

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

v4.0

Annual Report of the Visitors to the University of Brighton Sussex (BSMS) Medical School for 2003/2004

Introduction

1. This is the annual report to the Education Committee of the General Medical Council on the new medical school established at Brighton Sussex.

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

Professor Peter Baylis
Professor Yvonne Carter
Professor James Drife
Miss Jennie Lambert
Professor Robert Mansel
Professor Paul O'Neill
Professor Susan Standring
Mrs Eileen Walker
Doctor Celia Duff

3. The Team is supported by Cara Talbot.

Our programme of visits in 2003/04

4. The GMC Visiting Team has attended the School on six occasions: 23 February 2004, 28 April 2004, 10 June 2004, 15 June 2004, 1 and 2 July 2004 and 14 July 2004. The Team has reported informally to the Education Committee on these visits.

5. Copies of the reports on the individual visits are available from the office.

Summary of findings

6. Progress continues to be made at BSMS. Reports have shown development in the Curriculum and issues previously brought up by Visitors continue to be addressed.

7. Although we have suggested some areas requiring additional consideration by the School later in this report, those suggestions should be read in the context of our overall findings as recorded above.

Curricular outcomes

8. Subject to further scrutiny, the Visiting Team is currently satisfied that the Medical School is on course to meeting appropriately the requirements set out in *Tomorrow's Doctors*¹ in respect of curricular outcomes. An outline of work currently being reviewed by the Team will formulate the focus of visits for 2005 (paragraph 59).

Curriculum content, structure and delivery

Content

9. The Visitors are concerned over some of the basic science courses. Some of the students said that the GPs and consultants were not briefed about what was expected of them in respect of teaching. There were concerns about the level at which the students were being taught (some said the consultants expected them to have the knowledge of fourth year students).

10. The feedback on the Anatomy course in Year 1 is very positive.

Structure

11. The Team remain concerned about what the precise standard is, and what the detailed outcomes are, for the SSCs.

12. The SSCs in Year 1 appear to deliver some of core outcomes rather than core outcomes being delivered fully within the core components of the programme. The Team will need to be assured through evidence that the course as a whole will be compliant with the guidance on SSCs in *Tomorrow's Doctors*.

13. The Team is not sure whether adequate core knowledge is covered within Modules 103 and 104 and other first year modules. The School's own review has indicated a need to consider the level of knowledge achieved and the School recognises this.

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

Delivering the curriculum

Teaching and learning

14. Students comment on the disjointed nature of the delivery of some subjects with a variety of teachers involved.

15. Teachers outside the School (at Trusts and GP practices) expressed some concern about knowing the level at which to pitch the learning. The Visitors would like to see demonstrable consistency in the levels.

16. Some practices have developed their own systems for feedback from students to GP teachers. Some generalised feedback has been received from the students, but there is no systematic feedback from the students to individual teachers. Visitors recommend that this issue be addressed.

17. There appears to be a limited opportunity for GP teachers to feedback to the School about the learning objectives as a whole. GPs can sometimes feel a little isolated. The School is still developing the feedback mechanisms for the later years and plans to evolve these in a practical manner.

18. Quality assurance and peer review mechanisms should be developed further in relation to teaching both within the school and outside.

Student selection

19. The admissions process is subject to monitoring and development is under way. It will be important to ensure that the School can respond appropriately to year-by-year fluctuations in the number of promising student applications.

20. The School might want to consider the expertise that it brings to the consideration of the criteria. For example, the Team suggests (but does not prescribe) the possibility of involving people from a broader background in the interview process.

Student support, guidance and feedback

21. The students are worried about the provision of information across the course:

- a. BSMS students have access to three main libraries; one at each of the parent universities and one at the Education Centre in the main teaching NHS Trust. However, Visitors feel that Visitors felt that the main library does not contain sufficient copies of books on core topics, which were on their reading lists. The School appears to be relying on buying in books year by year without appreciating the need for additional material related to later years of the course to support individual projects.

The School feels that it is not that there is an insufficient number of books on core topics. Core texts have been provided on a ratio of one copy for every eight students. Analysis of resource use in 2003/4 from the library

management systems of both universities shows that in only one case did demand outstrip supply; in this case the bookseller was slow to supply stocks. The Medical School feels that it would be unwise and wasteful to invest in copies of print resources for the later years of the programme at this stage. The Medical School recognises the need for additional material and feels this is met through sufficient copies of non-core texts to be found in partner libraries. The Medical School feels that comparisons with libraries in other new medical schools support the validity of this approach.

b. Many of the books recommended for SSCs are either not available or available only on short-term loan (not useful when working to a tight deadline). There does not appear to be a system to ensure that books recommended by SSC leaders are readily available in the library.

c. Students report difficulties using web-based sources such as PubMed.

22. Students suggest additional sessions on how to use some of the library programmes and databases later in the first term.

23. The students are also concerned about the variability in quality and also the cost of the handouts that are provided (the students have to pay to print the handouts).

24. Students commend the pastoral support but feel this depends upon individual relationships and is not effectively institutionalised. The Visitors would like to understand how the School will review this area.

25. There have been initial problems with the establishment of student representation. These have now been overcome. The delays mean that the School has not yet been able to put in place all the formal arrangements needed to relate with the student body. The Visitors will review this in 2005.

26. Students appear to get good and immediate feedback from the GP teachers (and indeed from the patients).

Assessing student performance and competence

The principles of assessment

27. The modular structure and credits system mean that some of the early summative assessments could also be regarded as formative.

28. The Visitors identify a need to be able to demonstrate consistent and equitable treatment of students even though the School is considering cases on a case by case basis. The Team would also like further clarification on what appeal mechanisms are in place for students to challenge unfavourable progression decisions.

Assessment procedures

29. Due to shortcomings in communication, GP teachers are not clear about the criteria to be used for assessment of portfolios. Is it fair for us to ascribe this to shortcomings in communication? They had formed an impression about what constituted a good portfolio by looking at those that had been completed during the first year. They have not yet given feedback on the portfolios, but expect to be doing this at the end of the year.

30. The OSCEs at the end of Year 1 were an interesting initiative and were well organised. The Team is concerned about the process for setting standards for the marking of the OSCE examination. After discussion with the External Examiner, the thresholds for the grades were adjusted: the standards for the OSCE stations had been too low. The External Examiner commented that it was difficult to assess whether the standards were equivalent to other Schools as it is most unusual to have a clinical OSCE so early in the course. The External Examiner also commented on the fact that there appeared to be discordance of the marking schedules between the stations, where questions appeared to be too global and not sufficiently specific. These issues will be addressed for next year.

31. More generally, some clarification is required about the assessment of the core skills. What are the standards set for assessment? What are the consequences of failure? This applies to the marking of the portfolios as well as the other methods of assessment. The School agrees that further work needs to be done on standard setting mechanisms and will report on the methods chosen in more detail as the cohorts progress.

32. There is no overall assessment blueprint for the assessment content. The School agrees to consider producing a documented blueprint and sampling process as this would be helpful, particularly as additional cohorts enter the school.

Quality assurance of assessments

33. The School confirms that much of the quality assurance takes place in discussions within the module teams and with the theme leaders.

34. Items being assessed are anonymous in the marking process but not in the deliberations of the Examination Board. The Visitors recommend that students should be identified by number alone. The School is keeping this issue under review and agree that the process should be fair and also seen to be fair.

Appeals

35. The Team note that mitigation is considered by the Director of Student Support who then makes a recommendation to the Examination Board. This might leave the Director of Student Support open to personal challenge. The School could consider providing more institutional cover. The School argues that the Director of Student Support acts as a filter whilst the final decision is a matter for the Examination Board. However, the School recognises that this could be made clearer in the documentation. We look forward to seeing documented clarification.

Student health and conduct

36. The Team will investigate health and conduct issues at future visits.

Other issues

Reflecting contemporary society

37. The Visitors note that the programme will need to cover cultural issues. They look forward to discussing with the School how students are taught to promote equality and value diversity.

38. At the OSCEs, the students demonstrated an enthusiastic commitment to patient centred medicine.

39. Students consider that asking other health care professional students to share lectures tends to highlight differences rather than stress team working. Some of the lecturers had specified during the lecture that part of what they were saying was for doctors only. The BSMS students think that a more integrative approach - jointly learning resuscitation skills for example - might be more effective.

The two Universities

40. The Team is concerned that the work of the School is complicated by its relationship to the two Universities. As examples, arrangements for peer review of teaching differ at the two Universities and the establishment of a mechanism for student liaison was delayed.

Main recommendations of our report

41. The School needs to establish clarity among the teachers about what should be taught, by whom and when. The Team would like to see an explicit statement on the level of clinical skills required by the end of Year 1 and a demonstration that teachers are aware of and understand that statement.

42. The School needs to ensure that core knowledge is taught to a satisfactory standard.

43. The School needs to co-ordinate feedback throughout the system (from students to teachers; from teachers to the Medical School; from patients to teachers). The process must be formalised and audit trails created.

44. The Medical School must be able to demonstrate that it is assuring the quality of the trainers across all GP practices, for example by implementing a system of routine student feedback to practices and developing peer observation of teaching.

45. The need to improve access to books and IT resources and the effectiveness of inter-professional learning should be recognised and discussed between the school and the student body.

46. In assessment, Visitors recommend that the school should set out the process by which it sets standards. This should also produce a blueprint (matrix) for each major assessment.

Areas for further consideration

47. The School needs to ensure that the teachers and students understand the assessment criteria and methods.

48. The Team suggested that the School should ensure that teachers keep their own professional development portfolios on their teaching activities. This is particularly important in respect of annual trainer appraisal and personal development.

49. The School will need to ensure that the successes evident during the first year can be maintained as more cohorts of students join the Medical School. For example, are the costs associated with student travelling to GP practices (currently in most cases by taxi and paid by the Medical School) sustainable particularly as distant and more practices in Sussex become involved? Will it be possible to sustain the number of teachers once more students are in the system?

50. One of the strengths of the Anatomy component is that it is being delivered by a small group of staff. This is not happening in other courses. The Visitors have suggested that the School should seek to reduce the number of lecturers and tutors delivering each course and to ensure that material is covered at an appropriate level.

Areas of innovation and good practice

51. The Team has no doubt about the value of teaching at GP practices. An example of innovation was the use of video of a critical incident analysis by a primary health care team.

52. The Team is tremendously impressed by the enthusiasm of Professor Watt and her colleagues teaching Anatomy. The Team was provided with examples of course literature, including sample lecture handouts. Visitors also inspected a student dissection of the thorax and abdomen, which was of a high standard. What we were told about the way in which teaching was delivered in practicals, lectures and tutorials mapped onto the accounts given to us earlier by the student groups. The organisation of the course, and the environment in which it is delivered, appear to be excellent.

53. The teaching of communication skills is commended.

54. The use of OSCEs at the end of Year 1 is innovative and they were well organised.

55. The Team was impressed by the facilities available for teaching and learning.

Future working

56. We congratulate the School on its successful developments in Year 2 of the new curriculum and look forward to working closely with it again through Years 3 to 5.

57. Between February and June 2005 Visitors will be focusing on the issues highlighted in the recommendations of this report and conducting a range of small team visits to the School. We will invite the School to plan a programme of visits for us during that period.

58. There will be brief reports prepared by the team covering the subject of the small team visits.

59. In the meantime the Visiting Team has requested and recently received information on the following, and will assess this information at a Team meeting scheduled for November 2004:

- a. Outcome of the Phase Review, minutes of the meetings involved and documentation of the revisions made to Year 1 and Year 2.
- b. A revised policy on Student Progression – Passing the Modules and Passing the Year. The Team place great weight on the agreement of the School to revise their policy on compensatory credit to ensure that students are assessed and pass all areas of the core curriculum.
- c. Course outline for Year 2.
- d. Documentation of the state of current thinking of Years 3 to 5.
- e. Details on the demography of the new students in 2003 and 2004.
- f. The revised arrangements for considering applications.
- g. An analysis of the results of the student questionnaires including all the comments made.
- h. Copies of examination papers for Year 2.
- i. Examples of completed student work: both portfolios and the product of SSCs, including work that has been assessed as excellent, adequate and failing.
- j. Reports of the External Examiners and the School's responses to those reports.
- k. The Team seeks assurance that the School's delivery of teaching will not be undermined by its commitment to research. We would like to see job descriptions of academic staff as they are advertised.

Signed.....

Date.....

Annex A: School Response

13 December 2004

Professor Peter Rubin
c/o Carole Keeling
Education Section
General Medical Council
St James' Buildings
79 Oxford Street
Manchester M1 6FQ

Dear Peter,

Annual report of QABME visits to Brighton and Sussex Medical School 2003/4

Thank you for your letter of 3 November 2004 (received 15 November) inviting the School to submit a response to the findings of the Council's report for 2003/4. I understand that the report's main recommendations will be followed up by Visitors during their subsequent visits to the School.

Paragraph 41 – the School needs to establish clarity among the teachers about what should be taught, by whom and when.

It is the responsibility of the Curriculum Development Group to define the structure and delivery of the curriculum. The precise content of each module is determined by module leaders with advice from discipline leaders about level, teaching methods, and procedures for assuring quality and obtaining student feedback. Detailed module handbooks are brought before the Curriculum Development Group for consideration before being presented to the School's Academic Board for approval.

The School has identified that not all module leaders have sought advice from discipline leaders when developing modules and we are taking steps to address this by redefining the respective roles of module and discipline leaders and to ensure that each is aware of their own and the other's responsibilities and the limits of those responsibilities.

The Team would like to see an explicit statement on the level of clinical skills required by the end of Year 1 and a demonstration that teachers are aware of and understand that statement.

The clinical skills required at the end of year 1 are defined explicitly by the learning outcomes of module 101. At this stage the *level* students are expected to attain is (i) a understanding of the basic principles underlying the application of the clinical procedure (ii) an awareness of the information the procedure might yield (iii) an appropriate approach to the patient and (iv) any infection control issues in relation to carrying out the procedures, such as hand-washing. Both students and staff are told that this is students' initial pass at acquiring these skills and that students will revisit them throughout the programme. Because not all teachers are involved in the development of modules we intend to hold a series of workshops for teachers at which the issue of academic level is explored and reinforced.

The School needs to ensure that core knowledge is taught to a satisfactory standard.

One of the primary findings of the School's own review of the 2003/4 academic year was that a substantial minority of students had demonstrated inadequate factual knowledge in some areas. The School has taken steps to address this by (i) rebalancing the relative emphasis placed upon knowledge tests and reflective commentary (the portfolio), (ii) making changes to tutorial activities to stress the importance of knowledge acquisition, and (iii) re-phasing teaching to allow more time for revision. We are testing the effectiveness of these changes by monitoring the proportion of knowledge test outcomes at grade D or lower and the first results of this will be available in early 2005 once the Autumn term examination results for year 2 are known.

The School needs to coordinate feedback throughout the system (from students to teachers; from teachers to the Medical School; from patients to teachers). The process must be formalised and audit trails created.

The School's quality management and assurance arrangements were identified as an area of good practice in the QAA's May 2004 report of its institutional audit of the University of Brighton. While we feel there are effective mechanisms in place to obtain feedback from students we acknowledge that teachers and actor patients need more opportunity to provide input and we intend to ensure that they all contribute to module reviews in future.

The School needs to demonstrate that it is assuring the quality of trainers across all GP practices, for example by implementing a system of routine student feedback to practices and developing peer observation of teaching.

There is a rigorous procedure in place for the selection of GP teachers against agreed quality criteria. The Professor of Primary Care and her colleagues visit each practice and interview the GP and also discuss the practice with the PCT to ensure it has no concerns. All GP teachers also undergo an initial 4-day training programme which is followed by 2 further days of professional development annually.

During 2003/4 student feedback was incorporated into the generic feedback about the Clinical Practice Module. However since then we have developed and are now piloting a specific 'GP teacher and practice' feedback form. This will provide more detailed information for monitoring quality on a termly basis.

Working with the Quality Assurance Sub-committee we are developing a policy and conducting pilot work on the peer observation of practice-based teaching which we intend to implement during 2005.

The need to improve access to books and IT resources and the effectiveness of inter-professional learning should be recognised and discussed between the School and the student body.

Module and SSC leaders are contacted before the start of each module and asked to provide details of resources they will be recommending.

Students are represented on the Curriculum Development Group and the School's Information Resources Development Coordinator is a member of the Student Affairs Committee on whose agenda library and information issues are a standing item. Students' feedback on the effectiveness of inter-professional learning is being taken forward via the Student Affairs Committee.

In assessment, Visitors recommend that the School should set out the process by which it sets standards. This should also produce a blueprint (matrix) for each major assessment.

The School's Academic Board is ultimately responsible for maintaining academic standards and to this end all module handbooks come before the Board for approval. Before this however an iterative process of determining curriculum content and how this is to be assessed is carried out in meetings between module leaders, discipline leaders and members of module teams. Draft module handbooks are then brought before the Curriculum Development Group for consideration in the wider context of the particular phase and the programme as a whole. External examiners also play a role in setting standards by approving examination questions and reviewing students' assessed work. The School is working towards producing a blueprint for each major assessment starting with the Phase 1 Knowledge Tests and OSCEs.

Please do not hesitate to contact me if you require any further clarification.

With kind regards

Jon Cohen

cc: Dean's Executive Group
Professor Ken Miles (Chair of QASC)
Ms Clare Alverson
Mr Tom Roper