
UK Medical Schools Annual Return 2008/09: QABME

The QABME Annual Return Process

Every year, each medical school must provide a return to the GMC that:

- a. Identifies significant changes to curricula, assessments or staffing.
- b. Highlights risks or issues of concern, proposed solutions and corrective actions taken.
- c. Identifies examples of innovation and good practice.
- d. Responds to issues of interest and debate in medical education, including promoting equality and valuing diversity.
- e. Identifies progress on any requirements or recommendations arising from the QABME visit process.

The GMC writes to each medical school towards the end of the calendar year to request the specific information required that year. School returns allow the GMC Education Committee to identify:

- a. Issues to explore with all medical schools.
- b. Examples of good practice that can be shared.
- c. Issues to be investigated with individual medical schools.

If we need to explore an issue, for example the introduction of a new curriculum or significant changes to the curriculum or facilities, the school may be requested to submit detailed information for analysis or may be selected for the QABME visit process.

Basic Information

Please complete this table and update details if necessary

Name of Medical School:	BIRMINGHAM MEDICAL SCHOOL	
Name of Dean/Head of School <i>(please correct if necessary):</i>	PROFESSOR IAN BOOTH	Contact tel: 0121 414 4044 Contact email: i.w.booth@bham.ac.uk
Name of QABME contact <i>(please correct if necessary) :</i>	AS ABOVE	Contact tel: Contact email:
Number of undergraduate medical students 2008/09 (all programmes)	1912 MBChB, 41 GEC. Total: 1953	
External QA review (e.g. by university)	<p>Date: December 2007</p> <p>By: The University's QA system, BIQAES (Birmingham Integrated Quality Assurance and Enhancement System), delegates the management of the review of individual programmes to its Schools/Colleges,</p> <p>The BIQAES review process involves one external reviewer from another University (in this case Prof V Wass, Professor of Community-based Medical Education, University of Manchester) and a reviewer from another part of the University (Prof H Thomas, School of Education: Head of Centre for Research in Medical and Dental Education). The MBChB BIQAES review was chaired by the Dean of the Medical School, Professor Ian Booth.</p> <p>Given the size and complexity of the MBChB Programme, it was originally agreed to focus on 3 aspects of the MBChB: assessment, student feedback and SSC. Whilst retaining the focus in terms of in depth review</p>	

	the opportunity was taken to explore what these aspects suggested about the programme as a whole and to advocate a major curriculum review.
Internal QA review	See above.

QABME Annual Return Table Templates

Tables 1 to 5 below are part of the GMC's QABME Annual Return Process. They track:

- The steps the School is taking to address specific requirements and/or recommendations arising out of the previous QABME review.
- The changes in provision of undergraduate degrees, including risks and innovations resulting from the School's own quality management systems.

What you need to do: Complete Tables 1 to 5 with brief notes. Instructions on what you need to include in each column of the tables are given below.

Tomorrow's doctors area	Requirement/ Recommendation/ Change/ Innovation/ Risk or challenge	Action	Contact	Supporting documents list	Timeline
Identify the most relevant area of Tomorrow's Doctors. This has been pre-populated for each table with general areas. Please	Identify the areas under each category in the individual tables for: <ul style="list-style-type: none"> ▪ Requirements ▪ Recommendations ▪ Changes ▪ Innovations 	List the key actions and steps the school plan to take in order to address each: <ul style="list-style-type: none"> ▪ Requirement ▪ Recommendation ▪ Change ▪ Innovation 	State the working group/committee/ person that will be taking the lead on the action identified. Include details of the: <ul style="list-style-type: none"> ▪ Contact name ▪ Email address 	List the document names of any committee decisions, management plans or other documents that evidence the actions. Please do not attach these documents.	State the timeline for each action stipulated. Include an estimate for the final deadline of when the school expects to be able to fully meet any

Tomorrow's doctors area	Requirement/ Recommendation/ Change/ Innovation/ Risk or challenge	Action	Contact	Supporting documents list	Timeline
amend, delete or duplicate the rows as appropriate.	<ul style="list-style-type: none"> ▪ Risks or challenges 	<ul style="list-style-type: none"> ▪ Risk or challenge 	<ul style="list-style-type: none"> ▪ Telephone number 		requirements listed.

A fictional example response is provided in Table 1.

Please note that your responses may be published on the GMC's education website pages.

Please send your completed responses on this template by **Friday 12 December 2008** by email to QABME@gmc-uk.org.

Table 1

Please list the requirements from the School's last QABME report that have been completed since your last annual return. Please also list those that have not been fully implemented. Please indicate how the requirements have been addressed since your last annual return in 2007/08 (http://www.gmc-uk.org/education/undergraduate/undergraduate_qa/medical_school_reports.asp)

Expand the table as necessary. If you do not have any requirements in your last report please check this box

Tomorrow's doctors area	Requirements	Action	Contact	Supporting documents list	Timeline
Example: Assessment procedures	To ensure that students receive clear guidance about what is expected of them in their Year 5 OSCE	<ul style="list-style-type: none"> • Review of guidance on the Year 5 OSCE on the student intranet • Review guidance on the Year 5 OSCE in the Year 5 Handbook • Revise student briefing for Year 5 OSCE 	<ul style="list-style-type: none"> • Assessment Working Group • Dr Joe Bloggs • Dir. of Clinical Studies • joebloggs@medschool.ac.uk • 01234 567 890 	<ul style="list-style-type: none"> • Working group minutes • Intranet • Revised Year 5 Handbook • Briefing notes 	<ul style="list-style-type: none"> • Intranet revision completed • New handbook due for publication Dec 08 • Briefing notes; July 09
Curricular Outcomes					

Tomorrow's doctors area	Requirements	Action	Contact	Supporting documents list	Timeline
Curricular content and structure					
Delivering the curriculum					
Assessing student performance and competence					
Student health and conduct					

Table 2 – Recommendations

Please list the recommendations from the School's last QABME report that have been addressed since your last annual return in 2007/08 (expand the table as necessary). If you do not have any recommendations in your last report, please check this box

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
Curricular Outcomes					
Curricular content and structure	<p>1. Increase Student Selected Component (SSC) from 12-13% to 25-33%.</p> <p>2. Move towards a more coherent system of co-ordinated assessment</p>	<p>No further action. Expansion completed by time of last report</p> <p>1. Y1+2 & GEC1 are considering how to implement appropriate standard setting methods for written exams to ensure coherent / defensible pass marks</p> <p>2. Y4 core is now a single module comprising 7 rotations and so the 2008-9 examination will constitute a single, rigorous assessment covering material from all</p>	<p>David Morley, Medical Education Developer, 0121 414 2891, d.morley@bham.ac.uk</p> <p>Bev Merricks, Academic Education Manager, 0121 414 7402, b.a.merricks@bham.ac.uk</p> <p>Nick Ross, Head of Academic Innovation, 0121 414 3778 n.m.ross@bham.ac.uk</p> <p>John Skelton, Head of Educational Development, 0121 415 8033. j.r.skelton@bham.ac.uk</p>	N/A	

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
	<p>3. The GMC also offered a number of “areas for further consideration”.</p> <p>a. A lack of clear definition of core material</p>	<p>rotations, rather than seven smaller hurdles, each of which students were required to clear independently.</p> <p>3. Y5 is progressing with tasks required for 2009-10, when it will follow the year 4 model of a single module and therefore a single assessment hurdle. The module will have integrated written and clinical exams, all blueprinted and assembled at start of year. We are also introducing standard setting for written papers (already in place for live exams).</p> <p>The Curriculum Review (see Table 3 for details) has been under way since the Spring of 2008. A formal decision was taken in September 2008, after consultations within and beyond the University, to adopt a presentation-based specification of core programme content resembling (but not identical to) that developed at</p>	<p>For aspects of the 2014 Curriculum Review, Professor John Skelton (Head, Educational Development) 0121 415 8033. j.r.skelton@bham.ac.uk</p>	<p>Minutes from meeting of the 2014 Strategy Group and its sub-committees.</p>	<p>Major infrastructure decisions agreed September 2008. The new curriculum will be implemented in Year 1 in October 2009.</p>

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
	<p>b. Constraints imposed by adherence to the University's modular structure</p>	<p>Sheffield. The process of developing these cases and exploring how they should map against student learning, will help to refine the overall structure and individual components of the new curriculum. The new curriculum will be implemented for Year 1 in October 2009, with the first graduates in 2014. In addition, we are reviewing the documentation supporting our curriculum, to make its internal coherence more transparent, and the content of each element more evident.</p> <p>We have negotiated a relaxation of the modular regulations for the final 2 years of the programme, greatly reducing the constraints. This allows all rotations within a year to be part of a single 'super module', enabling greater integration and reducing the number of assessment hurdles</p>	<p>Nick Ross, Head of Academic Innovation, 0121 414 3778 n.m.ross@bham.ac.uk</p>		

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
	c. The need for students to have “increased opportunities to develop and refine their clinical skills in a supervised environment	In year 3, each medical student is given a clinical procedural skills passport, which they will carry until graduation. Students in Year 1 and receive an “early years” version of this. From year 3 Students receive training in a range of procedural skills in simulation and are then required to be observed performing the skill in the clinical area. The passport is in its second year of use and so students in year 4 now have it. The current year 5 programme can now be refocused and will, from 2009/10, concentrate on teaching skills difficult to teach in clinical placements, and also on testing students’ retention of competence in procedural skills. There will also be the opportunity for students to sign up for sessions in the latter part of year 5 so they can improve their confidence and competence in skills prior to undertaking their first FY job.	David Morley, Medical Education Developer, 0121 414 2891, d.morley@bham.ac.uk		

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
		<p>The clinical skills anatomy course, designed to refresh and contextualise previous anatomical learning, and to prepare students for their first hospital experience, has now run for the first time. The course consists of 7 x 1 ½ hr sessions at the start of Y3 and was well received by students. Students will be asked to evaluate this again at the end of their first clinical placement to see if retrospectively they found it useful.</p> <p>A programme of using Gynaecology Teaching Associates (GTAs) has now been established and all year 3 students will be taught by and have the opportunity to examine a GTA as part of their community based medicine attachments</p>		<p>An evaluation of the GTA programme has been undertaken.</p>	
Delivering the curriculum					
Assessing					

Tomorrow's doctors area	Recommendations	Action taken – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
student performance and competence					
Student health and conduct					

Table 4 – Innovations & potential good practice

Please identify any innovations the school is piloting or potential good practice that it would like to report.

If you do not have any innovations currently being piloted or planned, please check this box

Tomorrow's doctors area	Innovations/Good practice	Action	Contact	Supporting documents list	Timeline
Curricular Outcomes	<p>Nested Outcomes</p> <p>The Clinical Skills Passport (procedural skills) often requires students to achieve an outcome by a particular time rather than in a particular part of the course.</p>	<p>The model of outcomes used successfully in Biological Science, in which ≈5 broad outcomes each have ≈5 more detailed outcomes, each of which has up to 5 key terms (MeSH or equivalent) will be more broadly applied through the 2014 review</p> <p>We are proposing that the revised programme should recognise that other aspects of required learning can also be achieved in a range of placements and that a more flexible approach should be taken to where / when students meet these outcomes</p>	<p>Nick Ross, Head of Academic Innovation, 0121 414 3778 n.m.ross@bham.ac.uk</p> <p>David Morley, Medical Education Developer, 0121 414 2891, d.morley@bham.ac.uk</p>		
Curricular content and structure	See previous note on modular structure	Year 4 has been revised this year so that all rotations form part of one jointly assessed module. The equivalent change will be made to year 5 for 2009-2010	Nick Ross, Head of Academic Innovation 0121 414 3778 n.m.ross@bham.ac.uk		

Tomorrow's doctors area	Innovations/Good practice	Action	Contact	Supporting documents list	Timeline
		Although limited firm decisions have so far been made about content and structure, proposals to date suggest a radical shift in the curriculum, with longer, more flexible clinical components.			
Delivering the curriculum	Life models	We are making use of life models for teaching 'living' anatomy: this has proved successful. We are also broadening our use of Associate Clinical Educators (non-clinicians) who use their body as a teaching aid. In addition to Gynaecology Teaching Associates, we now have ACEs teaching other aspects of physical examination.	Nick Ross, Head of Academic Innovation 0121 414 3778 n.m.ross@bham.ac.uk		
Assessing student performance and competence					
Student health and conduct					