

Quality Assurance of Basic Medical Education

Report on Brighton and Sussex Medical School

December 2008

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

Contents

The GMC's role in medical education	2
Introduction	3
The QABME team	3
Our programme of visits in 2007/08	4
The report	5
Summary of key findings	5
Requirements	6
Recommendations	6
Areas of innovation and good practice	7
Curricular outcomes, content and structure	8
Outcomes and content	8
<i>The scientific basis of practice and treatment</i>	9
<i>Clinical and practical skills</i>	9
<i>The health of the public</i>	10
Structure	11
Delivering the curriculum	11
<i>Supervisory structures</i>	11
<i>Teaching and learning</i>	11
<i>Staff development</i>	12
<i>Learning resources and facilities</i>	12
<i>Student selection</i>	13
<i>Student support, guidance and feedback</i>	13
Assessing student performance and competence	14
The principles of assessment	14
Assessment procedures	15
Student progress	16
Student health and conduct	17
Acknowledgements	17

The GMC's role in medical education

1. The Education Committee of the General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC Education Committee by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing extensive school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been endorsed by the GMC Education Committee.

Introduction

4. This is the annual QABME report to the Education Committee of the General Medical Council (GMC) on the quality assurance programme for Brighton and Sussex Medical School (BSMS) for 2007/08. In the main, this report refers to BSMS as 'the School'.

5. The School was established as part of the national expansion of medical schools. Having accepted its first students in September 2003, the School offers a Bachelor of Medicine, Bachelor of Surgery (BM BS) in an integrated five-year course where students are introduced to clinical cases and practice, and to patients from the first year of study.

6. As a new medical school BSMS has been subject to GMC quality assurance for the duration of the first cohort of students. On the basis of its performance up to and including Year 4 of the five-year curriculum, the Education Committee of the GMC recommended that the School (a combination of the University of Brighton and the University of Sussex) be listed on the Medical Act 1983. The Privy Council agreed this on 9 April 2008 and from 14 May 2008 the School can award UK primary medical qualifications.

7. It was not possible to observe Year 5 teaching and final assessments prior to making this recommendation. Therefore the Education Committee directed follow-up quality assurance activities focused on Year 5 to occur in 2007/08. This report focuses only on the 2007/08 review and is not a summary report on the whole process.

The QABME team

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

Professor Peter Baylis (Team Leader)

Dr Celia Duff

Professor Roger Green

Miss Ruth Heseltine

Miss Jennie Lambert

Ms Sara Nathan

Professor Robert Mansel

Professor Paul O'Neill

Professor John Spencer

Professor Susan Standing

Dr Martin Rowan-Robinson also conducted one visit as part of the team.

9. Ms Alison Lightbourne (GMC Education Quality Officer) supported the team.

Our programme of visits in 2007/08

10. The team conducted eight quality assurance visits in 2007/08 on: 5 and 6 December 2007; 11 January 2008; 1 February 2008; 29 February 2008; 7 May 2008; 16 May 2008; 20 May 2008 and 22 July 2008.

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

- a. Meetings with a variety of School representatives.
- b. Observation of a range of teaching sessions including lecture, seminar and small-group teaching, and clinically-based education and training at Year 5 and Year 4 level at a number of sites.
- c. Discussions with students, Sub-Deans, teachers and tutors at Year 4 and Year 5 level.
- d. Observation of examiner training and Year 5 final examinations.

The report

Summary of key findings

12. In accordance with the Education Committee's power to make determinations in Section 5(3) of the Medical Act 1983, from the evidence reviewed we concluded that the School's programme is meeting the requirements of *Tomorrow's Doctors*.

13. In the 2006/07 QABME report the School was required to review assessment and progress arrangements in the context of the School's experience to date, with particular attention to:

- a. Reviewing the resit framework to ensure that by the time a student graduates they have demonstrated competence across all outcomes in *Tomorrow's Doctors*.
- b. Ensuring the timing of module resits in Year 5 allows students to adequately prepare for re-examination.
- c. Clarifying the assessment procedures and parameters for students to resit an assessment, repeat a year or leave the School, to ensure consistency across years and circumstances.
- d. Providing a targeted programme of revision and remediation assistance for students who need to resit parts of Year 5.

14. Visits in the 2007/08 cycle were conducted in particular to observe Year 5 teaching and assessments and to monitor progress on management arrangements as follows:

- a. We observed Year 4 and Year 5 teaching at a number of sites and monitored the workload of staff and students. We found that teaching was of a satisfactory standard. The workload for students, medical school and clinical teachers was demanding, but was being monitored and reviewed appropriately.
- b. We observed Year 5 final examinations and the final Phase Board. We found the examinations to be well conducted and managed, and observed that the School and University regulations were followed when making progression decisions.
- c. We followed up the School's response to the previous QABME report regarding its management arrangements for curriculum change, progression decision making and fitness to practice procedures, and the integration of basic science and professionalism teaching. We found that the School had responded to the findings and recommendations and were implementing these changes effectively.
- d. Specifically we found that basic science teaching was better integrated and that appointments in physiology, endocrinology and medical education

had been made to ensure that appropriate staff were in place to ensure changes could be implemented. We also had a dedicated meeting on public health teaching to follow up on issues raised in previous reports and found these had been resolved.

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

15. We found that the School had responded positively and effectively to the findings in the previous report and were implementing and monitoring changes, including reviewing its procedures and the information provided to students. We remain concerned about sustainability issues although we are confident this will be monitored as part of the School's continuous development.

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

Requirements

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

Recommendations

18. We recommend that the School continue to pursue the recommendations from the 2006/07 report concerning programme development, quality management and sustainability. The School is encouraged to remain attentive to succession planning for the replacement of key staff who manage different parts of the programme. The School should also continue to monitor the workload of hospital Sub-Deans in the marking of portfolios and the assessment of students (see paragraphs 27, 50).

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

a. Review the staffing, timetabling, and integration of the Year 4 primary care teaching module, and monitor the quality of placements (see paragraphs 35–36, 56).

b. Continue to monitor and review resourcing so that the programme can be optimally delivered particularly in regards to attracting service staff to public health teaching (see paragraph 43).

c. Review the quality of multiple choice questions in Year 5 (see paragraph 82).

d. Agree and publish information for students based on the experience of the first graduating cohort about the consequences of progression decisions

in Year 5, including the impact for taking up the special study module (SSM) and a Foundation Year 1 post (see paragraph 96).

Areas of innovation and good practice

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

- a. The Professional and Clinical Studies module in Year 5 (see paragraphs 29-30).
- b. The vertical integration of public health in the curriculum (see paragraphs 37-38).
- c. The Practical Skills Simulator Suite and the associated teaching (see paragraphs 50, 57).
- d. The Year 5 final practical examinations were very well run and managed, with excellent support from staff and helpers. In particular the effective response to major disruption that occurred during the running of an examination is to be commended (see paragraphs 80, 90).
- e. The involvement of the Deputy Medical School Secretary in the final Phase Board with a specific remit for advising and ensuring that the Board followed and were mindful of School and University regulations (see paragraph 83).
- f. The authenticity of the simulations in the Integrated Clinical Exam (see paragraph 95).

Curricular outcomes, content and structure

21. We are satisfied that the outcomes, content and structure of Year 5 of the course met the requirements of *Tomorrow's Doctors*.
22. The School provided documentation detailing the elements of Year 5 curriculum, outcomes and assessment, and this was sampled during the visits in 2007/08.
23. In brief, the Year 5 curriculum for each student included clinical experience on three regional attachments (including one at a Brighton Sussex University Trust Hospital), a structured seminar programme, an emergency medicine course, a block for further special study and work-shadowing or structured remediation, and the online Professional and Clinical Studies programme.

Outcomes and content

24. We found that information was provided to students on learning outcomes for Year 5, and was accessible in hard-copy and on-line. Students we spoke to were aware of what was required to pass the year. Tutors, Sub-Deans and GP teachers were mainly aware of the specific learning outcomes for seminars and placements.
25. The seminar programme in Year 5 includes case presentations by students. Topics included diagnosis and management, professional skills and knowledge needed for foundation practice.
26. We visited four hospital sites to triangulate information provided by the School on the Year 5 course, and spoke to students and Sub-Deans responsible for BSMS students.
27. We found that the student case presentations were generally of a high standard, demonstrating relevant knowledge and stimulating useful discussions within the groups. We observed that the BSMS students were a mature, cohesive and supportive group, which was also the view of hospital Sub-Deans. Clinical teachers reported that while students are in their Year 5 placements they take part in hands-on bedside teaching, history-taking and would be expected to clerk in-patients. There is provision for their notes to be included in the official patient notes. Their work would be checked by a registrar or consultant.
28. We followed up our concern about the Year 5 workload with students, clinical tutors and Sub-Deans, and school representatives.
 - a. All groups agreed that students worried about the work required to complete the portfolio.
 - b. The School and Sub-Deans confirmed that students were often writing too much detail in their clinical logs, but the School was working to reinforce the actual amount of work that was required and was monitoring workload through student and Sub-Dean evaluation.

c. Sub-Deans said that they were able to get through the marking required.

d. Sub-Deans reported that students were also generally coping with the workload; they believed that students understood the educational value of academic work alongside the clinical on-the-ward learning, which they saw as good preparation for the Foundation Programme.

29. We observed teaching seminars on professionalism including case studies, followed by a group discussion, at a number of sites. For example, at Worthing the student discussion about professionalism and work-place issues was constructive. The two case-based presentations were well prepared and covered relevant issues. The students had emailed examples to the tutor of unprofessional behaviour and situations which they had observed, and actively participated in discussion. The seminar leaders at sessions we observed were engaged and enthusiastic although the specific learning outcomes for the seminar on professionalism could be further developed.

30. We recognise the innovative nature of the Professional and Clinical Studies Online (503) module. This was popular with students and appeared to achieve its intended aims and outcomes.

31. Teachers in clinical settings that we spoke to considered that BSMS students in Year 5 were at the level that would be expected coming into foundation year one. They considered clinical skills satisfactory; writing, reflection and communication skills were good; and were satisfied with professional skills. The teachers considered that some BSMS students were not as strong as other medical students they saw in terms of scientific knowledge. The teaching team said students did reflect on their learning after each specialty placement. Clinical teachers said they would also provide informal advice to assist the students to think about their career options.

The scientific basis of practice and treatment

32. During the previous visit cycle the content and coverage of basic science teaching across the five years of the curriculum was reviewed.

33. We observed a Year 4 primary care lecture repeated for different groups of students, in addition to small group work and GP placements. We found the lecture to be satisfactory and a variety of teaching methods were used including role-play, active involvement of students and use of appropriate visual aids. Basic sciences were integrated with treatment, professionalism and communication skills, and population medicine. The lecturer included references to current research evidence.

Clinical and practical skills

34. The General Practice and Population Medicine Module includes teaching sessions and placements in the community. The content of the module was reviewed

during the previous visit cycle and we observed teaching in the module in the 2007/08 cycle which we found to be of a satisfactory standard.

35. However, we observed variation in the amount of patient contact students were able to experience at different sites, and this was confirmed by students. The module leader said that he monitors experiences through student evaluations and speaks to GP practice leads to make changes where necessary. The School was aware of this and reported that it was being addressed. We recommend that this situation continues to be closely monitored.

36. Students in this module also reported that they would like to have more clinical time and to have the lecture-based teaching time nearer to the placements and in a better order, as currently it felt disjointed; GP practice leads agreed. The module leader acknowledged that the timetabling was not ideal and that there was a reduction in clinical placements because of capacity limits. He said that this was being addressed for the upcoming year. We recommend that the timetabling is reviewed to increase the coherence of the module and the impact of the learning, and support the module leader's efforts to increase staff resources in primary care (see also paragraph 56).

The health of the public

37. We commend the integration of public health teaching and the enthusiasm of the School for further integration within the curriculum.

38. We found that the public health teaching including Module 403 is appropriate and mapped against the outcomes set in *Tomorrow's Doctors*. The course has developed significantly since its inception and is now delivering an integrated vertical strand. Final year students had not had the full benefit of the public health teaching team in their early training, but we are pleased that the strengthened strand will benefit future cohorts of students.

39. We consider that this vertical integration offers potential to incorporate population medicine into teaching on placements and into the on-line cases.

40. A public health presence at grand rounds was notable and we support the proposals to develop and promote this alongside other regular public health presence at clinical events.

41. There were inevitable risks arising from summative assessment on Module 403 taking place in Year 4, but the team noted that it is becoming easier to ensure that the theme is reflected in Year 5 assessments through the examination planning meetings.

42. We noted the significant number of public health related SSMs and research projects available to students and the interest shown by a number of students in further public health experience.

43. However, public health leads reported that it was a challenge to recruit service public health staff to contribute to teaching. We recommend that the School considers creative ways of encouraging involvement from service public health staff, recognising the considerable capacity issues involved.

Structure

44. Students attend their placements at three hospital sites or GP sites, across a wide geographic area taking in Chichester, Redhill, Hayward's Heath, Hastings, Eastbourne, and Brighton.

45. Part of the Year 5 programme includes an SSM placement at the end of the year which must be signed off in order to graduate.

Delivering the curriculum

Supervisory structures

46. In 2007/08 we were able to confirm that the changes to the new structures of decision making and quality management have begun to be effective. We observed this in the processes at the Year 5 Phase Board and in the assessment information provided to students.

47. There are regular meetings between the Sub-Deans to support consistency and communication between the sites, and with the School.

48. At the Year 4 GP surgeries we visited practice staff reported having a very good relationship with the module lead, and felt well supported.

Teaching and learning

49. We found that there was a satisfactory range of teaching and learning methods used in the Year 4 and Year 5 sessions observed this year. Resources did vary between sites but all were acceptable for teaching. We found that the level of Year 5 teaching was broadly consistent across the sites and staff were enthusiastic and supportive of students.

50. We observed a teaching session in the Practical Skill Simulator Suite at Mayfield House. The teaching was staff-intensive and very interactive. Students were engaged and received constructive feedback. We were pleased to observe the wide range of multi-professional staff involved.

51. We remain concerned about staffing resources at senior level. The School reported that the workload of the other Sub-Deans is regularly monitored. The School has appointed additional Year 5 Sub-Deans at the Brighton site in recognition of the extra workload generated by the number of students at the site. The School

has considered succession after the Associate Dean's retirement in late 2008, and has split the Deputy Phase Leader role for Phase 3 between two existing staff members.

52. The Year 5 students were generally positive about their experience of teaching, particularly on the clinical attachments. They appreciated that the School had revised arrangements in relation to the formulary and removed the requirement to complete eight short patient cases per week, replacing this with submission of a patient list. They noted that the school had introduced substantial changes for subsequent cohorts.

Staff development

53. We found the clinical Sub-Deans to be committed and enthusiastic, and all said that they received good support from the School.

Learning resources and facilities

54. The teaching environment for all sessions was appropriate, including lecture and small group teaching, both at the medical school and clinical placements.

55. Year 4 students reported that there were not enough key texts available from libraries. Some texts are on short-loan and students said the School were aware of the problem but they wondered if the School could do more to increase resources.

56. The School is still developing the number of GP practices across the whole course but the module leader confirmed that agreements have been secured to increase clinical placements for the Year 4 module. The module leader has responded to the difficulties in the present capacity for clinical experience in GP practices by putting in place surgery simulations. However, simulation is not a substitute for actual clinical practice. We support the module leaders continued efforts to increase the amount of onsite sessions for students during this module (see also paragraph 36).

57. The team commends the Practical Skills Simulator Suite and the associated teaching, and found it to be an area of good practice.

58. Students confirmed that they liked the Module 503 online cases where instant feedback was received. Students reported that there were some errors in the online cases.

59. The online cases, clinical log and cases in-depth are intended by the School to support learning, and the School will be reviewing the effectiveness of these, including checking accuracy of the cases.

Student selection

60. No issues were identified under this heading in this visit cycle.

Student support, guidance and feedback

61. Year 5 students we spoke to confirmed that they were aware of the curricular outcomes in Year 5 and that they were required to meet these in their assessments and for subsequent graduation.

62. Students said they all had access to the online resources and the handbooks. Although some had not read them all the way through they would look at them if they needed further information.

63. Students were critical about the work required for the portfolio and said they had raised this with the School. They were not confident they could spend less time on certain aspects, as advised by the School, and felt under pressure coping with all the paperwork. Students often saw the portfolios as purely an assessment tool rather than a learning opportunity. The portfolio at Year 5 includes a clinical cases log, case reports in-depth, a clinical skills log and student formulary, and an imaging log. The School had reduced the number of in-depth case reports, which had to be presented in Year 5, in response to student evaluation.

64. Students confirmed that they were regularly asked to evaluate the modules and that they knew some changes had been made as a result, although it would most likely benefit students in following years.

65. Students said they would appreciate further guidance on how prioritisation for particular placements occurred as they felt that some were disadvantaged and found transportation difficult when going to remote placements.

66. Students in all placements confirmed that they felt able to contact someone at the placement or at the School if they needed support or were having problems.

67. We consider that the School could supply more information to staff about students in difficulty and how the placement sites can structure support, as well as knowing when to escalate concerns. However, we heard that there were effective informal networks in place.

68. Students and GP placement leads confirmed that in general the clinical teachers were aware of learning objectives and aims, and that they supported students in gaining the necessary experience.

69. Sub-Deans and the School representatives we met were committed and enthusiastic and aimed to be responsive to student evaluation.

70. We remain satisfied by the School's processes and procedures for dealing with student complaints and did not investigate this in 2007/08.

71. We are satisfied that the School has responded to the findings of the previous QABME report. The phase boards have separated the function of student support and mitigation. An additional staff member has been recruited to provide and coordinate support for students.

72. We are pleased to hear that the School has made special arrangements to cater for students with disabilities in examinations including induction loops, large print examination information, extra time for stations, and the offer of pre-recorded scenario material.

Assessing student performance and competence

73. We are satisfied that the School is managing and delivering assessment in accordance with *Tomorrow's Doctors* standards.

The principles of assessment

74. The progression assessments for Year 5 include:

- a. Finals Part 1 – Knowledge tests and an Objective Structured Clinical Examination (OSCE) in Obstetrics & Gynaecology and Paediatrics, and a separate knowledge test and OSCE for Surgery.
- b. Finals Part 2 – Knowledge tests, an Integrated Clinical Examination, and an OSCE in Medicine, Mental Health and Elderly Care.
- c. An Intermediate Life Support Skills test.
- d. A student portfolio including clinical skills log, cases in depth reports, student formulary, and imaging log.

75. In 2007, the QABME report included requirements for the School to review its resit framework, ensure adequate time to allow students to prepare for module resits, clarify the assessment procedures and parameters and provide a targeted programme of revision and remediation assistance.

76. In response to the GMC's requirements, the School has reviewed its resit framework to allow time for students to prepare for re-examination. A targeted programme of revision and remediation has been put in place for resit students to complete during the five week SSM period.

77. We noted the changes that have been made from previous OSCE examinations so that, in order to pass in Year 3 and Year 5, students have to achieve both an overall pass mark and successfully complete a minimum number of stations.

78. We reviewed assessment guidelines for Year 5 to be included in the handbook and are content that the 2007 requirements have been met.

79. We are satisfied that the assessment techniques used were appropriate and an effective test of student knowledge, skills, attitudes and behaviour. The School used acceptable standard setting processes (Angoff and Borderline methods) across the programme.

80. The School carried out effective and regular analysis of examination results to ensure and check standard-setting and results. In particular we commend the School for their handling of students who needed to stop then restart an OSCE several hours later and one rotation needed to be fully rescheduled following a campus evacuation. The School and external examiners effectively managed and responded to the practical arrangements and analysed the results to ensure there was no negative impact on student performance.

Assessment procedures

81. We reviewed examination blueprints and papers and found them to identify and test appropriate knowledge, skills and behaviours.

82. We observed the discussion in the Phase Board about the Year 5 knowledge test where the Board agreed that the examination did assess students at the appropriate level and noted that the standard had been agreed by external examiners. We noted that all students passed the knowledge test which is in contrast to the OSCE results. We recommend that the School should undertake further work to check the quality of the questions and ensure that these are sufficiently challenging and discriminating.

83. We are impressed by the effective involvement of the Deputy Medical School Secretary in the final Phase Board. She had the specific remit for advising on rules and policies and ensuring that the Board followed and were mindful of School and University regulations at all times throughout the meeting.

84. The involvement of external examiners was effective. An additional external examiner had been appointed to oversee assessment across the year and his input was valuable. The School has responded well to external examiner comments and we noted the constructive support of external examiners this year.

85. The revised information provided to students was explicit and comprehensive, and students understood what was required of them. Students were positive about the structured revision period before Finals Part 1. They found the examinations to be fair although reported that these appeared to vary in difficulty.

86. Students said they would have liked information regarding the resit rules at the beginning of the year. Students who had failed OSCEs at the first attempt reported that they had not received full feedback when we visited. The students also said that they would have welcomed a short break after Part 1 Finals.

87. We observed training for Year 5 examiners which ran on multiple days to ensure most examiners were able to be trained. Most had also examined at Year 3

OSCEs. We confirmed that most Year 5 examiners had undergone appropriate training and there were clear briefings. Examiner notes and mark sheets were clear.

88. We emphasise the importance of training and appraisal of examiners as we observed one examiner leading students despite attendance at the training and at the examiner briefing. The School confirmed that it had noted this behaviour and had addressed it on the day and would follow up with the examiner.

89. We found that student briefings at all examinations were clear although they did vary more than the examiner briefings between the different sites. We suggest that further guidance is given to staff to help them deliver information consistently.

90. We commend the School's attention to patient dignity and care. There were separate rooms for patient-based stations in the OSCEs, curtains and screens being used, and regular changeover of patients to prevent fatigue. We noted that there was guidance and briefings for helpers and OSCE patients, which were well delivered and patients were well supported.

91. We noted that the use of real and simulated patients meant there could be complex situations to address. The School were able to replace patients where there might be an impact on student performance in a particular station. Statistical analysis conducted by the School will also help to moderate any issues.

92. There was some noise pollution between stations in a large room and the School agreed that station order could potentially be altered in future to alleviate this.

93. We noted that the School were in the process of employing an additional staff member to coordinate the examinations across the programme, which will help to build on the effective running of the first Year 5 examinations and streamline the organisation and management of examinations throughout the course.

94. We found arrangements for student quarantine and for using some different questions when examinations were conducted on multiple examination days to be acceptable.

95. We are impressed with the School's delivery of authentic assessment through the combination of simulated patients and models in the Integrated Clinical Exam.

Student progress

96. We are satisfied with the School's procedures and revised guidance on student progression. We recommend that, following the experience of the assessments and decisions for the first graduating cohort, the School further enhance the information provided to students on the consequences and implications of the resit and redo decisions, including:

- a. How SSM and Foundation Programme post take-up would be affected.

- b. Whether financial support would be available and what fees would be payable.
- c. Whether University accommodation would be provided.
- d. What arrangements would be made after their graduation to avoid their skills deteriorating before they can enter the Foundation Programme.

97. In response to the GMC's 2007 recommendation on the credit system, the School is reviewing the structure to ensure that it does not prevent achievement of the required outcomes, while maintaining the arrangement that allows students with sufficient credits to be awarded an exit degree after Year 3.

Student health and conduct

98. We discussed the evolving student fitness to practise procedures and policies with the School and heard that these were in place and would be regularly reviewed. We heard that these have been used on a number of occasions concerning both health and probity matters.

Acknowledgements

99. We would like to thank Brighton and Sussex Medical School for its co-operation during the course of the review. We valued the contribution from staff, students and the wider NHS during the QABME visits this year to review Brighton and Sussex Medical School.

Response to the Final Report of the QABME visits December 2008

1. Introduction

Brighton and Sussex Medical School (BSMS) thanks the GMC for the December 2008 Report concerning the quality assurance of BSMS's Basic Medical Education. We were delighted to receive notification of the GMC's Education Committee decision to list BSMS on the Medical Act 1983, allowing the School to award a primary UK medical qualification.

2. Requirements

We were pleased to see that no requirements are listed in the Report, and thank the GMC QABME team.

3. Recommendations

- The School is encouraged to remain attentive to succession planning for the replacement of key staff who manage different parts of the programme. The School should also continue to monitor the workload of hospital sub-deans in the marking of portfolios and the assessment of students.

In order to enhance the quality of the programme, the GMC recommends that BSMS:

- Agree and publish information for students based on the experience of the first graduating cohort about the consequences of progression decisions in Year 5, including the impact for taking up the Special Study Module (SSM) and a Foundation Year 1 post.
- Review the quality of multiple choice questions in year 5.
- Continue to monitor and review resourcing so that the programme can be optimally delivered particularly in regards to attracting service staff to public health teaching.
- Review the staffing, timetabling and integration of the Year 4 primary care teaching module, and monitor the quality of placements.

Progress to date

- The School has appointed deputy sub-deans to assist with the key roles. Dr Nicki Gainsborough has been appointed to the role of Phase 3 Leader, replacing Professor Richard Vincent who has now retired. In addition we have appointed, or will be appointing during 2008/09 and 2009/10, new senior academic staff who will have a teaching commitment. Specific posts include a Medical Education Unit Teaching Fellow, Professor of Oncology and Senior Lecturers in Primary Care, Paediatrics, Clinical Immunology, Cardiology and Oncology.

Recommendations to enhance the quality of the programme:

- At the beginning of the year all students are provided with the Programme, Examination and Assessment Regulations (PEAR) which contains regulatory information on the consequences of progression decisions. Each year group is provided with a Student Handbook which provides more general information including details on the timetable and support available for resits, the financial implications of taking resits, University accommodation and arrangements that can be made to maintain clinical skills while waiting to commence F1 training. This information is also available online on Student Central and is provided verbally by teaching staff. All Phase Leaders are in attendance at each Phase Board and are therefore able to advise on the implications for students of any failure or trailing of work onto the next phase. This is particularly important for Phase 3 as the catch up time available is limited. For students retaking Year 5 assessments in 2008/9, a systematic revision timetable has been developed, with regular support and feedback from Year 5 Sub-Deans and Phase Leaders. In addition, a mock OSCE took place in October 2008 for all students retaking Year 5 assessments, with the opportunity for the students to receive immediate feedback on their performance. This initiative was received very positively by the students, and will be continued for future cohorts.

- The quality and performance of multiple choice questions in Year 5 is being addressed by the Year 5 Assessment Group which is developing and reviewing questions for 2009, based on exam performance indicators from the 2008 examinations. A new Examinations Coordinator has been appointed, who is responsible for developing and maintaining a question bank that will contain indices of question performance in previous examinations. Together with continued External Examiner Review, these strategies will ensure that Year 5 multiple choice questions are high-quality and discriminating.
- A Director of Undergraduate Studies has been appointed. One of his roles will be to liaise with Phase leaders to monitor staffing and resources, to bring important issues to the Curriculum Management Board for review and to make recommendations to management. In order to encourage greater participation in BSMS teaching during the current year we have hosted a further evening meeting for our service public health colleagues, introducing them to the range of teaching opportunities (lectures, SSCs, IRP, small group facilitation etc). In addition to help secure sustained engagement of service staff in BSMS teaching a SIFT allocation to Brighton & Hove PCT has been agreed, starting in 2008/09.
- A major review of the BM BS programme will take place in 2009/10 as part of the internal periodic review process and this will include a review of primary care teaching, its structure and place within the 5-year curriculum. In addition, the School is in the process of recruiting a new Senior Lecturer in Primary Care. The process of monitoring quality of placements in primary care is being reviewed by the Curriculum Management Board. Currently the quality of the practice and the GP teacher is assessed using a standard quality proforma for all teaching practices and the Primary Care and Public Health division ensures that all practices are visited at least once every two years. We also conduct peer observation of teaching which provides an ideal opportunity to review the facilities and attitudes within the wider practice. In 2008/09 Year 4 students will have two additional clinical sessions, giving a total of 7 sessions each as well as the two simulated surgeries. An increase in clinical teaching capacity has also been achieved by increasing the commitment of existing practices. GP teachers have all been asked to maximise the amount of patient contact that students experience and this has been reinforced in the General Practitioner's Handbook and in the module training session for GP teachers held on 12th November 2008. Student feedback on clinical placement is routinely collected in an end of module questionnaire given to all students.

4. Areas of innovation and good practice

We are very pleased to have been commended on several aspects of the curriculum; namely the management of the Year 5 clinical examinations, the involvement of the Deputy Medical School Secretary in the final Phase Board, the vertical integration of public health in the curriculum, the online Year 5 learning programme Professional and Clinical Studies, the Practical Skills Simulator Suite and teaching and authenticity of the simulations in the Integrated Clinical exam.

We will continue to develop and disseminate our practice by publication in peer-reviewed journals and attendance at medical education conferences.

5. Further Points

BSMS would like to thank the GMC QABME visiting team for their advice and support over the past five years. We look forward to working with further teams in the future.

Professor Jon Cohen
Dean
Brighton and Sussex Medical School

20 November 2008