General Medical Council

Regulating doctors
Ensuring good medical practice

UK Medical Schools Annual Return 2007/08: QABME

The QABME Annual Return Process

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

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

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

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

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

Name of medical school:	Birmingham University

QABME Annual Return Table Templates

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

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

What you need to do

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

Tomorrow's doctors area	Requirement/ Recommendation/ Change/ Innovation/ Risk or challenge	Action	Contact	Supporting documents list	Timeline
Identify the most relevant area of Tomorrow's Doctors. This has been pre-populated for each table with general areas. **Please amend, delete or duplicate the rows as appropriate.**	Identify the areas under each category in the individual tables for: ▪ Requirements ▪ Recommendations ▪ Changes ▪ Innovations ▪ Risks or challenges	List the key actions and steps the school plan to take in order to address each: ▪ Requirement ▪ Recommendation ▪ Change ▪ Innovation ▪ Risk or challenge	State the working group/committee/ person that will be taking the lead on the action identified. Include details of the: ▪ Contact name ▪ Email address ▪ Telephone number	List the document names of any committee decisions, management plans or other documents that evidence the actions. Please **do not attach** these documents.	State the timeline for each action stipulated. Include an estimate for the final deadline of when the school expects to be able to fully meet any requirements listed.

A fictional example response is provided in Table 1.

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

Please send your completed responses on this template by **Monday 17 December 2007** by email to QABME@gmc-uk.org.

Table 2 – Recommendations

Please list the recommendations from your school's last QABME report. If you have not taken any action on any recommendation(s), please explain why in the action column.

If you do not have any recommendations in your last report or have not yet been reviewed under the QABME process, please check this box ☐

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
Curricular content and structure	1. Increase Student Selected Component (SSC) from 12-13% to 25-33%.	This has now been done. Students undertake a range of formative Student Selected Activities (SSAs) and summative Student Selected Modules (SSMs). The process is linked into the new Personal Mentor system (see below). The total for SSC is now 25% of the Curriculum, (approximately 15%SSAs, 10% SSMs). In Years 1 and 2, students undertake reflective SSAs, and an SSM selected from a menu of biological science and medicine in society subjects. Feedback is from subject lead, on participation in the module, presentation and essay. In Year 3 there is a focused, in-depth Patient Care Study SSA and the opportunity to undertake either a second such study or to look at treatment modality / management issue etc. These are presented to peers / clinicians. Feedback is provided by clinical supervisors for module. There is also a Public Health Project SSM. Epidemiological research is undertaken as a group activity, and a further SSM selected from the menu mentioned. In Year 4, there is a "career bite" SSA, with informal feedback on performance/aptitude etc. provided by the	Associate Professor Nick Ross, Director of Learning and Teaching 0121 414 3778 n.m.ross@bham.ac.uk	SSA and SSM module handbooks/ instruction documents Curriculum map for 2007-08	In place

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
		clinician to whom they are attached. Formal feedback on basis of reflective report, is provided by the Personal Mentor. There is also a Teaching Project as an SSM. Students undertake small group teaching, usually with peers or junior students. They receive peer feedback on their teaching performance. They receive brief feedback on their submission (teaching plan; self-evaluation; peer-evaluation). There is also a Poster SSM, for which students have to produce and defend a conference-style poster. In Year 5 a major SSA runs through the year. Students have limited choice of field but virtually free choice of topic / study modality. Subject specific feedback is provided by identified clinical supervisor. Feedback on reflective reports at the planning and digest submission stages is provided by the Personal Mentor. Students also undertake their Elective as an SSM. Students have informal feedback throughout the project from their named supervisor. Supervisors also mark and provide feedback on the final project report.			
Curricular content and structure	2. Move towards a more coherent system of co-ordinated assessment	There are two other SSMs in Year 5: firstly, a Patient information Leaflet (PIL). Students identify a sub-standard PIL, critique it and produce a more appropriate version. Emphasis is on communication in a style appropriate to the chosen audience, although clinical content is important. Secondly, there is an Ethical Issues SSM. Students produce a portfolio relating to a particular ethical issue relevant to medicine and in the public eye.	Associate Professor Ross, Mr David Pollard, Medical School Education Unit. (d.j.pollard@bham.ac.uk Tel:	"Year 5 Planning for 2009-10"	For implementation 2009-10

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
			0121 415 8074)		
Curricular content and structure	3. The GMC also offered a number of "areas for further consideration". a. A lack of clear definition of core material b. Constraints imposed by adherence to the University's modular structure	A group has been set up to review the present Year 5 assessment, with the aim of simplifying and integrating it more fully. It is anticipated this will lead to change for Year 4 assessment within the same timescale a. Progress has been slow. However, there is a recognition within the School that we now have a real opportunity for educational change and progress over the next few years (see details at Table 5), and we have therefore very recently instituted a Strategic Group to look at the long-term health of the curriculum, and are seeking also to drive change forward over the shorter term by eg the curriculum changes instituted in Years 1, 2, 4 and 5 (details at Table 3), and by changes to the assessment strategy for Years 4 and 5 (see above). Part of these developments will be a. to clarify core material for all parts of the course, and b. to disseminate this information amongst colleagues in the School and the NHS Trusts b. We are currently in discussion with the University about this issue	For Strategic group, Professor John Skelton (Associate Dean, Educational Quality) 0121 414 3346/415 8033 j.r.skelton@bham.ac.uk Asociate Professor Nick Ross Professor Jim Parle j.v.parle@bham.ac.uk. Tel: 0121 414 6420	Clinical Skills Revision Guide for Year 5 students Business Case for GTAs Minutes of the Clinical Skills Committee	Strategic group: periodic reports to Education Board from 2008. Implementation of recommended changes 2012-13 Definition of core material for 2009-10 Changes to curriculum in Years 1,2,4,5: In place Assessment strategy: implementation 2009-10 In place from 2008-09. Further developments 2009-10 to

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	c. The need for students to have "increased opportunities to develop and refine their clinical skills in a supervised environment	c. A Clinical Skills Centre is being developed. All Year 5 students now get training, and this will be rolled out to other years. Eg next year's Year 3 students will have a combined Regional Anatomy and Physical Examination course. An innovative programme to use simulated patients as teachers is also being piloted at present (See Table 4).	Mr David Morley, Medical School Education Unit. d.j.morley@bham.ac.uk. Tel: 0121 414 2891		include wider use of simulated patients, and more opportunities for student involvement

Table 4 – Innovations

Please identify any innovations the school is piloting or planning to introduce.

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

Tomorrow's doctors area	Innovations	Action	Contact	Supporting documents list	Timeline
Delivering the curriculum	a. The School is presently developing ways of integrating the teaching of clinical skills using simulated patients. The aim is to have such patients able to teach students, and assess them, on a range of well-defined skills. b. A new Personal Mentoring system has been introduced, with the aim of drawing together welfare and academic support. Specifically also Personal Mentors help students with the SSC elements of their course (see details at Table 2). Each student is placed in a group of 15, drawn from across the 5 years of the course, and has two Personal Mentors. This in	a. A number of simulated patients have been identified, principally by using existing contacts from among simulated patients who support the communication skills team. Most recently, 4 have been trained as Gynaecological Teaching Assistants (GTAs). b. This programme has been implemented. .	a. Professor Jim Parle c. Associate Professor Nick Ross d. Associate Professor Kate Thomas (c.p.thomas@bham.ac.uk. Tel: 0121 414 3352)	Business Case for GTAs Minutes of the Clinical Skills Committee Personal mentor information pack	

Tomorrow's doctors area	Innovations	Action	Contact	Supporting documents list	Timeline
	effect halves the number of students each Mentor has, and increases the chance for a greater level of personal contact.				
Student health and conduct	See above for Personal Mentoring scheme.				