FOR
COMPLETION

GENERAL MEDICAL COUNCIL

QUESTIONNAIRE

FOR

THE EDUCATION COMMITTEE'S MONITORING OF THE

IMPLEMENTATION BY UK UNIVERSITIES AND

THEIR MEDICAL SCHOOLS/FACULTIES OF ITS

RECOMMENDATIONS ON BASIC MEDICAL EDUCATION
(*Tomorrow's Doctors/The New Doctor)*

[UNIVERSITY OF]

Round II visits - autumn 1999 - 2001

Notes for compilers

1. The completed questionnaire will represent a major source of information for the visiting team. Team members have only a limited amount of time in which to absorb the key features of learning and assessment at your School/Faculty before making their report to Education Committee. For this reason it is important that the information provided in response to our enquiries is clear and unambiguous.

2. In particular the distinction between current practice and future developments/plans needs to be made explicit.

3. The response of the School/Faculty should include at the relevant points in the questionnaire an up-date for the visitors about developments since we came to you previously, and in particular about the points which in our view needed further consideration. The visitors will have available both the questionnaire you completed for the first round visit and the follow-up report you made to us twelve months later.

4. Ideally supporting documentation should be kept to a minimum. If, however, existing material provides a sufficient response to a particular point, the questionnaire should contain an appropriate cross reference to the section of the document which the team should study.

5. A disk containing the completed questionnaire and any enclosures, in a format that is compatible with Windows 1997, should be sent to the GMC with the other materials for the visit.

MEDICAL SCHOOL DETAILS

Dean: ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Postgraduate Dean: ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Administrative Officer (*deputed to liaise with GMC visitors*): ***Position within University/Faculty:*** ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
QAA Institutional facilitator *(for 'combined' visits only)* ***Position within University/Faculty*** ***Address:*** ***Tel:*** ***Email:*** ***Fax:***
Date of Completion of this document:

- Our return visit, like the visit we made between March 1995 and March 1998, will be informal. It has two principal purposes: We will be continuing to review your progress towards implementing the recommendations in *Tomorrow's Doctors*, with a focus on the primarily clinical years of the course, although we will be pursuing other issues, including those deriving from *Duties of a Doctor*. We will also be monitoring your progress towards implementing our guidance about the pre-registration year, as set out in *The New Doctor*.

- The Education Committee's aims for the informal visits programme as a whole are given below:

  a. To monitor progress towards implementing the 13 principal recommendations in *Tomorrow's Doctors*;

  b. To identify obstacles to change, so that these may be drawn to the attention of bodies such as the Steering Group on Undergraduate Medical and Dental Education and Research;

  c. To identify examples of good practice/to note interesting developments so that the Committee may in due course draw them to the attention of other medical schools;

  d. Where progress towards change is slower than expected, to gain a clear picture of the intended timetable for implementation and to bring forward, as necessary, recommendations for further non-statutory or statutory visits.

  General clinical training

  a. To monitor implementation of the key features of *The New Doctor*, bearing in mind the Committee's wish to see the necessary changes introduced by April 2000;

  b. To identify examples of good practice/to note interesting developments so that the Committee may draw these to the attention of other universities with medical schools, the NHS Executive and the GMC/NHSE General Clinical Training Overarching Group;

  c. In the event that the visitors identify deficiencies in the arrangements for general clinical training in a hospital or institution approved by the university, to alert the Committee to these, so that it can:

- report its concerns to the university
- consider whether to carry out a further informal visit
- decide whether to institute a formal visit of the kind for which Section 13 of the Medical Act provides

1. DOCUMENTATION TO BE ATTACHED

Would you please append copies of the following documents:

A. General

- The programme-related self-assessment document prepared for the Quality Assurance Agency's purposes (if applicable)
- A list of those attending each meeting, including names and titles
- A list of venues for meetings
- An index to the documents available in the QAA base room/our base room

B. Undergraduate Curriculum

<u>If not included under A above</u>:

- The current Regulations for your primary medical qualifications
- A separate description of any:

  franchised programmes or partial components of programmes offered in collaboration with other institutions within or outwith the UK

  accelerated programmes for graduate entrants

  programmes with a major research component (e.g. MB/PhD courses)

  indicating the extent to which these depart from the structure of the basic course and framework of assessment

- A statement of the core content of the curriculum
- A list of special study modules currently available to students
- A list of the competencies/skills in which your students must be competent on graduation
- One study guide or other example of good practice in the preparation of teaching materials for the use of students completing the primarily clinical component of the course
- One example of a staff development programme which demonstrates good practice

- An updated timetable for implementation of the new curriculum in its entirety
- Diagrammatic representations of the curriculum and of the assessment structure
- A diagram of the structure for managing teaching and learning in the new curriculum, throughout all phases of the course and on all sites (where you are involved in franchising/collaborative endeavour)
- An updated SWOT analysis

C. *General Clinical Training*

- A list of the competencies/skills to be acquired by the end of the pre-registration year

- Information about the appraisal of PRHOs, and assessment of their suitability for full registration, in your deanery

- An example of the records kept about approved NHS Trusts and recognised posts in your deanery

- Your guidance about general clinical training for NHS Trusts, educational supervisors, PRHOs and others

- The document summarising the outcome of the most recent survey of PRHO opinion in your deanery

- Examples of good practice that have improved the professional life of PRHOs in your deanery

- Any other documentation illustrating quality of training in your deanery that you would like the visitors to see

2. ENQUIRY ABOUT THE UNDERGRADUATE CURRICULUM

Tomorrow's Doctor's addresses thirteen principal recommendations to the medical schools. The questions below are directed towards these, and to the points raised subsequently by the Chairman of our Education Committee in correspondence with all medical schools.[1]

(i) The management of change (principal recommendation 3)

a. Supervisory structures

Please describe:

- The roles and responsibilities of the bodies/individuals managing change in the curriculum
- The supervisory structures you have put in place to ensure that the medical school retains proper control of the scope and quality of clinical student learning both within and outwith the teaching hospital
- The ways in which you address any problems that may be identified with regard to management of the curriculum and of the student experience

b. Please tell us about the contribution of students and junior staff to curricular reform.

c. What arrangements are in place or planned for the development of staff in the university or in the NHS?

d. How do you go about promoting teaching as a valuable activity?

e. How does the work of the school/Faculty in this area interface with the university's policies and procedures?

[1] Topics mentioned by the Chairman include ethics, and multicultural health care.

(ii) *Aspects of the Core Curriculum (Principal Recommendations 1, 2, 5 and 7)*

a. Defining the core curriculum

- Please tell us about the process by which you defined the core curriculum
- What steps are you taking to refine the core curriculum for the first three years of the course?
- What are your monitoring mechanisms for this stage of the programme?
- How do you ensure that the core curriculum is delivered during the clinical years of the course?

b. Reducing the burden of factual information

- What steps have you taken to ensure that the burden of knowledge imposed on students has been substantially reduced both in years 1-3 and in the predominantly clinical years of the course?
- How do you/will you ensure that the factual burden continues to be contained?

c. Learning through curiosity

- What facilities are available in the university hospital and community to foster students' enthusiasm for and curiosity about medicine, so that they are encouraged to learn more about the problems they encounter during all stages of their education and training?

(iii) *Special Study Modules (Principal Recommendation 6)*

- Please describe your current special study module programme, including its scope and the number and length of modules undertaken by students at each stage of the course

- Please describe the objectives of the programme, and the steps you take to ensure that these have been met by every student

- How are students informed of the availability of special study modules and selected for individual modules?

- What systems do you have in place for ensuring that students have sufficient academic and personal support while undertaking SSMs?

- Please describe your approach to special study modules in the case of the borderline student

- Please state the percentage of student time devoted to special study modules in each year of the course

- What is your assessment policy for SSMs?

- What effect does the policy have on the outcome of the undergraduate course, as far as the individual student is concerned?

(iv) *Delivery of the curriculum*

a. Teaching methods

- Please tell us about the teaching methods you use to deliver the new curriculum throughout the course, including any innovative methods you deploy

- Please provide a breakdown in percentage terms of the various types of learning opportunities provided for students in each year of the course

- How do you ensure that:

  there is integration of clinical medicine with the basic sciences in the early part of the course

  clinical students continue their studies in the sciences basic to medicine

b. Computing and CAL facilities

- What CAL and other computer-based facilities are available to students in the university, the teaching hospital and the community?

c. Other learning resources

- What other learning resources are available to students in the university, the teaching hospital and the community?

d. Keeping up to date with educational theory and practice

- How do you ensure that those responsible for teaching and training medical students keep up to date with educational theory and practice?

(v) *Changing patterns of health care (Principal Recommendation 10)*

- What opportunities do students have to gain experience of primary care during their last two years?

- What opportunities do students have to gain experience of community medical services during the primarily clinical years of the course?

- What detrimental effects, if any, have the changing patterns of health care had on student opportunities for learning, for example about aspects of reproduction?

- What advantages have the changing patterns of health care afforded in terms of the organisation of clinical training for your students, for example the learning experiences provided by day case procedures?

(vi) The goals of undergraduate education - attitudes, skills and knowledge

Attitudes (Principal recommendation 3)

- Please tell us about the teaching and learning opportunities provided for your students covering:

  Good Medical Practice

  Attitudes towards patients, colleagues and society

  The ethical basis of decision-making

- When do your students receive the card containing *Duties of a Doctor*, and a copy of *Good Medical Practice?*

- What steps do you take to ensure that clinical students are provided with appropriate role models on each attachment?

- How do you promote the concepts of *Good Medical Practice* among your clinical teachers?

- How do you promote awareness of the importance of the teacher as a role model for the future doctor, among those with responsibility for educating medical students?

Essential skills (Principal recommendations 4 and 8)

- Please describe the arrangements you make for ensuring that your students acquire the following:

  Study skills

  IT skills

  Communication skills

  Clinical skills

  Teamworking skills

- How do you ensure that your clinical students maintain and enhance the skills listed above?

(iv) Aspects of the knowledge base

Public health medicine (Principal recommendation 9)

- How do you ensure that health promotion, illness prevention, the targeting of population needs and awareness of environmental and social factors in health and disease continue to form a key element in student learning during the primarily clinical years?

- In particular, how has your school responded to recent government publications which address aspects of the population's health, in terms of the undergraduate curriculum?

Legal and ethical issues

- What opportunities do you provide for clinical students to consider legal and ethical issues arising in the course of their training for patient care?

Medicine in a multicultural society

- How do you ensure that your students are properly prepared for the practice of medicine in a multi-cultural society?

Complementary medicine

- What opportunities do your students have to learn about 'treatments that do not conform to the conventional orthodoxies'?[2]

[2] *Tomorrow's Doctors*, paragraph 6.

(viii) Assessment of the process and the product (Principal recommendation 12)

The outcome of the course

The goals and objectives of the core programme of undergraduate medical education are set out at paragraphs 39 and 40 of ***Tomorrow's Doctors****. The GMC's expectations of every registered doctor are set out in* ***Good Medical Practice.***

- How do you define the product of your medical school, in terms of these goals and objectives, and of our code of professional conduct?

- How do you seek to guarantee to the GMC, employers and the public that every graduate of your medical school has attained the necessary goals and objectives and is 'fit for purpose' as a registered doctor and pre-registration house officer?

- What are the threshold standards applied by your university for graduation in medicine?

- How do you ensure that in addition to the necessary professional skills, your graduates possess the expected range of transferable skills including those in communication, informatics, presentation and teamworking?

Assessment methodology

- What is your overall philosophy of student assessment?
- What systems of assessment are used throughout the course?
- Are your assessment criteria known to students and staff?
- How have you ensured that your system of assessment of practical competence, knowledge and professional values:

    a. reflects the nature of the core curriculum

    b. properly tests attainment of the goals and objectives set out in *Tomorrow's Doctors*

    c. is mapped onto *Good Medical Practice?*

    d. is of increasing complexity, to match the developmental stages of the students concerned

- In particular, how do you assess the competence of the graduating student in terms of your own statement of threshold standards?
- What do you perceive as your strengths and weaknesses in relation to assessment?

(ix) *Other Issues*

Student support

- Please describe your induction programme for new students
- Do you have a system whereby senior students act as mentors to new students, or to new clinical students, or both? If so, how is this organised?
- What systems do you have in place to ensure students have sufficient academic support during the core component of the course?
- What systems do you have in place to ensure students have sufficient personal support

  in the early years of the course?

  in the predominantly clinical phase?
- How do you identify students in difficulty, whether academically or personally, and how do you tackle the problem?
- What mechanisms do you have in place for assisting the student who, for whatever reason, is leaving medicine?
- What steps have you taken to minimise any stress students may experience when transferring to primarily clinical work?
- How do you ensure that students in district general hospitals or out in the community have the support they need?
- What help is given to students in terms of travel to and from distant centres?

Feedback to students

- Please describe your system for giving formal and informal feedback to students.
- Can students request extra informal feedback on their work and if so are they aware of this?

Quality control

We have assumed that in the case of schools which have been or are in the process of being reviewed by the QAA, the self-assessment document will cover the points in which we are interested. We have however listed them below both for reference purposes, and for the benefit of schools not involved with this exercise.

- What mechanisms are in place for assessing the quality of:
    - the learning provision at the School
    - learning and educational supervision in the clinical setting
    - learning materials
    - student support, whether academic or personal
    - assessment procedures
    - feedback to students (including its immediacy and its relevance)

- What mechanisms does the school have for ensuring student concerns about the quality of their training are addressed?
- What part do external examiners play in the quality control mechanisms?
- What use is made of external advisers in assisting with the achievement of quality control?

(x) Other

Please use this space to tell us of anything special about the training provided at your school which you have not been able to include in your responses to our specific questions.

3. ENQUIRY ABOUT GENERAL CLINICAL TRAINING DURING THE PRE-REGISTRATION YEAR

A. Updating the visitors

In July 1998 we asked you to provide information to help us establish a baseline position in relation to the recommendations in *The New Doctor*, one year after its publication.

We will have available your response to these enquiries[3]. We would therefore like you to bring us up to date as regards the changes, if any, which have taken place since then in the distribution of NHS Trusts in your deanery and of PRHOs among them.

If there have been no changes please state this.

Background information

1. The number of NHS Trusts presently providing medical care in your deanery

2. The number of these Trusts employing:

    a. house physicians only

    b. house surgeons only

    c. house physicians and house surgeons

    d. house officers in posts in other specialties

3. If you are a net exporter of PRHOs, whether you have formal links[4] with NHS Trusts providing medical care in other parts of the UK, and the number of Trusts involved.

4. If you have such links, the number of such Trusts employing:

    a. house physicians only

    b. house surgeons only

    c. house physicians and house surgeons

    d. house officers in posts in other specialties

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[3] For schools visited in 1995 and 1996, we will also have available your responses to our first round enquiries about general clinical training.

[4] By this we mean that the Trust has PRHO posts subject to systematic approval by your university.

5. The number of recognised:

   - house physician posts
   - house surgeon posts
   - house officer posts in general practice
   - house officer posts in hospital specialties other than medicine and surgery and their sub-specialties (please list the specialties involved and the number of posts in each

in your deanery at the present time.

6. Any changes in the house officer complement in your deanery already planned.

7. By completing the table below, would you please show the extent to which the following key facilities are now provided for house physicians, house surgeons and other house officers in your deanery. Please code your responses using the scale:

1 = none; 2 = some; 3 = half; 4 = most; 5 = all (where 1 = 0-9%; 2 = 10-39%; 3 = 40-59%; 4 = 60-89%; 5 = 90-100%)

Facility	house physician posts	house surgeon posts	other posts (by specialty)[5]
Induction training			
House officer's handbooks			
Learning agreement			
Job description/contract of employment			
Educational programme			
Proper clinical supervision at all times[6]			
Systematic clinical training			
Proper educational supervision, including regular feedback and appraisal			
Final assessment on completion of post			
Access to career advice			
Access to counselling/occupational health services			
Satisfactory accommodation			
Proper catering when on duty			
Arrangements to secure personal safety			

[5] See question 5 above.
[6] Paragraph 33b of *The New Doctor* requires PRHOs to have available to them in the hospital, at all times of the day or night, a more senior member of staff in an appropriate specialty who can provide cover and help.

B. IMPLEMENTATION OF THE NEW DOCTOR

B1 Responsibility/Accountability

The GMC expects clear lines of responsibility and accountability to be established in each deanery and to be known and understood by all concerned with the pre-registration year.

a. Organisational Structure

- Which body is responsible for the overall management of the pre-registration year?
- What are the main functions of this group?
- What are the functions of each group that reports to it?
- How is the membership of the various groups made up?
- How often does the membership change?
- How often do the Groups meet?
- How is the work of the different groups co-ordinated?
- What arrangements do you make for co-ordinating general clinical training with other medical schools?
- How does the deanery relate to the health departments and other organisations with an interest in the pre-registration year?

b. Approval of posts

- Who is responsible for approving posts?
- What are your criteria for approving individual posts?
- How do you obtain the opinions of PRHOs about their house officer posts?
- How do you use the information provided?

c. Communication

- How do you ensure the aims and objectives of general clinical training are known and understood by PRHOs, educational supervisors, clinical tutors and NHS Trusts in your deanery?

d. Monitoring of the overall quality of PRHO education and training

- What monitoring systems have been put in place in your deanery to guarantee the elements of a high quality PRHO post, as set out in *The New Doctor,* by testing the compliance of NHS Trusts and others with the GMC's guidance and your own more detailed requirements for PRHO training?

- What is involved in the monitoring process?

- How often do you monitor posts?

- What combinations of posts would you prohibit?

- Where shortcomings have been identified, what steps are taken to bring all posts in your deanery up to the level of the best posts?

- Have you ever removed a post from your list of approved posts and if so why?

- What procedures did you adopt for removing the post?

- Do you have any general reservations about your current PRHO posts and if so what are they?

e. Selection of PRHOs

- What system is in place in your deanery to facilitate appointments to PRHO posts?

- What steps do you take to ensure that the appointment of PRHOs is fair, open, and conforms with equal opportunities legislation and best practice?

- If your deanery is a net exporter of PRHOs, what steps do you take to help final year students without a local post to obtain an appointment in another deanery?

B2 The components of a high quality PRHO post

The GMC believes that new graduates entering medical practice deserve the best possible start to their careers

a. Induction training

- Do you provide a shadowing scheme and if so what form does this take?
- How long do final year medical students spend shadowing a PRHO?
- What form do initial and extended induction training take in your deanery?
- What advice do you provide for staff preparing induction programmes and written materials for PRHOs?

b. Educational opportunities

- What formal educational opportunities are available to PRHOs?
- Who arranges the formal educational sessions for PRHOs?
- Are PRHOs involved in choosing the topics for formal educational sessions?
- What is the format of the formal educational sessions?
- What steps are taken to ensure that all PRHOs are able to attend formal educational sessions on a bleep-free basis?
- What procedures are in place to monitor attendance by PRHOs?
- What are the consequences of poor attendance?

c. Educational supervision

- What is the contractual status of the educational supervisors in relation to postgraduate deans and Trusts?
- Please describe the mechanism for appointing educational supervisors.
- How do you ensure that the educational supervisor and the PRHO meet on a regular basis to discuss the PRHO's work?
- Do PRHOs and their educational supervisors have a list of aims and objectives for each post?
- What steps do you take to ensure that PRHOs do not regularly undertake tasks of little or no educational value?
- What training and support do educational supervisors receive in teaching methods, assessment, counselling and support and other issues, and how often?
- What training and support do clinical tutors receive in teaching methods, assessment, counselling and support and other issues, and how often?
- What mechanisms do you have in place to deal with unsatisfactory performance by educational supervisors and/or clinical tutors?
- Apart from the educational supervisor, how do you involve medical staff on the firm or in the practice, and non-medical staff, in the appraisal of PRHO performance?

d. Clinical training and supervision

- Is there a core of generic clinical training for all medical, surgical and other PRHOs in your deanery?
- If so, what does this comprise?
- How do you ensure that the core component is delivered?
- What mechanisms do you have in place for dealing with unsatisfactory performance among clinical supervisors?
- How do you go about ensuring that other medical staff, and non-medical staff, are involved in the training and supervision of PRHOs?

e. Monitoring the progress of PRHOs

- How is the progress of PRHOs monitored?
- What mechanisms do you have for dealing with a PRHO whose performance is unsatisfactory?
- How is the postgraduate dean informed of unsatisfactory performance in a particular post and at what stage?
- How do you deal with a PRHO who has missed a substantial amount of the post through ill health?
- How do you monitor the progress of your graduates in posts outside your deanery?
- Who is responsible for signing Certificates of Experience and how are decisions to sign these taken?

B3 Professional development and personal well-being

Appropriate provision should be made for the professional and personal welfare of PRHOs

a. Careers advice

- Please provide information about the resources available in your deanery to PRHOs seeking advice on their future careers.
- How do you promote uptake of these facilities?

b. Support for PRHOs

- What facilities are available to PRHOs needing advice about the practical and educational aspects of the PRHO year?
- What other support services are available for PRHOs (e.g. counselling, occupational health)?

c. Accommodation, catering and personal safety

- How do you monitor the standard of accommodation and catering for PRHOs?
- What steps do you take if either the accommodation or catering facilities are unsatisfactory?
- What steps do you take to ensure the security of PRHOs?
- What steps do you take if the security arrangements are unsatisfactory?

d. Contractual matters

- How do you monitor the hours PRHOs work, to ensure they are in conformity with the 'New Deal'?

B4 Other

a. General Clinical Training in general practice

- Please describe the arrangements that have been put in place in your deanery for PRHOs spending part of the pre-registration year in general practice

b. General

- Are there any points about general clinical training in your deanery, or in other deaneries but under the supervision of your university, that have not otherwise been covered in our questionnaire and that you would like to draw to our attention at this time?

GUIDANCE FOR EDUCATION COMMITTEE VISITORS TO MEDICAL SCHOOLS IN 1998-2001 - VISIT TO THE UNIVERSITY OF

Background

1. The Education Committee has embarked on a programme of informal visits to all medical schools to monitor the implementation of *Tomorrow's Doctors*, the Recommendations on Undergraduate Medical Education (1993). From autumn 1998 onwards, monitoring will be extended to cover implementation of *The New Doctor*, the Recommendations on General Clinical Training.

2. Every school had been visited once by the spring of 1998. A second round of visits began in October 1998. These visits are designed to assess the further progress made towards introducing new-style curricula, particularly during the primarily clinical years. The visitors will also be considering the arrangements made to assess medical students.

3. Some of the visits to be undertaken in 1998-2000 will involve collaborative work with teams appointed by the Quality Assurance Agency (QAA) to carry out a review of medicine in universities in England and Northern Ireland. In such cases further information about the practical arrangements which flow from this will be provided for team members prior to the visit.

Practical Arrangements for the visit

The visiting team

4. Your team will be led by .

The remaining members of the team are:

The team will be accompanied by from the Education Section who will be responsible for making the practical arrangements, with the exception of the travel arrangements, for members of the team.

Dates of the visit

5. The visit will take place between . Some members of the team also intend to observe meetings held by the Quality Assurance Authority on .

Accommodation

6. During our stay we will be staying at: .
Confirmation of your reservation is enclosed.

Useful telephone and fax numbers

7.

Programme for the visit

8. The visit will commence with an informal discussion meeting over dinner on . Please meet in the hotel's reception area. The first full day of the visit will be devoted to the undergraduate curriculum, and the second to general clinical training.

9. Formal briefing meetings will be held for visitors, as specified on the timetable enclosed with your information pack.

Documentation provided

10. The following documents are enclosed:

- Questionnaire completed by the medical school.
- Supporting material provided by the medical school.
- *Duties of a Doctor* and the associated student card
- *Tomorrow's Doctors*
- *The New Doctor/Supplementary Guidance on General Clinical Training in General Practice*
- Areas of good practice and for further consideration from the visit report
- Letter from the QAA of June 1998 about the observation of clinical teaching and other matters

Other materials in this pack

- Expenses claim form
- Notebook
- Name tag
- Envelope for the return of the 'blue bag'

Aims of visit

Undergraduate medical education

11. a. To monitor progress towards implementing the 13 principal recommendations in *Tomorrow's Doctors* (see Appendix A);

b. To identify obstacles to change, so that these may be drawn to the attention of bodies such as the Steering Group on Undergraduate Medical and Dental Education and Research;

c. To identify examples of good practice/to note interesting developments so that the Education Committee may in due course draw them to the attention of other medical schools;

d. Where progress towards change is slower than expected, to gain a clear picture of the intended timetable for implementation and to bring forward, as necessary, recommendations for further non-statutory or statutory visits.

General clinical training

12. a. To monitor implementation of the key features of *The New Doctor*, bearing in mind the Education Committee's wish to see the necessary changes introduced by April 2000;

b. To identify examples of good practice/to note interesting developments so that the Education Committee may draw these to the attention of other universities with medical schools, the NHS Executive and the GMC/NHSE General Clinical Training Overarching Group;

c. In the event that the visitors identify deficiencies in the arrangements for general clinical training in a hospital or institution approved by the university, to alert the Committee to these, so that it can:

- report its concerns to the university
- consider whether to carry out a further informal visit

- decide whether to institute a formal visit of the kind for which Section 13 of the Medical Act provides

Role of the visitors

13. The team leader will manage the visit.

14. The general approach to be taken during the visit will depend on the information in the questionnaire completed by the medical school prior to the visit and the documents attached to it.

15. Visitors should read the completed questionnaire and make a note of any points they wish to explore further, either because more work needs to be done in a particular area or because the practice of the medical school seems noteworthy. In addition to this overview, each visitor will be asked to study sections of the questionnaire in more detail, in preparation for the team briefing meetings.

16. Under the guidance of the team leader, the team must decide:

a. which issues need to be raised during the visit
b. with which groups these issues should be raised
c. which member of the team will introduce each issue

Appendices A (undergraduate curriculum) and B (general clinical training) will be a point of reference for the briefing meetings.

17. The team leader must ensure that all matters of concern have been covered adequately during the visit.

18. The questions of selection and student progress do not feature in our questionnaire as the Education Committee does not have any jurisdiction over them. However, it is useful to know about the medical school's selection policy and the number of students completing the course in order to obtain an overall picture of the quality of the course. It is expected that these issues will have been adequately covered in the QAA self-assessment document. If not, the team leader will make enquiries during the visit (see Appendix A).

The preparation of a report for the Education Committee

19. The visitors will be expected to present a report of their findings, normally within three months of completing the visit. The administrator accompanying the team will prepare a draft report.

20. Any visitor who is not a member of the Education Committee will be invited to attend the meeting of the Committee at which the report is to be discussed.

The duties and responsibilities of the Education Committee with regard to informal visits

21. These are outlined in the document at Appendix C.

Financial arrangements for the visit

22. The following will be paid:

travel expenses
accommodation and meals
locum expenses (a receipt will be required).

23. You will be paid £25 per half day for the visit.

ISSUES TO BE RAISED ABOUT THE UNDERGRADUATE CURRICULUM

(To be completed during briefing meeting)

THE BURDEN OF FACTUAL INFORMATION

(See sections A4, B2 of the completed questionnaire)

To be raised by:

LEARNING THROUGH CURIOSITY

(See section B2 of the completed questionnaire)

To be raised by:

ATTITUDES/GOOD MEDICAL PRACTICE

(See sections A2, B2 of the completed questionnaire)

To be raised by:

ESSENTIAL SKILLS

(See sections A3, B1, B2 of the completed questionnaire)

To be raised by:

CORE CURRICULUM

(See section B2 of the completed questionnaire)

To be raised by:

SPECIAL STUDY MODULES

(See section C1 of the completed questionnaire)

To be raised by:

SYSTEMS-BASED, INTEGRATED CURRICULUM

(See section B2 of the completed questionnaire)

To be raised by:

COMMUNICATION SKILLS

(See sections A3, B2 of the completed questionnaire)

To be raised by:

PUBLIC HEALTH MEDICINE

(See section B2 of the completed questionnaire)

To be raised by:

CHANGING PATTERNS OF HEALTH CARE

(See section B2 of the completed questionnaire)

To be raised by:

LEARNING SYSTEMS

(See sections A5, B2 of the completed questionnaire)

To be raised by:

ASSESSMENT

(See section C2 of the completed questionnaire)

To be raised by:

SUPERVISORY STRUCTURES

(See sections A1, B2 of the completed questionnaire)

To be raised by:

LEGAL/ETHICAL ISSUES

(See section B2 of the completed questionnaire)

To be raised by:

TRANSCULTURAL MEDICINE

(See section B2 of the completed questionnaire)

To be raised by:

ALTERNATIVE MEDICINE

(See section B2 of the completed questionnaire)

To be raised by:

STUDENT SUPPORT

(See section C3 of the completed questionnaire)

To be raised by:

FEEDBACK TO STUDENTS

(See section C4 of the completed questionnaire)

To be raised by:

STAFF DEVELOPMENT

(See section A1 of the completed questionnaire)

To be raised by:

QUALITY CONTROL[1]

(See section C5 of the completed questionnaire)

To be raised by:

[1] Note: Unless there are pressing reasons to proceed otherwise, quality control issues will be left to the QAA teams to pursue, when collaborative visits are taking place.

OTHER ISSUES (if any)

(See section C6 of the completed questionnaire)

To be raised by:

STUDENT SELECTION[2]

What is the selection procedure?
What selection criteria are used?
How are the selectors trained?
Are selectors given equal opportunities training?
Are the selection criteria and procedures in the public domain, so that prospective students are aware of the school's approach?

If necessary, to be raised by: **Team Leader**

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[2] Note: Unless there are pressing reasons to proceed otherwise, student selection issues will be left to the QAA teams to pursue, when collaborative visits are taking place.

STUDENT PROGRESS[3]

What percentage of students complete the course successfully?
What are the main reasons for not completing the course successfully?
Do you permit students to be admitted to the second or subsequent year of the course? If so, on what grounds?

If necessary, to be raised by: **Team Leader**

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[3] See note on page 27.

Appendix B

ISSUES TO BE RAISED ABOUT GENERAL CLINICAL TRAINING

(To be completed during briefing meeting)

ORGANISATIONAL STRUCTURE

(See section B.1a of the completed questionnaire)

To be raised by:

APPROVAL OF POSTS

(See section B.1b of the completed questionnaire)

To be raised by:

COMMUNICATION

(See section B.1c of the completed questionnaire)

To be raised by:

MONITORING OF OVERALL QUALITY OF EDUCATION AND TRAINING

(See section B.1d of the completed questionnaire)

To be raised by:

SELECTION OF PRHOs

(See section B.1e of the completed questionnaire)

To be raised by:

INDUCTION TRAINING

(See section B.2a of the completed questionnaire)

To be raised by:

EDUCATIONAL OPPORTUNITIES

(See section B.2b of the completed questionnaire)

To be raised by:

EDUCATIONAL SUPERVISION

(See section B.2c of the completed questionnaire)

To be raised by:

CLINICAL TRAINING AND SUPERVISION

(See section B.2d of the completed questionnaire)

To be raised by:

MONITORING PROGRESS OF PRHOs

(See section B.2e of the completed questionnaire)

To be raised by:

CAREERS ADVICE

(See section B.3a of the completed questionnaire)

To be raised by:

SUPPORT FOR PRHOs

(See section B.3b of the completed questionnaire)

To be raised by:

ACCOMMODATION, CATERING AND PERSONAL SAFETY

(See section B.3c of the completed questionnaire)

To be raised by:

CONTRACTUAL MATTERS

(See section B.3d of the completed questionnaire)

To be raised by:

GENERAL PRACTICE

(See sections B.4a of the completed questionnaire)

To be raised by:

OTHER ISSUES (if any)

(See sections B4.b of the completed questionnaire)

To be raised by:

Appendix C

INFORMAL VISITS TO THE UNIVERSITIES WITH MEDICAL SCHOOLS - 1998/2001

The duties and responsibilities of the Education Committee

Agree the overall programme for the second cycle of visits, for a period ending in December 2001, having regard to the wishes of some medical schools for collaborative working between the GMC and the Quality Assurance Agency.

Agree the arrangements for further informal visits (if any) in and after 1999.

Within each visiting year, agree the annual programme, including the dates by which the visitors' reports must be submitted for consideration.

Agree such general guidelines for the universities with medical schools and for the visitors as may be required.

In relation to each visiting cycle, agree the general purpose of the visits, and the particular points to be explored with the medical schools to be visited, taking account of the written enquiries being made at that time, as well as the outcome of previous enquiries.

Select, or authorise the Chairman to select, appropriately qualified and experienced persons to visit the medical schools, on the basis of criteria to be agreed in advance by the Committee.

Provide, through the person of its Chairman, appropriate briefing for visitors to medical schools.

Review the reports received from its visitors at the conclusion of each visiting year, and agree on the action to be taken, which might include:-

A decision to institute one or more formal visits in terms of Section 7 of the Medical Act 1983.

A decision to make further informal visits as planned within the forward programme.

A decision to make further, extraordinary, informal visits to pursue matters of concern but not of sufficient gravity to merit a formal visitation

A decision to propose remedial mechanisms

and communicate accordingly with the medical schools visited.

Agree the terms of the reports summarising the Committee's interim and definitive conclusions on the outcome of the visits programme.

Take whatever steps may be necessary to amend the guidance in *Tomorrow's Doctors* and *The New Doctor*, or issue notes of guidance pursuant to these, in the light of information received from the visitors, and by other means.

Maintain a dialogue with the Privy Council about the Committee's plans for monitoring, and the results of its enquiries.

Keep Council informed of work in progress.

Draft guidance for visitors to new medical schools/inspectors of qualifying examinations

Objective of the exercise

1. To produce the written evidence needed to assure the Education Committee of the GMC that:

- graduates of the new course are fit for purpose in terms of the recommendations in *Tomorrow's Doctors*[1]

- the names of the universities with responsibility for the course should be added by the Privy Council to the list of bodies entitled to hold qualifying examinations[2].

Duration of the exercise

2. The exercise will extend, as far as team members are concerned, from the date of their appointment until the Education Committee has considered and signed off their final report. This is expected to take place shortly after the first cohort of students to be admitted to the new school has completed the final qualifying examination or assessment. There will be some further work for the Committee to do, but that will not involve the team (see paragraph 4).

The statutory background

Mechanism for ensuring that graduates of new medical schools can register with the GMC

3. The creation of new medical schools is a matter for the government. However, a positive recommendation by the Education Committee is required if graduates of these schools are to be able to register with the GMC and work as doctors.

4. The Committee must indicate to the Privy Council that in its view, the names of the parent universities should be included in the list [in the Medical Act 1983] of bodies entitled to hold qualifying examinations and award primary degrees in medicine or surgery. This normally happens towards the end of the final year, for the first intake, provided that the Committee is satisfied about the quality of the educational processes through which graduates have gone, and their fitness for purpose.

5. The Committee's role in accrediting new medical schools is described at Section 8 of the Medical Act 1983:

'If it appears to the Education Committee [of the GMC] that the standard of proficiency required from candidates at examinations held or to be

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[1] A new version is expected towards the end of 2001
[2] Medical Act 1983, Section 4

held by any university or combination of universities in the UK for the purpose of granting one or more primary UK qualifications does or will conform to the prescribed standard of proficiency, the Committee may represent to the Privy Council that it is expedient that those examinations should become qualifying examinations for the purposes of this Part of the Act.

Her Majesty may by Order in Council give effect to any [such] representations made to the Privy Council...'

6. The Act is not specific about the evidence the Education Committee will need in order to reach this conclusion. The Committee therefore models the procedure for dealing with new medical schools on that which it uses when visiting the teaching and/or inspecting the examinations of the universities whose primary medical degrees are already registrable.

Inspection of qualifying examinations

7. Section 6 of the Act stipulates that:

'For the purpose of securing the prescribed standard of proficiency the Education Committee may appoint such number of inspectors as they may determine, and the inspectors shall attend, as the Committee may direct, all or any of the qualifying examinations held by any university or other body specified in Section 4 (3) [of the Act].

Any person deputed for the purpose by the Education Committee may attend and be present at any examination held in the UK which has to be gone through in order to obtain a primary UK qualification...

Inspectors ... shall not interfere with the conduct of any examination but it shall be their duty to report to the Education Committee their opinion as to the sufficiency of every examination which they attend, and any other matters relating to such examinations which the Committee may require them to report.'

8. For the purpose of this work, the attainment of 'sufficiency' in relation to a qualifying examination or assessment is taken to mean that the standard of proficiency specified by the Education Committee in its guidance about undergraduate medical education, *Tomorrow's Doctors*, has been maintained by the examining body.

9. The GMC is presently (June 2001) revising the guidance in *Tomorrow's Doctors*, and a new edition is expected by early 2002.

10. The most significant change has been the recasting of *Tomorrow's Doctors*, so as to describe how the professional standards and behaviour set by *Good Medical Practice*[3] can be delivered through undergraduate medical education.

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[3] Not published when *Tomorrow's Doctors* was drawn up.

11. The 13 principal recommendations which encapsulated our 1993 guidance no longer feature in the draft text as most medical schools have already responded to them. Much has, however, been retained, including the commitment to a rigorously defined core course, supplemented by significant opportunities for student choice in their non-core studies. The revised text continues to avoid all reference to traditional subjects and disciplines.

12. We have included a new section which outlines the procedures that should be put in place by medical schools and awarding bodies to ensure that appropriate standards are maintained. We have also augmented the guidance we offer on student appraisal and assessment.

Visitation of teaching

13. Section 7 of the Act states that:

'The Education Committee may appoint persons to visit... places where instruction is given to medical students under the direction of any university or other body [entitled to hold qualifying examinations].

It shall be the duty of the visitors... to report to the Education Committee as to the sufficiency of the instruction given in places which they visit and as to any other matters relating to the instruction which may be specified by the Committee either generally or in any particular case; but no visitor shall interfere with the giving of any instruction.'

14. The attainment of 'sufficiency' in relation to the opportunities for teaching/learning is interpreted as meaning that the university concerned is providing its students with the instruction that will equip them with the knowledge and understanding, practical skills and professional attributes laid down in *Tomorrow's Doctors* (see also paragraphs 9-12 of this note).

Appointment of visitors/inspectors

15. Under Sections 6 and 7 of the Medical Act 1983, the Committee has appointed a number of medically qualified and non-medical individuals to act both as visitors and inspectors, as far as the new medical schools established in 2000 and 2001 are concerned.

16. As the extracts from the Act show, it is the duty of these persons to report to the Committee on the sufficiency of the teaching and the assessments/qualifying examinations of the new medical school.

The principal focus of the exercise

17. Inspection of the qualifying examinations and the summative assessments will be the principal focus of the team's work. These must provide a sufficient guarantee that the graduating medical student has attained the standard necessary for provisional registration with the GMC, and is fit to engage for the first time in professional practice as a doctor. However, judgements about the sufficiency of the assessments cannot be formed

without considering in similar depth the curriculum and the arrangements for teaching and learning.

18. In their capacity as visitors, team members will therefore be asked to consider and report on a range of issues relating to the curriculum, and the learning environment within which it is delivered. The team may find it helpful to consider its dual task in terms of the six héadings used by the Quality Assurance Agency in its review of medicine 1998-2000:

- curriculum design, content and organisation
- teaching, learning and assessment
- student progression and achievement
- student support and guidance
- learning resources
- quality management and enhancement.

19. The EEA Medical Directive (to which the UK is signed up) is concerned with the total period of basic medical education leading to full registration, and the final aspect of the team's report will therefore be concerned with preparation for and the transition to general clinical training during the pre-registration year. The GMC's guidance, *The New Doctor*, will be relevant to this part of the team's work.

Composition and role of the team and its leader

20. Each team includes a pre-clinician, a physician, a surgeon, a general practitioner, an obstetrician and gynaecologist, a public health specialist, a member with special expertise in medical education and a lay member. Some members will have a dual role.

21. Each team has an appointed leader, who will be responsible within the context of *Tomorrow's Doctors* and this note of guidance for the overall management of the visits/inspections, including the team's relationship with the host university, and the preparation of the team's reports to the Education Committee. The team leader will be supported by a member of staff from the GMC's Education Section (see below).

22. The team leader will assign responsibility for considering and reporting on particular aspects of the teaching, examinations and the learning environment to individual members of the team, according to their expertise.
22. Historically, the GMC has relied on the professional wisdom of its visitors and inspectors to interpret its educational guidance, when considering whether appropriate standards are being applied by each examining body. Team members will be offered the opportunity to participate in the programme of training the GMC plans to put in place for those who will visit and inspect the existing medical schools in 2003-2006. However the initial stages of the exercise will have to be put in hand in advance of this.

23. Professional and other pre-existing commitments may sometimes prevent members from attending events planned at the medical school. However it is expected that all members of the team will play a full part in its work both on and off site, including reviewing and commenting on written material provided by the school, participating in any briefing/debriefing meetings arranged by the team leader, and making detailed contributions to the team's reports.

24. The quorum for attendance at key activities at the medical school, such as qualifying examinations or assessments, will normally be three members of the team. Other arrangements may apply for attendance at end of attachment summative assessments.

25. It is inevitable that team members will become involved with developmental issues as the new curriculum, and the arrangements for student assessment, are rolled out. However, members need to remember that their principal role is judgmental, and their line of accountability to the Education Committee. This must not be compromised. Through its reports for the Committee, the team will be playing its part in assuring the public about the quality of our future doctors.

26. Visitors must discuss with the medical school any concerns they have about the way in which the curriculum is developing or being implemented. Although some issues will prove to be a matter of opinion or emphasis, significant problems cannot be left unresolved - there must be opportunities for the medical school to address the visitors' anxieties.

27. If an accommodation cannot be reached between the team and the medical school, outstanding issues should be mentioned in the team's reports, so that they can be considered by the Education Committee.

28. While on site the team is likely to be working throughout the day and into the evening. For this reason, spouses, children or other non-members of the team cannot be accommodated on the visits.

The role of the team administrator

29. The team administrator will work closely with the team leader and members of the team at all times. In particular the team administrator will help the team leader prepare the formal reports needed by the Education Committee.

30. The team administrator will act as the point of contact between the team and the host medical school when the team is not on site, and this will be made clear to the school. The team administrator will also liaise as necessary with medical school staff, for example to secure a room for the team's use while on site, and any written material that the team may require both on site and subsequently.

31. The team administrator will also be responsible for intra-team communication between site visits, and will set up an electronic network to facilitate communication among team members.

32. Members will be responsible for making their own arrangements for travel to and from the medical school or other location where a site visit is to be made. The cost of travel and incidental expenses will be reimbursed by the GMC on presentation of a completed claim form, supported by receipts. **[Explain the prevailing levels of payment at this point.]**

33. The team administrator will, however, organise any transport needed between sites, once team members have assembled for a visit. The team administrator will also arrange hotel accommodation for the duration of each visit. The bills for accommodation and meals taken in the hotel will be sent direct to the GMC. **[Explain here about signing the bills, and any unacceptable expenditure]**

Our expectations of the medical school

34. To assist us in our work we will ask the school to nominate a member of staff to act as a facilitator and first point of contact for our team administrator.

35. We will expect the medical school to make available to us all written material relating to:

- the development and implementation of the curriculum, including a curriculum map showing amongst other things the division of time, year on year, between core studies and student-selected elements, and the proportion of time allocated to different types of learning (e.g. lectures, small group learning and SDL/DSL)
- the arrangements for student assessment
- the physical, electronic and human resources available within the learning environment, including the arrangements for student support and guidance
- its plans for developing the expertise of those who will teach the students
- preparation for the pre-registration year

We may wish to receive this material electronically when off site.

36. The team will also need opportunities to sample individual and group student work, in addition to that submitted for formal assessments.

37. We will need from the medical school, at the earliest opportunity, timetables showing the dates when key meetings or other events such as summative assessments or qualifying examinations are to be held, so that

members of the team can plan for these. We will also need timetables showing the teaching and learning opportunities available during each year of the course so that members can arrange to sample the teaching.

38. From time to time we will ask the school to arrange meetings between the team and students or staff of the school.

How the team will discharge its responsibilities

39. The visit will begin with the initial meeting between the team and representatives of the medical school. Amongst other things this will cover:

- The team's terms of reference
- How the process of accreditation works in terms of current legislation
- The procedures we envisage for managing the exercise
- How the school plans to respond to the needs identified at paragraphs 36-39
- Any issues the school wishes to raise

40. Site visits thereafter will normally be limited to attendance at key events such as major meetings and qualifying examinations or summative assessments, sampling the teaching provided for students and discussions with students and staff. Wherever possible the team will use electronic methods of communication to deal with documentation relating to the development and implementation of the curriculum. The team also hopes to be able to observe student teaching in the periphery from one of the principal sites, where electronic means of doing so are available.

41. There are several reasons for limiting the scope of our on-site interaction with the medical school. First, the Education Committee is required only to be satisfied about the 'sufficiency' of the qualifying examinations in order to support a recommendation to the Privy Council that the name of the university concerned be added to the list of bodies entitled to hold qualifying examinations. The team must of course have regard for the totality of the learning experience that leads up to the qualifying examination and prepares the new graduate for initial practice as a doctor, as discussed at paragraphs 17 and 18.

42. Second, the Committee is conscious of the many demands made on the time of those who have agreed to be appointed as visitors and inspectors and wishes to protect them from an entirely open-ended commitment. The Committee also has to operate within an annual budget set for the GMC.

43. Finally, given the increasing proliferation of graduate and other variant courses the Committee has already agreed that there is a need to focus more on the overall fitness for purpose of graduating medical students, and their

attainment of the goals and objectives set out in our educational guidance, than on the fine detail of the educational processes deployed by each medical school. Nevertheless, the Committee must continue to assure itself that medical school curricula are broadly consonant with its recommendations.

Reporting to the Education Committee

44. The Education Committee's Sub-Committee on Assessment and Monitoring (SCAM) meets quarterly. SCAM will consider informal reports of the team's progress, provided by the team administrator on behalf of the team leader, on a quarterly or other regular basis. These reports will take the form of position statements created for the team's benefit and will not involve members in any additional work.

45. Formal reports from the team will be needed after every major encounter, such as the summative assessments conducted at the end of a stage or phase of the curriculum. Formal reports must be sent by the Committee to the School for its comments.[4]

46. The final report will normally be submitted towards the end of the last year of the course, as taken by the first intake. Provided that the position is regarded as satisfactory, the objective is to ensure that graduates of the new school will be able to register with the GMC and start their pre-registration year in the August after qualification.

47. Depending on the timing of the final examinations or assessments, and the cycle of meetings of the Privy Council, the team may need to submit a short supplementary report on these after the Education Committee has reached an overall view about the sufficiency of the qualifying examinations and informed the Privy Council of its conclusions.

Reporting to the Privy Council

48. The Education Committee is required by the Medical Act 1983 to forward to the Privy Council a copy of every formal report submitted by its visitors or inspectors, together with the observations on the report from the university or universities concerned. The Committee's own comments on the report and observations are normally forwarded to the Privy Council at the same time.

49. Subject to the views of the Privy Council we plan to publish the team's formal reports, once the new medical school has been 'accredited' and its graduates have become entitled to GMC registration.

The scope of a visit/inspection report

50. The team will in due course be provided with a separate check list of issues to consider in relation to compliance of the new school's arrangements with the Committee's revised guidance on undergraduate medical education.

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[4] There is nothing to prevent the team from checking with the school the factual accuracy of parts of their report, before presenting it to the Committee.

Other points, particularly relating to the delivery of teaching and the Health Service context, may however occur to the team in the course of its work.

51. The team's reports will cover the following broad areas:

Terms of reference

General conclusions

Procedure of the team

Facilities for student learning

Human, physical, electronic

Supervisory structures

Students

Intake, progress, support/guidance, feedback, fitness for purpose as PRHOs

Curriculum

Overview of core and student selected opportunities; provision of teaching; any unresolved problem areas

Appraisal and assessment

Academic and fitness for practice

Preparation for practice

Setting and maintaining standards, including quality control

Provision made for general clinical training of the School's graduates