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FINAL

Report of the visiting team to Queen's University Belfast Medical School for 2004/05

Introduction

1. This is the annual report to the Education Committee of the General Medical Council on Queen's University Belfast Medical School.

2. The visiting team appointed by the Education Committee for this purpose was:

Professor Reg Jordan (Team Leader)
Professor John Ashton
Professor Ian Booth
Mr. Philip Brown
Professor Trudie Roberts
Dr. Mairi Scott
Ms. Suzanne Shale
Mrs. Jessie Sohal-Burnside
Reverend Dr. David Taylor

3. The visiting team was supported by Cara Talbot.

Our programme of visits in 2004/05

4. The visiting team attended the School on five occasions: 7 March 2005, 12 April 2005, 1 & 2 June 2005, 7 and 9 June 2005 and 27 July 2005. The findings of the visiting team have been reached by conducting a range of the following activities:

   a. Meetings with a variety of senior and other faculty members of the School.

   b. Observation of various examinations of clinical skills.

   c. Module and/or Phase Examination or other Board meeting observation.

d. Site assessment(s): NHS Trusts*[1].

e. Site assessment(s): GP Practices[2].

f. Discussions with Students.

g. Discussions with Teachers[3].

h. Discussions with the NHS and other service providers.

Summary of findings

5. Although we have suggested some areas requiring changes by the School later in this report, those suggestions should be read in the context of our overall findings. The findings of requirements for change, recommendations and areas of good practice are in paragraphs 103 to 112 of this report.

6. The visiting team had some concerns surrounding some aspects of clinical assessment, which were reported back to the School during the visit cycle. The School has already commenced a review of these areas, with a view to implementing changes to some areas of assessment in 2006. The visiting team was reassured by this response and looked forward to receiving an update of the outcomes of this review in a year's time.

Curricular outcomes

7. Upon meeting the requirements as outlined in paragraph 102 to 104 of this report, the visiting team are satisfied that the Medical School is on course to meeting appropriately the requirements set out in Tomorrow's Doctors[4] in respect of curricular outcomes.

Curriculum content, structure and delivery

Content

8. The students interviewed understood that this was a modular course, but also that there was integration for each phase built on previous phases. Phases touched on previous work to build on existing knowledge. There was an exam at the end of each block in Year Four. Students have a good understanding of who conducted the assessment and when. Students were required to pass all assessments in each phase of the course before proceeding to the next phase. The change in the assessment process in phase 2, with the introduction of an exit examination with material drawn from all three semesters was clearly understood by students.

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[1] This visit could be done by inviting members of the Trusts, Practices or out at Placements to a meeting at the school, the visiting team does not necessarily have to attend different NHS Trusts in different regions unless inspecting the facilities is one of the objectives of the assessment.
[2] As for footnote 1.
[3] As for footnote 1.
[4] GMC, *Tomorrow's Doctors,* (2003), 2nd Ed, GMC, London

Students understood what requirements they had to meet in assessments, and the assessment structure, in order to progress. The visiting team commended this approach and looked forward to seeing how this work developed.

9. The visiting team was reassured that adequate systems were in place for overall curriculum co-ordination but may wish to review how these can be used more effectively, particularly in light of the recent restructuring plans.

Structure

10. The visiting team commended the approach of the School's response to the University internal Subject Review in restating clear outcomes on the course. Whilst clearly signposted within the study guides at modular level, there appeared to be a lack of similar signposting in the degree programme at pathway level. The visiting team would like to see the good practice at modular level implemented across the programme, with a holistic review being done of this grouping of modules to ensure the course was fully integrated.

11. Whilst the visiting team had concerns that the eight weekly exam system in Year 4 was burdensome on students, student feedback indicated it was not felt to be too onerous. Students commented that it kept them focussed. Students mentioned some exam congestion at the end of Phase 2 (which the School believed came from the Dental rather than Medical Students) and the general practice attachment in Year 4 was felt to be too short.

12. The visiting team reported that examination content was not always clearly reflected in the study guides. In addition there was some concern that 30% of the marks in paediatrics was generated by the consultant's impression of the student. The study guide described that this mark was awarded by the educational supervisor based on a logbook of practical clinical skills and a 360^0 appraisal of the student's performance in the ward environment involving medical, nursing and paramedical staff in the paediatric team.

SSCs

13. The visiting team noted the progress Queen's University Medical School had made in the provision of SSCs since the previous assessment by the General Medical Council, and were satisfied that the current provision within the course met the requirements of *Tomorrow's Doctors*.

14. The School reported that the changes in the health service had made it difficult to get NHS consultants involved in the development and delivery of SSCs. Consultants preferred to teach only core components, which remains a challenge the School will continue to address.

15. The visiting team suggested the School might wish to consider putting in place a mechanism to ensure that students did not limit their portfolio of SSCs to one narrow field or mode of enquiry (such as all classroom-based), as this militated against the educational purpose of SSCs. Classification of SSCs by study mode

and/or broad area (e.g. 'non-medical', 'community', 'science') is used in other schools and the School may wish to examine how such systems might be adapted to its own use.

16. The systems used for the allocation of students to their preferred SSCs were fair and robust, and most students were allocated one of their top choices. In year 3 the allocation was necessarily complicated by SSCs being rotated with clinical attachments, which might constrain student numbers in any period. The School was considering the advantages and disadvantages of alternative approaches to the organisation of year 3 SSCs.

17. The students interviewed reported a good range of choice of SSCs, but that restrictions on numbers limited this choice in practice. Students understood the weighted system, where if they did not get their first choice they would have a weighted choice next time around. SSCs modules were considered good though of varying relevancy by students.

18. At least 2 different assessment methods were used to assess each SSC. Those SSCs that have a low attendance requirement (e.g. library based SSCs) have heavier assessment loads than those with a high attendance requirement. This is outlined in the SSC Handbook. The visiting team noted the challenges that delivering SSCs produced and that these issues were not uncommon to other Medical Schools.

19. The visiting team noted the constraints on the allocation of SSCs in year 3 and commended the School's review of this area to consider alternative solutions.

20. Classroom based SSCs formed only 1 of the 8 different types of SSCs that were offered and classroom based SSCs are often made up of multiple components. Some intercalated degrees asked that students normally take a particular SSC or particular group of SSCs. The requisite SSCs varied depending on the intercalated degree and were clearly listed in the booklet of module choices and in the Intercalated Degree Handbook.

21. All SSCs offered in year one were for both dentistry and medical students, some of those SSCs had a particular dental focus but all students were eligible to pick any of the SSCs and dental students did not get preference for SSCs with a dental focus.

Delivering the curriculum

22. The visiting team was satisfied that the School utilised an appropriate balance of delivery teaching methods. The quality of teaching observed was average to excellent.

23. The School highlighted the importance of Public Health at the student briefings and at the beginning of each semester, in each clinical course and in specific lectures.

24. The visiting team noted the positive feedback from GP practices but were less sure that this learning was making appropriate links back to the theoretical aspects of Public Health. The visiting team was reassured in discussions with the School that this aspect was being monitored and continually reviewed.

Supervisory Structures

25. The visiting team noted that there had been significant restructuring following the appointment of a new Vice-Chancellor. From September 2005, there will also be an increase in student numbers. The new Faculty of Medicine Health and Life Sciences will include a School of Medicine and Dentistry and a School of Biomedical Sciences. The new School of Biomedical Sciences will include approximately 50 members of staff previously in the School of Medicine. The School of Biomedical Sciences will be responsible for the BSc and intercalated degree pathways. Whilst this has been a recent change, the visiting team highlighted the possible risks that this revision may have on curriculum planning and resources in light of plans for expansion in student numbers.

26. In addition, the visiting team noted that the University currently has an emphasis on recruiting research appointments. This has resulted in some anxiety by the School over the need to keep academic appointments at sufficient levels to support the Undergraduate Curriculum.

Teaching and learning

27. Overall discussions with students indicated that they felt strongly supported at the School by staff and that one of the strengths of the School was the strong feeling of belonging to a supportive family. The visiting team was impressed by the enthusiasm of NHS staff and commitment of senior members.

28. The ward based teaching observed (e.g. in cardiology) was considered very good. Students recognised that there had been problems with the pathology course in the past but the feeling was that this had since improved.

29. The School has introduced a new Mechanisms of Disease course in Year 2 and a Pathobiology of Systems course in Year 3, which has proved successful.

30. During the 2004/5 academic year, the fifth year cohort has been the first cohort of students to pilot the introduction of portfolios, which will outline the learning outcomes achieved, and include self-reflection.

31. Logbooks are used during workshadowing, where they are completed by the students and signed off by consultants. Students cannot complete final year without satisfactory completion of the workshadowing logbook.

32. Students understood the usefulness of the portfolios even though they felt this placed an additional burden on the final year assessment. Students suggested that it might be useful to introduce portfolios in the fourth year.

33. As the portfolios are only being piloted, students will not fail the year for failing to submit a portfolio. This has led to some confusion among students as to whether the portfolios will be assessed or not. The School reported that submitted portfolios would be marked and students would receive feedback. Workshadowing logbooks must however be completed. The visiting team was pleased to see the implementation of this aspect to the course.

34. The visiting team visited a number of GP practices and were satisfied with the facilities and teaching at the practices observed. Following these visits, there was a slight concern regarding the following:

a. The relatively limited extent of the provision of primary care attachments in the curriculum.

b. The status of the general role/voice of primary care throughout the curriculum.

c. The GP tutors' knowledge of what is the core curriculum and how that related to their students' needs.

35. The GP trainers reported their relationship with the School as extremely positive. The visiting team noted that GP trainers and students were enthusiastic. The students overall regarded the intense personal teaching they received within general practice to be of a high quality and enjoyable, however the extent of the experience was limited by time constraints. The visiting team suggested that the Division of Medical Education should actively seek ways to increase the amount of time in total students spent in general practice. In addition an increase in capacity would also be required when student numbers increased. This additional expansion would need to be planned carefully in order to continue to ensure that the current high quality of the GP teaching and the students experience of that teaching is not diminished.

Learning resources and facilities

36. Learning resources were adequate and the visiting team was pleased to see plans in place for future improvements. The visiting team noted that the staff: student ratio appeared worse at this School than at most other UK schools, and that this may have serious implications for the School’s ability to cope with the planned expansion of student numbers.

37. The visiting team spoke with students who completed attachments throughout the region. Students reported on noted improvements that have been implemented over recent years. Students commended the placements further out as the smaller groups were effective and resources were good.

38. Students would like to see improvements to the Clinical Skills Education Centre, as the current location is not satisfactory. Students commended the clinical skills teachers highly, and the availability of facilities as good but suggested that the setting could be improved and expanded. A new enlarged state of the art Clinical

Skills Education Centre is being constructed in the main Medical Biology Centre and will be completed in September 2006.

39. Access to clinical information in the hospitals was satisfactory and there was good IT access for those students who were out of town. Generally the visiting team considered facilities were appropriate and were satisfied that the School was meeting the requirements for learning resources and facilities, as set out in *Tomorrow's Doctors*.

Student selection

40. The demographic mix of students at the School was indicative of the local region, which has a strong social class mix. The School does not expect much change in this with the plans for expansion, although they are involved in active discussions with the university on how they could encourage widening participation.

41. The visiting team noted that the School was preparing to review the current selection process with a view to broadening the selection criteria and the visiting team commended the plans for review for continuous improvements as good practice.

Student support, guidance and feedback

42. Student support systems at the School were less formal than in some Medical Schools. However the visiting team noted the strong student interaction between the years, and the family nature at the School. This was reflected in student feedback that although a student may not regularly see their tutor, they would still know who to go to in order to receive support should they need it. Students commented they felt strongly supported. They cited examples of students with personal problems (ill health) and how they received strong support from the School. This included minority groups, those with disabilities and financial problems.

43. The School does not intend to make attendance with mentors compulsory for students as they feel there are sufficient avenues of support available. The School also felt that the low dropout rate was evidence that the support systems worked. The visiting team felt satisfied that the student support network, coupled with the close knit community environment at the School, made the support systems sufficient to student needs. As the School expanded its cohorts, the visiting team suggested that a more formal system may be required, although the visiting team noted the School's awareness of this issue.

44. Students have an identified tutor at each hospital and the visiting team felt that clinical teachers were aware of their learning needs.

45. The traditional family style support system for students had been revised so that students in the senior years can opt to identify a mentor of their choice. There was a maximum of 2 students per year for each mentor and students reported that meetings were held.

46. Year four and five students have the option of keeping with the same tutors throughout the course. It was generally left up to the tutors and students to determine the amount and nature of time they spent together. Some tutors were considered very generous with their time, with a minimum of meeting twice a year. Other students had not met with tutors and one student commented that they had not met with their tutor until their third year.

47. Clinician mentors chosen by Phase 4 and 5 students may not necessarily have received any training, although a biannual course was available through the University School's Staff Training & Development Unit. Many clinicians whom the visiting team spoke with, did not know of the changes to the mentoring programme and first heard of the new system when 4th or 5th year students approached them. The changes had been presented at the Medical Education Away Day in November 2004 but have not been publicised to all NHS Consultant Staff, as the School felt it was unlikely that many will ever be approached by a student. The Student Support office provided an explanatory letter for consultants whom students approached. This is also available from the Student Support website.

48. Students were happy with the feedback they received for SSCs and clinical skills. The feedback will indicate to students where their weaknesses or strengths lie. The general student consensus for feedback on the core curriculum however was that it was inadequate as they felt the current system did not provide any guidance on how to identify any areas in which they needed to improve. The School response was that actual marks were given to the students on their performance in all assessments. The bottom 10% and all fail students were directly counselled by module co-ordinators, and it is made clear to students at all levels within the course that they may consult the module co-ordinators to receive full details of their individual performance if they wished to do so.

49. A student with physical disability reported complete satisfaction with the support they had received from both the Medical Faculty and Disability Services at the University. For example, the student was provided with necessary equipment for them to continue their studies and support was also provided during a period of absence last year.

50. A Disability Service has been in place since May 2000, although there had not been a huge increase in numbers of disabled students – currently there are 10 at the School. The range of disabilities with current students encompasses diabetes, epilepsy, and students with physical or mobility difficulties.

Guidance

51. The students were not aware of any career guidance information and felt they got this from BMSA (Belfast Medical Students Assoc) and other special presentations, although the School reported that students did receive final year talks and had direct contact with speciality advisors. Students also received guidance from their personal tutors. Students reported they had their own interests to pursue and visited careers fairs to gain further information. Students reported that the School

had communicated what they suspected would be happening during the transition period.

52. About 25 students each year intercalated at the School and although it was encouraged, students felt that the degree of encouragement was much less than they were aware of in other Medical Schools. Students reported that the uptake of intercalated degrees was low due to the narrow range of options and would like to see this expanded further.

53. In response to the feedback in paragraphs 51 and 52, the School indicated that career information and guidance was provided in the following ways:

a. The School co-operated with The Northern Ireland Medical and Dental Training Agency to provide a careers fair for all students in the final year.

b. At the careers fair representatives from specialist organisations were present and provided information to students so that they canould receive further guidance in specific areas of interest.

c. In cooperation with the Training Agency, there have been specific student symposia informing students on the current details available in relation to the Foundation Programme.

d. Students also received guidance from their faculty tutors.

54. The visiting team recognised that they spoke with only a sample of students, however they suggested that the School might wish to review how this information and the careers events outlined could be better signposted to students.

55. The School outlined the different ethnic mix of Northern Ireland, with the largest minority group being Chinese. The total of minority groups make up approximately 0.5% of the total number the population. The School outlined their methodology of the programme needing to reflect the current mix of the local region, whilst understanding the mix of ethnicity nationally being intrinsic to the development of the curriculum.

56. One resulting aspect of understanding this ethnic mix has been where the School has had to address very early on the issue of exposing students to the religious diversity of the Northern Ireland region, as students often arrived at the School having been quite closeted to aspects of multi-cultural society in Northern Ireland. Tutors for the Family Attachment Programme meet with first year students to discuss these issues, and will accompany them to their first placement to allay student concerns. Discussions would also be held with students and patients on-site. Students were notified that placements were randomly selected and students are not placed based on cultural backgrounds.

57. The School monitored other minority groups, such as their students from IMU to ensure they were aware of any difficulties these students might experience in integrating with this society. A workshop for all minority students is held to engage their feedback. Student feedback from these sessions indicated that these students

have no problems with assimilating into Northern Ireland, and this was backed up by the visiting team's interviews with students, where no issues from the minority groups were highlighted.

Feedback

58. Generally students reported that they felt they had a voice and concerns were actioned. One example was given where final year workshadowing was moved to follow the final clinical exams, where previously it occurred prior to exams. Students had found it difficult to engage with the workshadowing programme prior to their final clinical examinations. Some of the students interviewed informed the visiting team that feedback on actioning appeared to be heard by word of mouth from students rather than any formal feedback mechanism. The School outlined the processes where concerns raised at Phase Quality Assurance Committees (PQAC) meetings were minuted by the student secretary of the committee, and the School was required to respond before the next meeting. The School's response was that minutes of all Phase Quality Assurance Committee and Joint Clinical Board meetings are published on the School web sites, and are available to all staff and students. Information about major changes were communicated to the entire student body by e-mail and all changes were flagged in the Notes for Undergraduate Students when they were produced for the subsequent academic year.

59. Students perceived that the feedback analysed at the end of each module was forwarded and discussed at each Phase Quality Assurance Committee. These Committees are staff/student bodies, on which at least 50% of the Committee members were students. While student representatives understood that issues raised must be addressed before the Committee met again, the student body was less clear about what happened to action points arising during discussions and it may not be clear to them how the audit loop was closed. However, students were able to cite some examples of how the system worked and changes that occurred as a result of student feedback. This was reflected in the University Subject Review report.

60. The visiting team agreed that students were well briefed and good signposting was available to outline course outcomes required, and that there appeared to be a good level of staff support.

61. In addition to the opportunity to feedback formally at the end of the module, students would also like to be able to give comments on particular lectures, or labs as they occurred.

Assessing student performance and competence

62. The School started a revision of assessment over the last academic year. Aspects of this review resulted in:

a. The appointment of assessment lead in September 2004

b. Standard setting for clinical and written examinations in Phases I and II

c. Revision of guidelines for assessments

d. Statistical evaluation of assessment methods

e. Introduction of portfolios in the final year

f. Implemented a new exit exam for Phase II

g. Review and modification of final MB exams

63. Students were beginning to embrace the new concept of portfolio work in the final year. This extended throughout the whole of Year Five and included their overseas elective. The School plans to review how this has gone after its first year of implementation with the view to rolling out to Phases 1 and 2 in 2006. The visiting team noted that the assessment handbook was of a good standard.

64. The School has amended its their final year course whereby the written and clinical exam is now more closely linked together. Workshadowing will now occur after the final MB exam as a result of student feedback.

65. When asked if the number of assessments was appropriate, students commented favourably on the workload – they received an incentive to work, and understood more clearly as a result of this where they needed to apply themselves if weak areas were highlighted.

66. The visiting team commended the high level of support that the final year students received from the two SpR's within the small groups that ran every week.

67. Assessment of observed attitudes is integrated into clinical examinations and logbooks. This is also assessed in the OSCE examinations and in primary care in fourth year. General Practice placements also reviewed student attitudes. During Phase 4 attachments other healthcare professionals also monitored students' attitudes towards staff and patients and nurses – this component was outlined in the study guides.

68. The visiting team recommended that the School should ensure there was adequate training for examiners. The visiting team felt that their current training for the long cases encouraged examiners to seek peer consensus as opposed to considering the criteria for their judgements.

Clinical Assessment

Phase 2 (Years 1 and 2) OSCE

69. The visiting team observed the recently revised OSCEs for Year One. The visiting team was satisfied with the appropriateness of this exam. They wondered whether some of the stations (e.g. the communication station) might perhaps be a

little too ambitious for first year students. Overall however, the visiting team thought this OSCE was well run and well organised. Examiners were consistent and provided minimal participation with the students at each of the stations. Supporting documentation was good, marking schemes appropriate and the assessment was broadly fair.

70. The visiting team noted the use of formal standards setting in this examination and would commend this approach of standardising the pass marks within OSCEs. Students were told of the total and pass marks at each station.

Phase 3 (Yr 3) OSCE

71. The visiting team was less satisfied with the Phase 3 (Year Three) General Medicine and Cardiology OSCE. The visiting team noted that this examination was based more on a viva approach than the OSCE approach demonstrated in the Phase 2 examination that was observed. Key concerns were:

a. Examiners would also play the role of the patient, which the visiting team did not feel was good practice. The visiting team suggested that the School should consider using separate simulated patients from examiners.

b. Examiners constantly prompted or were openly viva'ing the students.

c. The visiting team did not feel that Examiners at this OSCE demonstrated any signs of being trained. The School offered training, and the visiting team suggested that take up rates should be monitored.

72. Individuals wrote the OSCE stations for this examination, but the visiting team felt there was a lack of how these were coordinated into the whole. The visiting team suggested that the School should review its quality assurance processes for the development of these examinations.

Long Cases

73. The long case examination was run over seven sites and used greater than 170 patients. At every site there was one patient per student. The first twenty minutes of the exam was an observed history, following by a further twenty minutes where the student would examine the patient unobserved. The final twenty minutes of the exam was the student feeding back to the examiner on the history and proposed management of care. In the assessment of this exam, two examiners were present and would agree the mark and complete some free text comments. The marking schedule was a partially structured form giving guidance on marks from one to ten.

74. During the long case clinical examination at 2 sites an OSLER marking template was piloted in parallel with the standard marking schedule. This received mixed feedback from examiners. This may be due to the marking schedule not being

particularly useful, as the long case examination as it stood emphasised history taking.

75. The visiting team was concerned about many aspects of this examination, although they noted that the Long Cases examination was currently being reviewed by the School.

Short Cases

76. Initially the visiting team decided not to observe the short cases examination, as it was thought that observing the Phase 2 and 3 OSCE, and the Long Cases would be sufficient in reviewing clinical assessment. In hindsight upon the realisation of the lack of assessment of clinical skills in both the Phase 3 OSCE and Long Cases examination, the visiting team felt that a review of the Short Cases examination was additionally warranted, in order to verify that clinical skills were being assessed appropriately at the School. At this time however, the short cases examinations had been completed for 2005.

77. Whilst the range of examinations appeared sufficient for testing the knowledge skills and attitudes of students when reviewed as a whole, the observations of the long case examination further confirmed the visiting team's concerns over the lack of clarity or signposting of clear objectives of the exam structure for examiners. In addition, the visiting team would like to see the good practice of the Phase 2 OSCEs implemented across the rest of the course.

78. In response to the various concerns over assessment highlighted by the visiting team, the School has produced an assessment review plan, which is attached at Annex A. The visiting team has been reassured by this swift response and look forward to receiving an update at the end of 2006.

Assessment of SSCs

79. The School was aware it might they may not be assessing SSCs as consistently as they could be, largely due to the primary focus recently being based around getting enough SSC modules developed and implemented. The School planned to offer training in standard setting in an effort to address this.

80. Almost all assessments within the SSCs were assessed using standardised forms using defined criteria, and all oral and poster presentations were second-marked. Written assignments were not routinely second-marked, although internal moderation of marking was encouraged and second-marking occurred in all cases of failed or borderline work. The visiting team was satisfied that these procedures were fair, but would recommend that the School consider how external examiners might have a role in moderating standards in this part of the course, and keep under review how the SSC assessment arrangements related to best practice in assessment.

81. In addition, the visiting team suggested that a more formal arrangement should be considered, where a set percentage of all student work was double-marked, in addition to the borderline or failing students' work. The visiting team

recognised that identifying second-markers may be difficult in some areas, and responsibility for doing this should be clearly allocated and monitored. This concern related to the aspect of maintaining consistency in the level (quality and quantity) of work required across modules, rather than whether they were assessed validly and reliably. However, the quantity of assessed work was dependent on the number of contact hours. Students attending modules with higher contact hours received a lower volume of assessment in comparison to those with a lower contact time where students had more time to spend on completing assessments. The involvement of the external examiners in reviewing a cross section of SSCs each year would reveal any glaring inconsistencies. The School has appointed an external examiner to do this for the phase 2 SSCs (year 1 and 2) starting in academic year 2005-2006. Due to the proposed changes in Year 3, an external examiner will not be appointed until the changes are in place.

Examination Board for Final MB

82. External examiners commended the logistics of the running of the exams and that the patients used were stable. It was interesting to note that many of the issues the visiting team has over assessment were already live discussions being held amongst the examiners, or highlighted by the external examiners, and is up for review in 2006.

83. Historically approximately 10% of students were awarded distinctions in the Final MB examination if they achieved a mark of 75% or above. The visiting team noted that the Examination Board endorsed the suggestion of the External Examiners that the number of distinctions awarded was increased to accommodate some students who were just below the 75% threshold. This change did not appear to follow any due process or policy and this was addressed with the School at the feedback following the visit on 09 June 2005.

Formative Assessment and Feedback

84. Formative feedback about performance in Phase II OSCEs always occurred. For this cohort of students the School used Speedwell Software to provide students with detailed analysis of their performance at each OSCE station. All students were invited to contact the module co-ordinator to receive individual feedback. In addition students whose marks were in the bottom 10% were offered remedial teaching. For most clinical examinations in other phases group feedback was offered to all of the candidates following the examination. Attendance at some of these sessions had been poor. In some modules, e.g. Paediatrics, individual feedback was always given.

85. Detailed feedback from each Phase 4 OSCE was made available to students on the day of the exam. Students could then make an appointment to meet with the module Coordinator if they wished to discuss this further. In the Final Phase, students received written feedback from the School and were able to request meetings with the School to discuss any concerns should they wish to do so.

86. Feedback was also given in the tutorial meetings given throughout the year, from an overview perspective. The School recognised the aspirational idea of providing feedback to all students, however they realised that this was extremely difficult and a common problem from a resource perspective.

87. Students would like to receive more detailed feedback rather than just pass marks and where they sat within the median. Some tutorial groups offered more feedback than others. Where feedback was given, students felt it was of a good standard. Feedback was normally given in a group situation especially in clinical as opposed to academic exam feedback.

88. The visiting team noted that appraisal was an embedded part integral to all teaching at the School.

Student progress

89. Students that fail were contacted by the School. Provided students met the re-sit requirements they were normally offered the opportunity to take a supplementary examination in August in order to progress. Students who failed three or more modules were required to repeat the year. Students taking supplementary examinations were normally offered remedial teaching. Students understand the regulations governing supplementary examinations and the barriers to progression from one year to the next.

90. The School provided good signposting of standards setting and how this resulted in the final mark. This was strongly reflected in student feedback. Students have also asked about how the School ensured consistency of marking was met across the sites, but the visiting team felt that the systems the school has in place were sufficient. Mark sheets were quite comprehensive in many areas including attitudes and aptitudes, dealing with patients, attendance which made up the consultant marking component of their overall grade.

91. Attitudes are assessed in the Clinical Skills Education Centre, where there are set marks on clinical skills, attitude, and communications skills. As much of the time in the final year is spent with consultants, students felt poor attitude and attendance would be picked up, although they recognised that this could result in inconsistent marking depending on the consultant.

92. Borderline or failing students' work was double marked and offered a remedial viva or oral examination.

93. However, the visiting team was concerned about borderline students in the Final MB clinical examination who received a viva on emergency care on the day of the examination board, as a last option to pass this component. The visiting team felt this was inappropriate as it did not test the same components as those observed in the long case examination, where the primary objective of the assessment was history taking. The visiting team deemed this inappropriate and addressed this concern with the School. The School accepted that this borderline viva was not fit for purpose and undertook to take steps to address this issue.

Student health and conduct

Fitness to Practise

94. Students were given handbooks at the beginning of each year, which covered requirements for assessment and fitness to practise requirements etc, entitled 'Notes for Undergraduate Students'. Students demonstrated that they were aware of the seriousness of the Fitness to Practise aspect, although they were less clear of any formal policy or system on Fitness to Practise being available at the School. They did comment that they would feel able to report a fellow student should there be any problems. The visiting team suggested that the School could review better signposting of this for students.

95. The School has not invoked its Fitness to Practise procedures to date. Generally students were highlighted in an earlier phase and monitored closely. Monitoring will include reports from GPs or those working with students outside of the School environment. Where some previous cases were considered at risk, they ended up failing academically prior to falling under the FtP procedures.

96. Students spoke of a session available for students to discuss the issue of whistleblowing on consultants in a secure environment. Ethical issues forms were also available. Students also felt that they could go to other consultants to ask their opinion. Students are asked to feed back on consultants at the end of each attachment, and used this process readily. One student commented on a complaint handed back and felt this was actioned. The School spoke with the consultant, and had a meeting with the students to address this issue. Insofar as any formal process being in place, these issues appeared to be dealt with on an informal and local level. If sufficiently serious, it would be taken through the student representative bodies or directly with the School.

97. Plagiarism is signposted to students in the study guides. A policy 'code of conduct' for students has also been drafted and is currently being consulted on between the central University and all Schools with the hopes of being agreed for the future.

Reflecting Contemporary Society

98. There are various areas of the School programme that touch on aspects of Inter-professional Learning (IPL). One example is a module on ethics where pharmacists and nurses are involved. Resulting from their success in developing and embedding IPE programmes, a team from the Queen's University Schools of Medicine, Dentistry, Nursing and Midwifery, Pharmacy and the Graduate School of Education (GSE) have been recognised by the Department of Employment and Learning (DEL) as a Centre for Excellence in Inter-professional Education (CEIPE) (NI). Full details on this project are available from the office and the visiting team commended this approach as good practice.

99. Since 2001 first year medical and dental students have been offered a SSC entitled Multi-cultural Medicine. Representatives from each cultural group contribute

to the delivery of the programme. Following the promotion of the coordinator of the SSC from Research Fellow to Lecturer in Medical Education in July 2004 other aspects of Multicultural Medicine have been incorporated into the Phase II Individual in Society Programme. Full details on further development plans are available from the office.

100. The visiting team commended the emerging good practice on integrating treatment of equality and diversity issues across the curriculum where appropriate. This area had been identified in the previous report as an area that needed some attention.

101. The School has a dedicated senior lecturer responsible for ensuring that the issues surrounding disability discrimination. There is particular emphasis on this in Year Five where a Preparation for Practise Day is designed to expose students to the issues associated with the care and treatment of patients with disabilities. Students are also required within their case studies to cover at least one patient with disabilities, to visit them at home and/or School to discuss this fully in the context of the patient. In addition students also spend an afternoon at a School with a student with physical disabilities during one of their fourth year blocks. There are also a number of SSCs that incorporate this aspect.

102. There are components in the programme that encourage students to reflect on the aspect of patient centred care, however the visiting team suggested that the School could consider more formal engaging of gathering patient feedback on developing this further.

Main recommendations of our report

Requirements

103. The School is currently reviewing various aspects of assessment. The visiting team has asked the School to submit the findings of this report by September 2006 to demonstrate how arising changes will be implemented to ensure clinical skills are being assessed appropriately within the course (paragraphs 62, 64, 75 and 78).

104. All fail and borderline SSCs should continue to be double marked and a percentage of the other categories should be double marked. Additionally the external examiners should look at all the fails and borderlines and a similar selection of the other grades. This would provide adequate safeguards of standards (paragraph 80).

105. The School should review its policy of using a resit viva for borderline students (paragraph 92 and 93).

Recommendations

106. The School might want to consider building in a mechanism to ensure that students cannot do all classroom-based SSCs (paragraph 15).

107. The School might want to review how it could improve signposting to students of changes that result from student feedback (paragraph 59).

Areas of innovation and good practice

108. The visiting team commended the approach of the School of tutors meeting with students and accompanying students to first placements to alleviate student concerns over the religious diversity aspects of the Northern Ireland region (paragraph 56).

109. The visiting team commended the high level of support that the final year students get from the two SpR's within the small groups that run every week (paragraph 66).

110. Resulting from their success in developing and embedding IPE programmes, a team from the Queen's University Schools of Medicine, Dentistry, Nursing and Midwifery, Pharmacy and the Graduate School of Education (GSE) have been recognised by the Department of Employment and Learning (DEL) as a Centre for Excellence in Inter-professional Education (CEIPE) (NI). Full details on this project are available from the office and the visiting team commended this approach as good practice (paragraph 98).

111. The visiting team commended the emerging good practice on integrating treatment of equality and diversity issues across the curriculum where appropriate. This area had been identified in the previous report as an area that needed some attention (paragraph 100).

Future working

112. We would like to thank the School for cooperating with and aiding the visiting team and GMC staff during the course of the assessment. In particular the visiting team would like to commend the timely responses to requests for information, and the help with conducting the logistics of the visits, which greatly aided the QABME process.

Signed……………………………………………………………………

Date………………………………………………………………………

Annex A

	Action	**Timeline**
Third Year		
OSCE workshop rolling out good practice from Year 2	Mairead Boohan/Kate Collins and teaching staff responsible for delivery of course	September/October 2005
In-course review – Mini CEX and Cases	Teaching Staff responsible for delivery of course and Mairead Boohan	Ongoing throughout 2005/2006 academic year with a view to implementation in September 2006
Separate knowledge based assessment – knowledge outcomes	Teaching staff responsible for delivery of course and Mairead Boohan	Ongoing throughout 2005/2006 academic year with a view to implementation in September 2006
Composite end of year OSCE – clinical skills outcomes	Currently being discussed as part of the review of 3rd year in preparation for expansion of student numbers	Academic year commencing September 2007
Final MB		
Review of pass/fail procedure – abandon 2nd chance Oral/viva stop – repeat long case	Final Year Teaching Committee and members of staff in Division of Medical Education	Ongoing throughout 2005/2006 academic year with a view to implementation in September 2006
Develop clear role for long case – history taking, full OSLER	Final Year Teaching Committee and members of staff in Division of Medical Education	Ongoing throughout 2005/2006 academic year with a view to implementation in September 2006
Change minor cases to Mini CEX	Final Year Teaching Committee and members of staff in Division of Medical Education	Ongoing throughout 2005/2006 academic year with a view to implementation in September 2006
Review Conference fixed for 05 October	Organised by Dr Peter Watson and staff in Institute of Medical Education	October 2005
General Review		
Blueprinting of assessment methods and learning outcomes	Mairead Boohan and each Module Co-ordinator	September 2005 – January 2006
Assessment Away	Professor M Savage, Dr	January 2006

Day/Conference with input from National experts on assessment	D Gilliland and Mairead Boohan	
Appointment of Examinations Office Administration Team	Professor R Hay, Professor M Savage, Dr K McGlade and Mairead Boohan	Ongoing throughout 2005/2005

Annex B

Response to the findings of the report for 2005.

Queen’s University Belfast Medical School
Received December 2005.

The Queen’s University Belfast Medical School welcomes the supportive and constructive report from the visiting team confirming that we are on course to meet appropriately the requirements set out In Tomorrow’s Doctors. The team has recognised the high level of student satisfaction in a strongly supportive learning environment (paragraph 27). We are also pleased by the commendation of our approach to alleviate any student concerns over placements in a religiously diverse community in Northern Ireland and our good practice in integrating the treatment of equality and diversity issues across the curriculum. We also acknowledge their commendation of the high level of one to one support given to final year students from SpR tutors which we believe ensures a high level of clinical competence in our graduates. We plan to continue to build on our success in developing and embedding IPE programmes which are commended in the report. The School has been recognised as a Centre for Excellence in this area.

Our ongoing refinement of assessment practice has been identified (paragraph 62) with the appointment of an assessment lead in September 2004 to co-ordinate a review of all assessment procedures throughout the curriculum. A report of this review will be submitted to the Education Committee in September 2006. The regular feedback provided during the course of the visit has proved useful to this review, so that the School has already taken steps to act on the main recommendations of the final report (paragraph 103 - 105).

Interim plans for the current academic year include implementing the changes suggested to the 3rd year clinical examinations to ensure that clinical skills are being assessed appropriately. A revised third year programme will be implemented in the academic year 2007-2008. This will include an integrated end of year OSCE. The Final MB Clinical Examination resit vivas for borderline students have already been replaced by repeat *clinical* examinations as suggested by the QABME Team. We envisage the development of an office to ensure the co-ordination of assessment procedures reflecting modern educational best practice.

We note the positive comments on the breadth and quality of Student Selected Components (paragraph 13 & 17) reflecting considerable progress in their provision. External Examiners for SSCs are currently being recruited to further scrutinise fail and borderline candidates course work, which is currently double marked and this practice will be extended to a random selection of other grades. An analysis of Student Selected Components, in response to visitors concerns, has indicated that on only one occasion has a student taken all classroom based SSC’s (paragraph 106) and steps will be taken to ensure that this is avoided in future.

The School acknowledges the comments in relation to Faculty reorganisation and staff/student ratios (paragraphs 25, 26 and 36) this will continue to be carefully monitored at School and University level.

Two new clinical academic General Practice appointments have been made to enhance student exposure to community based education as part of the school expansion plan.

The School is pleased that the visitors have recognised that the mentoring system now in place is sufficient to meet student needs.
Career guidance information for students has been improved following the interim period leading up to the introduction of the Foundation Programme with the appointment of a Postgraduate Sub-Dean with special responsibility in this area and a link clinical academic to coordinate final year and foundation year learning experiences.

The School thanks the visiting team for their constructive and useful feedback throughout the visitation progress, which has aided our curriculum planning.

Annex C

19 April 2006

Professor Maurice Savage
Queen's University Belfast Medical School
Whitla Medical Building
97 Lisburn Road
Belfast
BT9 7BL

Dear Maurice,

2005 QABME Change Requirements

On 12 April 2006 the Education Committee considered your follow up response (dated 23 February 2006) in relation to change requirements given to Queen's University Belfast Medical School as a result of QABME assessment in 2005.

I'm pleased to report that the Education Committee agreed that Queen's University Belfast Medical School has now satisfied the change requirements arising from the 2005 School QABME report and looks forward to receiving a report on future assessment policy in September 2006.

I can confirm that this letter has been annexed to the published School report which can be viewed online at: http://www.gmc-uk.org/education/qabme/visits.asp.

Yours sincerely,

Cara Talbot
QA Programme Manager