every student the opportunity to discuss their performance in individual assessments with a tutor.

66. Students we met felt very well supported by the School and the University student welfare services.

67. We encourage the School to further develop opportunities for students to access role models while on clinical placements and through the anatomy demonstrators. Role models assist students' learning about professional behaviour and understanding career development.

68. Delivering careers advice is challenging, particularly given the nature of the three year course. The School should liaise with partner schools and explore the most appropriate ways to introduce students to the career choices available during their time at the School.

69. The current system for transfer to the Manchester Medical School largely works well, though students thought that induction into wider aspects of Manchester University could be improved.

70. The students visit Manchester during the Easter holiday to see the hospitals and meet other students of Manchester Medical School including recent St Andrews graduates. This trip is organised by students but financed by the School. The team

recommend more formal support from the School for the student led organisation of this trip.

71. The arrangements for transfer to other institutions should be systematised, building on the Manchester experience. The impending transfer of graduates to the other Scottish Medical Schools will make the transfer arrangement more complex and the School will have to work with partner institutions to ensure that induction to the University as well as the Medical School is in place.

Assessing student performance and competence

The principles of assessment

72. We are content that the School uses a variety of appropriate assessment methods: multiple choice questions, short answer questions, Objective Structured Practical Examinations (OSPEs), OSCE, dissertation, presentation and reflective essay. Learning objectives were clearly blueprinted into the assessment system. Standard setting and the establishment of cut-points was carried out appropriately.

73. There was evidence of appropriate involvement of external examiners. We saw written responses to external examiners reports and met external examiners during the Year 3 OSCE and the Module and Degree Examination Board Meetings. Examiners were asked to agree that the cut-points decided by the School were appropriate and decide on degree classifications for borderline students. The School gave a thorough presentation on their assessment methods and were subject to robust questioning by external examiners. The external examiners praised the School but did provide some suggested improvements as detailed below (see paragraph 85).

Assessment procedures

74. Feedback given to students on assessment and progression was of high quality; however there was currently little feedback on their performance during clinical placements. We recommend the School introduce workplace-based assessments to clinical placements.

75. The assessment of basic medical science was appropriate and material was both taught and assessed where possible within a clinical context.

76. There was appropriate consideration of mitigating factors.

77. We agree with the School that as the OSPEs in Years 1 and 2 comprise only ten stations each, not all of which address clinical and communication skills, it is advisable not to use marks from these OSPEs to contribute to grade points for the modules they assess. The OSPEs are examinations that students must pass to progress.

78. The Year 3 OSCE forms 100% of the assessment for the MD4003 module which contributes 20 credits towards the 240 credits required for the award of an honours degree. There are 18 stations in the Year 3 OSCE and this assessment is thought to be sufficiently valid and reliable to contribute to the Honours degree classification. However, all such assessments must result in a grade point being awarded which complicates the process. The School would prefer this assessment to result in a simple pass or fail to reflect the competency based nature of the assessment but this is not possible within the current University assessment framework. We encourage the School to discuss this matter further with the University.

79. Examiners receive a training folder from the School and they have a session on the skills that will examine in the OSPE or OSCE. This includes a training sheet describing how the School taught the students the particular skill they are examining. The training sheet explains that OSPE/OSCE examiners do not speak except to ask designated questions.

80. The OSCE paperwork we reviewed was clear and we saw evidence during the OSCE observation that both students and examiners were well prepared and understood the format.

81. Training has been provided to the faculty on how to write questions for exams. This was extended to those teaching public health on behalf of the School. The School undertook statistical analysis of questions and removed inappropriate multiple choice questions and extended matching questions.

82. The School has provided clear marking guides for dissertations. All written examinations and dissertations are double marked.

83. We recognise the difficulty of reporting modules which were for the determination of competency or non competency of clinical skills within a framework that required a graded mark that contributed towards an Honours degree. Furthermore we note a concern about the weighting of the OSCE. A student who gained an ordinary in the OSCE but a third overall was discussed during the Degree Examination Board Meeting and allowed to progress to clinical training. We were pleased that the School will advise Manchester Medical School about the student's performance. We suggest that the weighting of the OSCE should be reviewed. We further suggest that the Medical School and University consider the reporting of modules as pass or fail where the assessment is competency based to ensure that students are competent before proceeding.

84. We heard that the re-introduction of the viva voce at an external examiner's suggestion was only for situations where students who had failed a re-examination and were being asked to leave the course. We do not consider viva voce to be a robust, objective assessment tool and the School could be more robust in challenging external examiners where there is good evidence to support the School's procedures.

85. We agreed with the external examiners' recommendations that students' names should not be used during Module and Degree Examination Board Meetings,

that dissertation scores should be agreed by more than one person to ensure consistency, and that a learning contract should be agreed by the student and their tutor upon commencing the dissertation.

Appraisal

86. While we were impressed by the feedback given to students during the course and after examinations, we note that there is currently very little feedback to students regarding their performance in clinical placements. Students may receive a prize for the posters which result from these placements. As the number of placements increases the importance of feedback for this part of the curriculum will also increase. The School advised that they would be informed of any students who performed poorly on a placement, however, while recognising the placements are new and in development we consider the School should include placement feedback mechanisms as a priority.

Student progress

87. We noted that the practice of capping the marks of students undertaking re-examination meant that a student who failed an early exam but later showed aptitude may nonetheless be prevented from progressing due to their capped mark. We suggest that the school discuss this further with the University.

88. The School has a process whereby a student can have their special circumstances taken into account and ask for a module to be disregarded when agreeing the final degree classification. Students must, usually, make the School aware of special circumstances in advance of the assessments for the module. The application will be reviewed by the Special Circumstances Board before it is agreed. The School are conscious that support must be offered without offering students the opportunity to choose which assessments will contribute towards their degree.

Student health and conduct

89. The School use a formal assessment sheet in community medicine to feed back on any fitness to practise issues. The School advised that there have been no serious issues raised and only a few minor concerns regarding the performance of Year 1 students. The School do not use this system in the acute secondary care placements as they are still in development and if a student is having problems the School will be made aware through informal feedback from clinical supervisors. We recommend that the School develops a formal mechanism to feedback on students in the clinical placements.

90. Students were asked to sign a fitness to practise form (Bute Medical School agreement) at the beginning of each year. We are not convinced the students interviewed grasped that expectations of medical students differ to those of other students and that their professional responsibility began on day one of medical school. Students recognised some aspects of personal professional responsibility,

however they were not fully aware that certain behaviours might affect their ability to progress, or of their responsibility towards other students or professional fitness to practice. We suggested that the lack of senior medical students and exposure to recently qualified doctors made “imprinting” attitudes more difficult; this could potentially be an additional activity of the anatomy demonstrators.

Acknowledgement

91. The GMC would like to thank Bute Medical School and all those we met with for their co-operation during the course of the review.

University of St Andrews

Professor R H MacDougall FRCS FRCR FRCPEdin
Head of the Bute Medical School
& Dean of the Faculty of Medicine

RHM/SD

18th November 2008

Ms Kirsty White.
QA Programme Manager
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Dear Ms White

Response to the Final Report of QABME Visits to Bute Medical School for 2007/08.

The Bute Medical School welcomes the findings of the recent QABME visit and the recommendations made within this report. The School is reassured to find that it meets the outcomes of Tomorrow's Doctors to the point of transfer to our clinical partners in accordance with Section 5(3) of the Medical Act 1983. The School is also pleased to find that it has successfully addressed the requirement and recommendations from the QABME visit to Manchester Medical School in 2006. The School greatly appreciates the recognition of areas of innovation and good practice within the report as it has striven to adopt and develop best practices in medical education in its new curriculum.

The Bute Medical School is encouraged by the recommendations made by the report as many of these were already priorities and in the process of being implemented.

(a) In order to prioritise the development of clinical placements the School has undertaken the following developments;

1. This School has recently appointed to a Chair in Primary care who has particular responsibility for clinical placements. This appointee will take forward the recommendations concerning the development of clinical placements.

2. In collaboration with Dundee Medical School and Edinburgh Medical School this School has obtained funding to appoint a co-ordinator for Inter-professional working and education for medical and other healthcare professionals in the NHS Fife area for the three medical schools. St Andrews students will therefore have opportunities for such inter-professional working in the near future.

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This School has recently appointed a Quality Assurance Officer for Additional Cost of Teaching (ACT) activities which will allow implementation of the planned quality management system to satisfy not only the educational needs of the Bute Medical School but also the Performance Management Framework required by NHS Education Scotland (NES) for ACT-funded activities.

1. This School has expanded its training programme for NHS staff participating in School teaching this session (2008-2009).

2. This School has extended the responsibility of the Progress Committee to cover all aspects of performance and professional attitudes and behaviours from session 2008-2009.

(b) In order to develop formal, sustainable arrangements for public health teaching the School has appointed to a Chair in Public Health who has already begun discussions with the Department of Public Health in NHS Fife to review and improve the undergraduate teaching in public health in the St Andrews curriculum. These changes have already been implemented for the session 2008-2009 with more wide-ranging and radical plans for the session 2009-2010.

(c) This School will enter into discussions with the University about altering the length of the academic year to permit the introduction of student-selected components at the start and end of the traditional year. The School will also discuss alterations to Senate Regulations to permit the Medical School to introduce its own version of the Honours algorithm to meet the needs of a medical education programme.

(d) The School has already started to systemise formal, structured arrangements with all its new Scottish Clinical Partners with similar liaison committees to that currently existing with Manchester Medical School. Formal familiarisation visits to partner clinical schools have been introduced this year.

(e) The School Assessment Committee is considering alterations to the assessment procedures for the competency-based clinical skills components of modules to ensure appropriate weighting and importance in the progression to a clinical course.

(f) The School has reviewed its student agreements and undertakings and its Progress Committee responsibilities to re-enforce fitness to practise teaching and expectations. Students are now made aware of their responsibilities to report inappropriate conduct of their colleagues and such inappropriate conduct is defined. The School has embarked on a process of providing careers advice to its students both from its own graduates and through links with its clinical partners.

The School thanks the review team for their very hard work and useful comments.

Yours sincerely

R HUGH MACDOUGALL

SIMON B GUILD