

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

FINAL

Report of the Visitors to the University of Aberdeen Medical School for 2003/2004

Introduction

1. This is the report to the Education Committee of the General Medical Council on the University of Aberdeen on the Quality Assuring of Basic Medical Education (QABME) pilot of undergraduate provision at the University of Aberdeen School of Medicine.

2. The Visiting Team appointed by the Education Committee for this purpose is

Professor Sam Leinster (Team Leader)

Professor Roger Barton

Dr Roger Bloor

Professor David Croisdale-Appleby

Professor Trudie Roberts

Mrs Suzanne Shale

Professor John Spencer

Mr Rafik Taibjee

Dr Martin Talbot

Reverend Dr David Taylor

3. The team is supported by Miss Megan Wilson.

Our programme of visits in 2003/04

4. Between February 2004 and June 2004 members of the Visiting Team visited Aberdeen Medical School on four occasions: 17 February 2004 (Foresterhill Site, Aberdeen), 2 March (Inverness Site), 10 March (Foresterhill Site) and 22-23 June (Foresterhill Site, Aberdeen).

Summary of findings

5. Overall, the Visitors are satisfied that that the Medical School is meeting the requirements set out in *Tomorrow's Doctors*¹.

6. The Visitors were impressed by the enthusiasm and commitment of the staff, the enthusiasm and loyalty to the School of the students, and the help with which the School provided the GMC in making arrangements for the visits.

Curricular outcomes

7. The Visitors conclude that the Aberdeen course meets appropriately the outcomes specified in *Tomorrow's Doctors*.

8. The School is currently in the process of incorporating the outcomes of *The Scottish Doctor* into its curriculum.

Curricular content structure and delivery

Content

9. The Visitors are satisfied that the Aberdeen curriculum² provides its students with an opportunity to know about and understand the principles of treatment.

10. The Visitors were satisfied that the content of the Aberdeen curriculum provided its graduates with the opportunity to obtain the appropriate clinical and practical skills as outlined in *Tomorrow's Doctors*.

11. The Visitors agreed that the content of the Aberdeen curriculum is sufficient to equip students with the appropriate teaching skills. Development of teaching skills is promoted throughout the curriculum in opportunities to give presentations. One of the medical education modules, in the paramedical block, enables final year students to give tutorials to students in Year 2. There are further opportunities for teaching in the third year diagnostic OSCE where students devise their own OSCEs and test each other upon the examinations. In addition, there is a separate education module where students may go to secondary schools to teach in science classes (for example, CPR and sex education were topics covered) and careers guidance sessions.

12. The Visitors found the Aberdeen students to be aware of current developments and guiding principles in the NHS, for example in patient-centred care. The students showed particular awareness of this in terms of communication skills. Students could demonstrate this by giving examples of some consultants showing an apparent lack of awareness of their own patients' needs.

13. The Visitors noted that the team working component was fully integrated throughout the programme, it should be better signposted to allow students to have a

¹ GMC, *Tomorrow's Doctors*, (2003), 2nd Ed, GMC, London

² The Aberdeen curriculum is a systems based course with integration of the clinical and basic sciences.

better appreciation of the importance of working as a team in a multi-professional environment.

14. The Visitors agreed that the teaching of ethics was sufficient to the requirements of *Tomorrow's Doctors*. Ethics teaching is fully integrated into the clinical teaching and Regent System. The first session of the Community Course is an introduction to ethics and is one of the first things that the new medical students will attend. However, the Visitors suggest better signposting of the teaching of ethics and appreciate that this is happening.

15. Although the Aberdeen community is small there is diversity of population due to the oil industry and geography of the area. As a result, students are taught issues specifically relating to geographical issues in remote and rural practice. Students also undertake a one day course in Year 3 on multicultural issues.

16. Despite these measures, the Visitors had some concerns about how much opportunity the students had to appreciate and value diversity. Visitors suggested that these issues could benefit by better signposting. The Visitors recommended that greater emphasis could be given to addressing diversity, particularly in regard to ethnicity issues.

17. Visitors suggest that diversity could also be addressed through the teaching of communication skills.

18. The Visitors noted that while there was some opportunity to become aware of alternate and complementary therapies, there was little awareness demonstrated of the existence and range of complementary therapies among the students. The Visitors recommend that greater emphasis should be put on the students' understanding of these therapies, particularly in relation to patient safety.

19. The Visitors were satisfied that the Aberdeen curriculum delivered appropriate outcomes in terms of educating students about the health of the public and the individual in society. They noted particularly the benefits of the Community Course in achieving this. They welcomed the School's efforts to introduce Computer Assisted Learning (CAL) but would suggest introducing more teaching on statistics and epidemiology.

Structure

20. The Aberdeen programme is a systems based course. A series of teams of staff for each of the systems decide on the outcomes for each system and then work backwards in order to decide the content of each year.

21. Student feedback indicated their understanding of the structure and context of the curriculum. However, there was some concern amongst the students about the purpose of Phase III in terms of providing a broad based exposure to a wide range of medical practice areas. The Visitors themselves were happy with the content of the year but wish to point out that there is a need for better signposting and explanation of the purpose of Phase III in order to engender a much clearer understanding amongst the students of its value.

22. Visitors have agreed that Aberdeen meets the GMC requirement of student selected components (SSC) forming 25-30% of the programme. Whilst there appeared to be an appropriate spread of SSCs, the choice did appear to be limited. The Visitors recommend that the School consider a wider choice of SSCs.

23. The Visitors noted the obvious commitment of the Phase II (2M) SSM staff and tutors towards the SSCs. SSC reports were double marked, the marking criteria were available to students, and staff were aware of what transferable skills were developed by each SSC.

24. The Visitors noted that the students did not feel that they always received detailed feedback. Students also did not appear to be aware of what transferable skills were developed by each SSC. The Visitors suggest that there may be a lack of overall SSC co-ordination at Aberdeen although they were pleased to note that this was being discussed by the School.

25. The Visitors welcomed the opportunity to find out more about the paramedical block. This block takes place over eight weeks in Phase 4. It is an opportunity for the students to develop a new skill or look at medicine from another point of view. All students take the paramedical block at the same time, which is managed effectively. Students also have an opportunity to set their own topics although these are carefully vetted by the School. Where the options adjoin existing courses across the University, they undergo similar assessments. However, it may prove necessary to make special arrangements if students wish to adjoin other courses across the University, as they are likely to have different start and ending dates.

26. The Visitors noted that 30 – 35 students intercalate each year, and that this takes place at the end of Phase 2. The Visitors feel this may restrict the ability of students to intercalate in other subjects, where the only option open to the Aberdeen students is a BMed Sci. The Visitors recommend that the School think about moving the positioning of the intercalated degree.

27. The Visitors confirmed that the School has a robust system for determining the student choice of electives. Visitors commended that a large proportion of students were able to undertake electives abroad and that the School had managed to find funding in terms of bursaries and awards for approximately half the students.

Delivering the curriculum

Supervisory structures

28. The Visitors were satisfied with the supervisory structures put in place for delivering the curriculum. They found that quality assurance was sufficient and addressed through the following mechanisms:

- a. A built-in system of regular monitoring.
- b. Staff student liaison committees.

- c. Student feedback.
- d. Mr Malcolm Laing, Associate Dean (Inverness) participates, in the Curriculum Steering Group, ensuring consistency between sites.
- e. Teaching GP conferences.

29. In terms of the supervisory structures the Visitors were satisfied that the curriculum was appropriately reviewed. The visit to the Inverness site highlighted the mutually beneficial relationship between GPs and students. The Visitors were further impressed by the ownership of the content and delivery of the course by the GPs.

Teaching and learning

30. The Visitors were satisfied that the delivery of teaching and learning at Aberdeen satisfied the requirements set out in *Tomorrow's Doctors*.

31. They found the standard of lectures to be high and noted that the students were able to ask questions at any time and felt confident about doing so.

32. The Visitors also found the standard of teaching clinical skills to be high. Not only was the teaching of a good standard but also so were the facilities for teaching and the documentation to support the process.

33. The Visitors noted the GP tutors demonstrated high standards of teaching and the facilities for this teaching were appropriate.

34. The Visitors commend the appointment process for the GP tutors as exemplary.

35. While generally the Visitors were satisfied with the arrangements for delivering the teaching and learning as relates to the curriculum they did not feel that there was adequate time made available for self directed learning. Furthermore there seemed to be little built-in time for reflection on the course or appreciation of the need for this by the students. The Visitors recommend that self reflective time should be better signposted, and that the School could build opportunities for self reflection into the log books system.

36. The Visitors were satisfied with the arrangements for PRHO shadowing. The Visitors note the close links throughout the course with the postgraduate side of education and the concentration on developing students' suitability for the PRHO experience.

Learning resources and facilities

37. The Visitors found the learning resources and facilities to be appropriate. They were pleased to learn of the constant improvement to facilities at the Foresterhill site and noted that there will be new facilities for anatomy teaching at the brand new clinical skills centre.

38. The Visitors found the mediCAL (computer assisted learning) facilities to be excellent and noted particularly the breadth and range of materials available.

39. The Visitors also viewed the library and they considered the library facilities to be appropriate.

40. The Visitors also had the opportunity to review the facilities at Inverness. They viewed the accommodation for students and recreational facilities. They considered these to be adequate but basic. They did note that there were no common areas within the accommodation for students to congregate.

41. The Visitors particularly liked the Undergraduate Teaching Centre at Inverness.

Student selection

42. The Visitors were satisfied that the Aberdeen processes for selection were in line with current practice and are such as to ensure that only those who are fit to become doctors were allowed to enter medical school. However, the Visitors suggest that the School make provision constantly to review their procedures.

43. The Visitors wish to commend Aberdeen's admissions processes as examples of good practice.

Student support guidance and feedback

44. The Visitors were able to confirm that there are appropriate support mechanisms for the students' academic and general welfare at all stages.

45. Throughout the course, where there are problems the phase co-ordinators put together a remedial package. The Phase 3 examinations (and OSCE and written examination) are followed by structured interviews to identify why students have done badly. Because it is an OSCE and written examination it is easy to identify whether there is a lack of knowledge or a lack of a skill. The School have put together new remedial packages in subjects such as CPR and there is an academic learning and study support unit. Furthermore there is a learning resource support team and a colloquial communication class which runs within the main University.

46. The Visitors were pleased to note that if students fail in the final year there is a remedial package which the students can take in the period up until Christmas when they are able to do a resit.

47. The Visitors note that the main method of support for students is via the Regent System and they commend this as an area of good practice. However the Visitors were concerned about how to ensure consistency of support across the whole of the Regent System and the Visitors recommend that there should either be a co-ordinator or a co-ordinating group for the Regent System.

48. The Visitors understood that a wide range of support systems were available to the students from the University as a whole. There was also peer support organised by the students.

49. The Visitors were pleased to note that the students were aware of the support processes available to them. The Visitors suggest that the BMA helpline, the Samaritans and other similar organisations should be flagged up possibly in each student handbook.

50. The Visitors were pleased to note that the students themselves were confident about how to raise concerns about academic matters or staff. The students were less happy to talk about whistle-blowing on fellow students but they expressed trust in two named members of staff to whom they felt they could go if they were concerned about a fellow student. The Visitors acknowledged that this system works well at present, but suggest that the School work towards having a more formalised process.

51. The Visitors found there to be a good system of student representation. The Visitors note that the students are not represented on the Progress Committees. However they appreciate that Aberdeen is a small medical school and the students would be worried about confidentiality if students were represented.

52. The Visitors were satisfied that the Aberdeen students receive regular and consistent information about their development and progress.

53. There is an evaluation system which works well. The University requires anonymous feedback. The School has piloted named feedback with constructive comments and feedback and the Visitors found this to be an example of good practice.

54. The Visitors noted that the electronic feedback on attachments was work in progress. They commend this. They noted the high number of students (85 percent) who felt their feedback to be timely.

Assessing student performance and competence

The principles of assessment

55. The Visitors had opportunity to discuss assessment on all of their visits and they also saw presentations from the phase and examinations co-ordinators about the methods used for assessment across the whole of the Aberdeen course.

56. The Visitors were satisfied that the schemes of assessment support the curriculum and allow students to prove that they have achieved the curricular outcomes.

Assessment procedures

57. The Visitors felt that the Phase 4 OSCE was an appropriate form of assessment to assess the students' communication skills, history teaching,

examination skills and data analysis. The OSCE allowed the students to demonstrate the breadth and depth of their knowledge and show what they can do.

58. The Visitors were satisfied with the assessment and marking schemes for written examinations as were explained. The Visitors commended the detailed electronic feedback provided for the students. They also commended the systems for recording OSCE marks, which included double entry of data and duplicate spreadsheet analysis.

59. The Visitors also noticed the good practice surrounding the validation of questions. All the questions in this particular OSCE had been used before and the School had been able to chart how the questions performed.

60. The Visitors commended the logistical organisation of the OSCEs.

61. The Visitors did suggest that it would be desirable to have a better match of simulated patients to the scenarios of the OSCE stations. The Visitors also recommend that the School consider fuller briefing and more training for the OSCE examiners.

62. While the Visitors found the overall assessment procedures to be robust and highly commendable, they did have concerns about the Phase 4 Objective Structured Long Examinations Record (OSLER). The Visitors found that there was variability in experience both in the type of cases used and in the organisation of the OSLERs across all sites. They felt that this was due to a lack of training and briefing for the examiners and a lack of clarity amongst the examiners about what the exam was setting out to test.

63. The Visitors were also concerned because the OSLER was a stand alone assessment based on a single case and that the School should not be able to halt an individual's progress on the basis of a single case assessment.

64. The Visitors raised these points with the School. The School have agreed to reconsider use of this form of assessment, or to look at ways of improving the training and briefing of examiners and consistency across sites. They will also consider whether the OSLER is suitable to stay as a stand alone assessment or if the results could be looked at in conjunction with the results of other assessments for example the OSCE.

65. The Visitors also suggest that the School consider further their blueprinting. They found the School's high level blueprinting to be impressive but had some slight concerns about detailed blueprinting which may allow some systems to be missed.

66. Finally, the Visitors suggest that there should be more guidance about plagiarism. They suggest for example that when submitting each SSC the students should be required to sign a declaration that the work submitted was entirely their own.

67. The Visitors are confident that the School will resolve the problems surrounding assessment because of the robust arrangements that are in place. The

Visitors were pleased to see the examiners meeting taking prompt action to rectify a procedural problem which may have affected an individual student's mark.

68. Given the robust nature of the assessment procedures at Aberdeen and that the School have noted and are going to look into the Visitors' concerns about the OSLEP, the Visitors are satisfied that the principles of assessment and assessment procedures at Aberdeen are appropriate, support the curriculum and allow students to prove that they have achieved the curricular outcomes.

Student health and conduct

69. The Visitors were satisfied that Aberdeen Medical School procedures for dealing with student health and conduct meet the requirements set out in *Tomorrow's Doctors*. The School were able to provide the team with documentation which outlined the formal fitness to practise processes in detail although the formal processes have never been put into practice.

70. The School also have ethical guidance dealing with fitness to practise in a more informal manner. The students are given a copy of the ethical code and this is reinforced in their first meeting with the Regents.

71. The Visitors considered that the fitness to practise procedures that were in place were robust and an example of good practice.

Other issues

Widening Access

72. The Visitors were impressed with the widening access programme at Aberdeen and commend this as an example of good practice. The scheme targets schools with below the national average progression to Higher Education with the aim of equalising opportunity and creating "a level playing field" in terms of medical school applications. It develops a working relationship with the project schools, which offers the pupils access to activities within the medical school and outreach activities from it. It enables both staff and students from the medical school to offer pupils insights into what student life and careers in health would be like, and to help them develop the skills necessary for medical school application and admissions interviews. In Highland region, a GP mentoring scheme supports senior school students in similar ways. *Volunteering Highland*, which helps students gain useful caring experience, works in tandem.

Inter-professional working

73. In the first year there are opportunities to work with other professionals such as occupational therapists and nurses. There is also an inter-professional tutorial with pharmacy students. However, the Visitors felt that the teaching and learning appears to reinforce in the students a very strong doctor-led culture. The Visitors suggest that more needs to be made of shared roles, separation of roles,

brainstorming, breaking down professional barriers and identifying and addressing problems.

74. The Visitors would like to see a higher profile for developing multi-professional teamwork and better signposting of this aim across the curriculum.

Main recommendations

75. The main recommendation of this report concerns the Phase 4 OSLER. The Visitors recommend that:

- a. The School should reconsider this form of assessment both in terms of whether to continue to use it, and to look at ways of improving the training and briefing of examiners together with the consistency across sites.
- b. The School should consider also whether the OSLER is suitable to stay as a stand-alone assessment or if the results could be looked at in conjunction with the results of other assessments for example the OSCE.

Areas for further consideration

76. The Visitors recommend that the School consider further:

- a. more work in and better signposting of promoting equality and valuing diversity;
- b. that greater emphasis is put on the student's understanding of complementary therapies in relation to patient safety;
- c. wider choice and better coordination of SSCs;
- d. moving the positioning of the intercalated degree, to allow students a wider choice of intercalation;
- e. better signposting of time for self directed learning and that the School build more opportunities for self reflection on issues in society;
- f. that the School emphasise the importance of staff training;
- g. although the Visitors commend the Regent System itself as an example of good practice they recommend that the School need a co-ordinating group or a co-ordinator for the Regent System;
- h. better matches of simulated patients to the scenarios of the OSCE stations;
- i. fuller briefing and more training for the OSCE examiners;
- j. more explanation being given to the students about plagiarism and that this should be better signposted; and

- k. a higher profile for developing multi-professional teamwork and better signposting of this aim across the curriculum.

Areas of innovation and good practice

77. The following are areas of particular innovation, which the Visitors commend:
- a. the Community Course, particularly as a way of facilitating communication skills;
 - b. the paramedical course, and the opportunity it offers to develop skills which are not in the remainder of the course;
 - c. the high proportion of students who undertake an elective abroad;
 - d. the high standards of teaching from the GP tutors;
 - e. the GP Course Handbook for Phases 3 and 4 which is exemplary;
 - f. the mediCAL facilities, which are excellent;
 - g. the excellent placements at Inverness;
 - h. the electronic feedback on attachments and the continued work in progress in this area;
 - i. the Undergraduate Teaching Centre at Inverness;
 - j. the School's admissions processes, which are examples of best practice;
 - k. the Regent System in itself as an area of good practice;
 - l. l. the exemplary systems for recording the marks from the Phase III and IV OSCEs, which involved double data entry and duplicate spreadsheet analysis;
 - m. the detailed electronic feedback provided to the students about assessment;
 - n. the good practice surrounding the validation of questions for the phase III and IV OSCEs;
 - o. the logistical organisation of the OSCEs;
 - p. the fitness to practise procedures in place which are robust;and
 - q. Aberdeen's widening participation programme.

Future working

78. The Visitors were pleased to have had the opportunity to consider Aberdeen on this first pilot of the GMC's Quality Assurance of Basic Medical Education. They were happy with the standard of medical education at Aberdeen and were impressed by the commitment of the staff to developing constantly and improving the curriculum and assessment schemes. They are confident that any areas which have been identified as raising issues will be resolved.

79. The Visitors also noted the excellent student experience at Aberdeen and the students' own high regard for the course and the School.

80. The Visitors were satisfied that the medical school at Aberdeen meets appropriately all the requirements set out in *Tomorrow's Doctors* in accordance with Section 5(3) of the Medical Act 1983.

Signed.....

Date.....

Annex A: School Response

Ms Diane Bennett
Education Section
General Medical Council
St. James' Buildings
79 Oxford Street
Manchester
M1 6FQ

Dear Ms Bennett

Final report of QABME Visits to Aberdeen Medical School for 2003/2004

Thank you for the copy of the report and the opportunity to comment on its findings.

The School was, of course, aware of the likely recommendations and areas that the Education Committee would ask to be considered further from your earlier drafts and also from discussion with the visiting panel in June. We have, therefore, already been considering the issues raised.

In terms of the three specific recommendations regarding the OSLER examination, we have advanced plans in place to replace this examination for the current cohort of students in Phase IV of our course this session. An Assessment sub-group has been working on alternative assessment strategies and has recommended that we remove the separate, stand-alone OSLER examination. The specific learning outcomes that were assessed in that examination will be incorporated into an extended 2 –day OSCE examination, with more stations, some of which will be linked to provide an opportunity for students to demonstrate full history taking skills and formulation of a management plan. The fine detail of this proposal is still under discussion within the Curriculum Steering Group, but all three of the Panel's recommendations will be met for this year's graduands.

The Curriculum Steering Group is embarking on a full Curriculum Review and this process will begin with an away-day early in the New Year. The GMC Report will be a central part of this review and the other issues highlighted for further consideration in paragraphs 76 and 77 will stimulate the debate, but will also be addressed, through the course of the review.

It is extremely pleasing that the report highlights so many areas of good practice here in Aberdeen, including a great deal of good practice in Assessment. We have enjoyed taking part in your pilot process and have found the process both challenging and refreshing. The visits and the production of supporting documentation has encouraged us to re-evaluate our curriculum and already accelerated progress in particular areas. Above all, the input from the visiting team was always both stimulating and enjoyable.

Yours sincerely

Professor Mike Greaves
Head of School of Medicine