

# **Quality Assurance of Basic Medical Education**

## **Report on Brighton and Sussex Medical School**

**General  
Medical  
Council**

Regulating doctors  
Ensuring good medical practice

# Contents

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	Page
<b>The GMC's role in medical education</b>	2
<b>Introduction</b>	3
The QABME team	3
Our programme of visits in 2006/07	3
<b>The report</b>	4
Summary of our key findings	4
2006/07 update	4
Requirements	5
Recommendations	5
Areas of innovation and good practice	6
Discussion	6
Curricular content, structure and delivery	7
Content	7
The scientific basis of practice	8
Treatment	8
Clinical and practical skills	8
The health of the public	9
Structure	9
Delivering the curriculum	10
Supervisory structures	10
Teaching and learning	11
Staff development	12
Learning resources and facilities	12
Student selection	12
Student support, guidance and feedback	13
Assessing student performance and competence	15
Student health and conduct	17
<b>Acknowledgement</b>	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 on the quality assurance programme for Brighton and Sussex Medical School for 2006/07. This report forms the basis for a recommendation to the Privy Council enabling graduates of Brighton and Sussex Medical School to be awarded a UK primary medical qualification.

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

### **The QABME team**

6. 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  
Dr Jennie Lambert  
Ms Sara Nathan  
Professor Robert Mansel  
Professor Paul O'Neill  
Professor John Spencer  
Professor Susan Standing

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

### **Our programme of visits in 2006/07**

8. The team conducted six quality assurance visits in 2006/07 on: 14 November 2006; 25 April; 5 and 20 July; and 10 and 17 August 2007. Two meetings were held at the GMC office in London on 7 February and 18 June 2007.

9. 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. Observations of a range of teaching sessions and a Year 4 research conference.
- c. Discussions with students and teachers.
- d. Observation of a Year 3 Examination and Year 4 Phase Board.

## The report

### Summary of key findings

10. 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* in respect of the first four years of its course.

11. On this basis, and to enable graduates to be registered in a timely manner for the new degree, this report recommends that completion of the Brighton and Sussex Medical School BM BS should result in the award of a UK primary medical qualification.

12. As it is not possible to observe the full delivery of the BM BS course before accreditation, we will undertake quality assurance activities to confirm the quality of content, delivery and assessment of Year 5 during the period up to recommending Brighton and Sussex Medical School be listed on the Medical Act.

13. We therefore anticipate conducting visits in late 2007 and in 2008 in particular to (additional activities may be added):

- a. Observe Year 5 teaching at a number of sites, and monitor the workload of staff and students.
- b. Observe Final Examinations and Progress Board meetings.
- c. Monitor the School's progress with separating considerations of mitigating circumstances and progress; its Student Affairs Committee, fitness to practise procedures, and its new mechanism to manage curriculum change (the Curriculum Management Board); its changes to basic science teaching; and its review of the assessment of professionalism.

#### *2006/07 update*

14. The School had a number of requirements in the last QABME report in 2005/06, and has made progress towards meeting them. These were to:

- a. Produce a curriculum map which details the whole programme and tracks the outcomes to *Tomorrows Doctors* and the teaching outcomes related to assessments (paragraphs 11a, 30 of 2005/06 report). See paragraphs 37 and 38 in this report.
- b. Identify a system to ensure that action points arising from the School's quality assurance procedures are followed up and brought to a conclusion (paragraph 11b and 44 of the 2005/06 report). See paragraphs 43 to 45 in this report.

- c. Continue working towards making initial examiner training mandatory and to devise a programme for refresher training (paragraph 11c and 76 to 77 of the 2005/06 report). See paragraphs 54 and 77 in this report.
- d. Review the processes for setting Years 1 and 2 knowledge-based assessments, including the standard-setting and use of repeat questions (paragraphs 11d and 85 to 86 of the 2005/06 report). See paragraphs 75 and 76 in this report.
- e. Conduct a review of the consistency of standard setting across the assessment programme (paragraphs 11e and 87 of the 2005/06 report). See paragraphs 76 and 77 in this report.

### *Requirements*

15. In order to be recommended for accreditation, the School is 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* (paragraphs 81 and 82).
  - b. Ensuring the timing of module resits in Year 5 allows students to adequately prepare for re-examination (paragraph 80a and b).
  - 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 (paragraphs 80 and 81).
  - d. Providing a targeted programme of revision and remediation assistance for students who do need to resit parts of Year 5 (paragraph 80c).

### *Recommendations*

16. To enhance the quality of its programme the School is advised to:
- a. Discuss with the governing universities whether the credit system can be modified so it is fit for purpose for the study of medicine (paragraph 82).
  - b. Implement decisions and recommendations of the Assessment Working Party, and monitor the impact of changes (paragraph 85).
  - c. Monitor and review workload sustainability issues, specifically in regard to:
    - i. The workload of students, particularly for Year 5 students completing in-depth cases (paragraph 47b).

- ii. The workload for clinical staff involved in delivery and particularly the marking of course work in Year 5 (paragraph 47b and c).
- iii. The workload of academic management staff (paragraph 46).
- d. Implement its planned review of mechanisms for embedding professional standards in the course and assessing students' competence in this area (paragraph 22).
- e. Revise student progress decision making procedures to separate pastoral support of students from the consideration of mitigating circumstances (paragraph 73).

*Areas of innovation and good practice*

17. The Team commends the School on the following areas of good practice:
- a. The Year 4 research projects and conference were of a high overall standard and provided a good and motivating learning experience for students.
  - b. The new curriculum map provides a comprehensive and searchable online tool for course topics, themes and assessments.
  - c. The growing cohesiveness and effective working relationships of the core academic management team.

Discussion

18. This report confirms, as agreed, the required actions and recommendations in order to help ensure that Brighton and Sussex Medical School (the School) satisfies the standards of *Tomorrow's Doctors* and can be recommended by the Education Committee to the Privy Council for inclusion on the Medical Act in 2008.

## Curricular outcomes, content and structure

19. The School has provided an overview and more detailed information on the plans for the outcomes, content and structure of Year 5 of the course, and we are broadly satisfied that if implemented as planned, it will meet the requirements of *Tomorrow's Doctors*.

20. In brief, the elements of the Year 5 curriculum for each student will include – clinical experience on three regional attachments, a structured seminar programme, an Emergency Medicine week-long programme, further student selected component (SSC) study and a week of work shadowing, and an online Professional and Clinical Studies programme. The final examinations will be in two parts.

21. We have seen a list of Year 5 SSC topics which we will monitor the implementation of in 2007/08.

22. Mechanisms for the inclusion and assessment of students' professional attitudes, behaviour and conduct are integrated throughout the planned curriculum and assessment structure. The School is considering how a formal review of students' professional development could be completed annually, and is investigating setting up a Professional Review Board. We will monitor the setting up of this board and how the School engages with the developing field of knowledge on teaching and assessing professional competencies.

### Content

23. A major component of the Year 4 curriculum is the Independent Research Project that students complete throughout the year. We reviewed the timing, guidance and learning opportunities that students gain as part of this, how supervisors are monitored, the sustainability of the projects and supervisors, and the workload for students and supervisors.

24. The School did have in place mechanisms for managing the sustainability and quality of supervisors.

a. This year some students had to change supervisors at a late stage, which is not ideal. Attention needs to be paid to effective early intervention and managing the difficulties of both the student and staff member, as the feedback system that is in place is partially managing the students' difficulties but may not be addressing the needs of supervisors who are not performing to appropriate standards.

b. The School is monitoring the workload of those supervisors who are very popular with students, to ensure they are able and willing to continue their involvement.

25. Students also reported problems gaining ethical approval for some projects, and the School has responded to this feedback. The School is improving assistance to students during preparation, giving specific assistance on project design,

statistical analysis, and gaining ethical approval. Supervisors need to give consideration of the lead-time for receiving ethical approval.

26. We had been concerned about the potential workload in Year 4 however the students we spoke to were satisfied.

27. We will need to receive an update on these changes in the School's report on Year 4, and will review this in 2007/08 to see how the changes are working.

#### The scientific basis of practice

28. During this visit cycle the content and coverage of basic science teaching across the five years of the curriculum was discussed and reviewed, as it was flagged as a concern in the previous cycle. We discussed the co-ordination of teaching and the assessment of the basic sciences including anatomy, biochemistry, pharmacology, physiology and pathology.

29. The School recognised that improvements could be made and had progressed substantially in improving plans for vertical integration and in the co-ordination of teaching, and the level of basic science subjects in the curriculum.

a. The School has increased the levels of teaching and recruited two Senior Lecturer posts (in Diabetes and Endocrinology, and Physiology). Of particular importance to us was the successful employment of a Senior Lecturer in Physiology.

b. We will need evidence to triangulate progress in integrating the teaching of basic sciences in Year 5, particularly in pathology and physiology, in 2007/08.

30. We observed a Year 3 lecture in Neurobiology, focused on the pathophysiology and pharmacology of addiction, and discussed with staff the integration of basic sciences throughout the curriculum. The lecture content built effectively on knowledge gained in Years 1 and 2 and was linked to *Tomorrow's Doctors*. However the learning objectives were not explicit.

#### *Treatment*

31. We observed a Year 2 teaching symposium in Endocrinology and Immunology covering adrenal, pituitary and hypothalamic disorders. One Consultant Endocrinologist led the session very ably and enthusiastically; other teaching staff were unable to attend the session. The session was enjoyed by the students and they appeared adequately prepared despite context for the material being lacking because preceding lectures had been rearranged.

#### *Clinical and practical skills*

32. We observed a Year 4 Ear, Nose, Throat and Ophthalmic clinical skills session, and held a meeting about clinical skills teaching with the Clinical Skills

Facilitator. The learning session was taught to a high standard. It covered simple clinical ophthalmic examinations and use of an ophthalmoscope, and there were good levels of equipment for the students present. The students did have relevant prior knowledge.

33. The General Practice and Population Medicine Module includes teaching sessions and placements in the community, and the content of the module includes public health teaching. The content of the module was reviewed by the team and this will be followed up in 2007/08 with an observation visit. We will also review the results for this module after the Year 4 Resit Board at the end of August 2007, given the relatively high failure rate (over 20%) for first sittings of components of this module, although we are satisfied that standard setting was effective. The School is planning analysis of the results as part of their review of Year 4, which we will want to receive.

34. Although generally positive about the learning and experience of the BSMS course, students raised common concerns across Years 1 - 4, and these issues have been raised by students with the School. The workload involved in portfolios was highlighted by students. Students across the years commented that they were unhappy with the volume of work required to complete the portfolio. Many said that marking could be subjective and variable. Students often saw the portfolios as purely an assessment tool rather than a learning opportunity.

35. Year 3 students said that they liked the early contact with patients, and the quality of the contact opportunities. Many students liked that the School is highly interprofessional and introduced a range of assessment methods early in the degree.

#### *The health of the public*

36. In Year 4, Public Health is delivered as part of the General Practice and Population Module. We reviewed the course information and learning outcomes for this part of the course, which also demonstrated that palliative care was covered as part of both the specialist and GP modules. We will observe this early in the 2007/08 cycle.

#### Structure

37. The School constructed a curriculum map which details the whole programme and tracks the outcomes to *Tomorrow's Doctors* and relates teaching outcomes to assessments, following a requirement of the 2005/06 report.

38. We noted the considerable effort that the School put in to developing this tool, which will be online before the start of the new academic year. The curriculum map illustrates vertical and horizontal integration, assessment and integration across the programme, and will be accessible to all students and staff. This will be a useful tool and can be updated as necessary.

39. We discussed with the School the student selected components (SSC) of the course both in terms of sustainability and the arrangements for Year 5.

40. The School's SSCs are spread throughout the curriculum and there are a number of new topics beginning in the 2007/08 academic year. We were satisfied that the School has made plans to ensure sustainability. It will need to continue monitoring SSC levels to ensure these remain within the *Tomorrow's Doctors* standards.

41. We received clarification about the School's plans and intentions for the SSC module occurring at the end of Year 5.

a. We are satisfied that expected arrangements have been defined for SSC uptake or for alternative arrangements where the time will be used as revision period for those students who have failed finals.

b. As part of the SSC module the students will shadow the F1 doctor whom (subject to successful qualification) they will replace.

42. We investigated some concerns with the consistency and marking of SSCs. The School has responded to these concerns and we are pleased with the progress. The School has met with supervisors to improve the rigour of marking. From next year the School has set attendance rates of 80% for SSC modules.

## Delivering the curriculum

### *Supervisory structures*

43. In 2005/06 the School was required to implement a system to ensure that action points arising from the School's quality assurance procedures were followed up and brought to a conclusion, and strongly encouraged to establish an effective group to lead the overall co-ordination and management of the programme.

44. The new Curriculum Management Board has responsibility for the operational management of the course including overall curriculum and assessment co-ordination, control and management. It is chaired in rotation, and attendees include phase leaders, sub-deans, and a student representative from each year. The Board collects information from boards and committees below it in the management structure. The Board has some decision-making power, and can make recommendations about staffing needs. At present some decisions are still made by the Academic Board, which may in future be devolved.

45. We need to see evidence of the work and effectiveness of the new structures in 2007/08, particularly how the decision-making ability evolves and examples of how implemented plans are followed-through. We remain unsure of the hierarchy of committee accountabilities and need clarification of the reporting structure for boards and committees.

46. We discussed with the School the potential issues of sustainability in terms of structure and management of Year 5. Although plans are feasible for 2007/08, given the planned increase in student numbers when intercalating students rejoin in 2008/09 and the workload and responsibilities of individual course leaders and

hospital sub-deans, we consider that this is something the School will need to monitor.

47. The School agrees and has strategies in place to manage the risks.
  - a. It has started to introduce deputy roles for key positions, and has succession and recruitment plans in place.
  - b. The number of in-depth cases that students will need to complete and have assessed has been reduced to one every two weeks (12 throughout the 24 weeks of regional attachments).
  - c. The School has worked with the hospital sub-deans in charge of Year 5 placements for two years so are confident that the hospital teams will be able to keep up with the teaching and assessment workload, with the assistance of the School. The two sub-deans we met were very enthusiastic and committed and said they were prepared for the workload.

### *Teaching and learning*

48. We were satisfied that there were a range of teaching and learning methods used in the teaching sessions observed this year. The standard of teaching observed was satisfactory, and the resources and equipment for teaching sessions generally good.

49. We found that the School is addressing last year's concerns about the constraints affecting the delivery and assessment of basic sciences. Students discussed their concerns with us and the School has responded to feedback. In addition to the new post in Physiology, the School has made changes to the curriculum. It has focused and specified module-teaching material for lecturers and plans to continue making changes when the new staff member is in post. They will be proactive in obtaining feedback from students on the impact of the changes.

50. In the Year 2 interactive teaching symposium the teacher catered for a range of learning styles and effectively integrated and managed question and answer discussions with two clinical patients, quizzes, and the presentation of slides in a lecture format.

51. In the Year 4 conference to present Independent Research Project findings, presentations and project abstracts were generally of a high quality and the variety and depth of research projects was found to be good. There was an opportunity for questions and most students answered questions with clarity and displayed very effective presentation skills and high levels of confidence. Most students were confident in using IT to deliver their presentations. The organisation, structure and chairing of the day was effective, and the programme and catalogue of abstracts was of a high standard.

52. The core material for Year 5 and variety of teaching methods appears to be of good quality and we look forward to observing this in practice, and seeing how consistency is assured across the sites. Plans for Year 5 attachments are well

advanced and have the support of the clinical sub-deans who have been involved in planning the course and its delivery.

53. We note that the School is committed to small numbers of students on each clinical attachment in Year 5, with one or two students per firm per rotation, and has plans in place to sustain this even with increased student numbers. We were pleased with the focus on clinical cases in the Year 5 curriculum, and thought that the online module, which had been tested with students from another medical school, will be a useful tool.

#### *Staff development*

54. The School's Medical Education Unit has the remit for the training of new and existing staff members (including examiners), and the School submitted evidence to show that progress has been made in the provision and uptake of training. However we still need an update of the overall percentage of examiners and staff who have now been trained.

55. Training roadshows were arranged by the School for all those people involved in teaching at the Year 5 regional centres (including Foundation doctors). An advice sheet has been compiled for hospitals to include in their induction programme for FY1 doctors, and doctors are already aware of the names of BM BS students with whom they will be working.

#### *Learning resources and facilities*

56. This year we received information about the facilities for placements in Year 5, which are in a range of regional settings as well as in Brighton itself. The School has worked well to set up the arrangements that it has in place, and we will be visiting a number of sites during our observations of teaching in the upcoming year.

57. The teaching environment for the Year 4 Ophthalmic session was appropriate although the air-conditioning was very loud and made it difficult to hear the lecturer at times. There were good models of retinal pathology for the students to practice on, good visual aids and sufficient equipment for the students. The session did go on for 90 minutes without a break, which we thought was a lengthy teaching session.

58. For the Year 3 lecture on addiction, we found that although the teaching staff were knowledgeable and enthusiastic, the break-out groups did not appear to work effectively in the large lecture theatre, and some students were not well engaged. The group feedback could not readily be heard and the screen for displaying slides was not fully visible from about one third of the seats in the lecture theatre.

#### *Student selection*

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

## *Student support, guidance and feedback*

60. The School's progress on the new on-line curriculum map for the course, which illustrates vertical and horizontal integration of themes, shows module delivery and assessment across the programme, and is mapped to *Tomorrow's Doctors*, was good and responded to concerns from the previous visit cycle. All students will have access to the internet site, and the content will be regularly monitored and updated, although it is not linked to the student internet resource Student Central.

61. Year and module handbooks for students are improving, in the specificity and accuracy of language and internal consistency in different parts of documents. We had a number of discussions with the School this year about the information to be provided to students and are pleased with the way that it has progressed. At the time of writing the complete set of Year 5 handbooks are yet to be published and we will review these as soon as they are available.

62. Students confirmed that they feel that they have input into the School's management structures and Student Affairs Committee, and that feedback mechanisms are in place and utilised. Students did raise questions about the feedback they receive from the school after they raised issues.

63. We discussed with the School the quality of the involvement of students in committees and boards, and how changes or decisions are fed back to students.

a. The School confirmed that students were represented on the new Curriculum Management Board and phase leaders attended Student Affairs Committee meetings.

b. Students from the Student Affairs Committee also sit on the Academic Board and can represent their issues and concerns at that level.

c. The School has recently asked that student questions that come through the Student Affairs Committee are submitted in advance, so the School can investigate the issue, prepare a response, and ensure the relevant staff are present to address the concerns.

d. The Dean's Executive Group which meets weekly also has student affairs as a standing item.

64. We queried whether the School was sure that students were aware of the School responses to concerns, whether any action would be taken, or the reasoning for no action being taken. The School was satisfied by the range of feedback mechanisms and how they functioned.

65. There were email groups, and minutes of the Dean's Executive Group are on Student Central. The School was aware that Year 1 representatives have emailed students about the outcomes of the various meetings.

66. Feedback is provided to students at the end of term, and module evaluation reports are completed by the School, and available.

67. In addition, where specific issues are raised the School provides a written response to students which is loaded and highlighted on Student Central. This has been done for student queries including study space and textbooks.
68. The School admitted however that despite these measures, the information might not get through to students, and that further development of their feedback mechanisms was possible.
69. An update on the workings of these processes and recent worked through examples from the School's experience of the full cohort group will be requested and followed up as part of the triangulation activities in the final year of this QABME review.
70. We discussed whistle-blowing policies and practices with both staff and students and were satisfied with the policies. The process is apparent to students and to staff. The procedure is in the overarching student handbook.
71. Students we spoke to did not necessarily know the procedure, but could identify a person that they would approach. One student reported using the information in the second year and finding it helpful.
72. We were satisfied with the School's procedures for dealing with student complaints about a tutor's teaching style, which a student could raise via a number of identified advisors, or through de-personalised end of module feedback. In such a case there could be peer review of the lecturer's teaching, and a review through the line management system. All teachers are made aware of the procedures and who the phase and module leader is.
73. The student pastoral care mechanisms are good and work well.
- a. However, we were concerned that the staff member who is responsible for student support was at the Phase Board as a representative of the Mitigation Committee, and needed to play a dual role, rather than there being a disconnection between these two functions.
  - b. It was also difficult for the Board to make judgements on individual cases as the School's current rules do not allow for any information about mitigating circumstances to be discussed at the Phase Board, after decisions have been made on individual cases at the Mitigating Circumstances Sub-committee.
  - c. We strongly recommend that pastoral care is separated from consideration of mitigation. We also advise that the School review the information flow between the Mitigating Circumstances Sub-committee and Phase Boards.
74. Students thought that anatomy teaching was of a high standard, but noted that the number of teachers in physiology (particularly as they were outside the medical school) affected the co-ordination and quality of that theme. Students

recognised that this was being addressed by the School, and that their concerns about Year 1 pharmacology teaching in the past, had been addressed.

### **Assessing student performance and competence**

75. We were satisfied that the School is meeting requirements for the first four years of its course and that its plans for assessment in Year 5 are consistent with *Tomorrow's Doctors*. The School is on track and we have received details and will confirm by observing delivery in 2007/08.

76. The School described developments in internal quality assurance and assessment across the course, including changes to student progression decisions, standard setting, blueprinting, and the involvement of external examiners. Progress had been made since the previous report in 2005/06 to satisfy the requirements.

a. The School set up an Assessment Working Party to review and oversee assessment, which has made recommendations to the Curriculum Management Board. This board has now taken on the management and development of assessment.

b. The School is implementing accepted standard setting processes (Angoff and Borderline methods) across the programme.

c. The School has responded well to external examiner comments and we were impressed by the constructive input of external examiners this year.

77. The School has responded to requirements in the 2005/06 report regarding training, and the Medical Education Unit continues to run training for all involved in assessment processes. New teaching staff members attend an introductory training session of which assessment is the longest session. Training sessions have been implemented for question and standard-setting and two sessions have run this year in preparation for Year 5 assessments. Specific training is in place for clinical examiners in Year 3 and a similar programme has been planned for Year 5 examiners.

78. During this cycle we observed the second day of the Year 3 Objective Structured Clinical Examination (OSCE) to triangulate the resolution of findings in 2005/06. We were satisfied that the School has made significant progress addressing these and that the examination was well managed. Breaks have been introduced between stations, student identification was clear, patients were treated with dignity, and change-over bells and quarantining had been improved. The examination could be further enhanced by progress to address remaining noise pollution between stations and reinforcing the need for marking consistency, during the examiner briefing.

79. The progression assessments for Year 5 include:

a. Finals Part 1 – Knowledge tests and an 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.
- c. An Intermediate Life Support skills test.
- d. A student portfolio including clinical skills log, cases in depth reports, student formulary, and imaging log.

80. We are concerned about the rules, limitations and guidance on examination resits in Year 5.

- a. There remains the potential for a student to be inadequately prepared for the resits or for beginning FY1 given the short amount of time that a student would have to prepare for resits (2-3 weeks), particularly if they badly failed the final OSCE or failed multiple assessments.
- b. The School has agreed to consider further revising the number of elements of Finals Part 1 and Part 2 that a student is able to resit and still potentially graduate with this cohort.
- c. It has also updated and made more explicit the material provided to students, and will put in place and agree a structured revision plan for each student who will need to resit elements of Year 5.

81. The School needs to set out more explicitly the areas in which the Examination Boards and the Phase Boards have 'discretion' and how this will be applied. It was clear that the School has considered what would happen in particular scenarios, and this must now be documented to protect the School and students.

- a. Following our observation of the Year 4 Phase Board, we were concerned that different decisions could be made if similar circumstances were presented in a year's time. This was made more complex due to the University 'credit' system which the Board applies, and the Board appeared insecure about their decision.
- b. We suggest that a 'What if' table could provide guidance to board members on potential scenarios and decisions.

82. The credit system is a potential risk factor and in its current format is a barrier to establishing clear progression rules that ensure students demonstrate all the competencies in *Tomorrow's Doctors*. There are potential difficulties for the current cohort of students entering Year 5, with a number of students trailing credits and needing to resit one or more components. More than 20% of students failed one of two elements of Module 403, and will resit before the end of August 2007. We strongly recommend that the School discuss with the governing Universities the potential modification of the credit system.

83. We have been provided with the outline structure and content of the Year 5 examinations. When it is available, we will need to see the detailed blueprint of the

Year 5 assessments, and how this is mapped against the curriculum. We will also observe the examinations in practice.

84. We discussed with the School the involvement of external examiners for Year 5. The School provided a written statement confirming the arrangements, and they have appointed an additional examiner to oversee the assessment process as a whole.

85. We have been provided with a number of external examiner reports, which contain some criticisms, but overall are supportive of the assessments. We are confident that the work done by the Assessment Working Party, and the ongoing work of the Curriculum Management Board will continue to improve the assessments. We will need evidence that the reports and recommendations of the Assessment Working Party have been considered and acted on by the School.

86. At the Year 4 Phase Board we attended, external examiners were participative and constructive in their comments and the Chair and staff members on the Board welcomed feedback from the examiners, and from the GMC team after the meeting. We have agreed to review this issue in the upcoming year to see if the actions taken by the School have been effective.

87. We had some discussion with the School about the logbook system for monitoring student attendance which is manual and could be open to abuse. The School is reviewing this and would like to establish a less cumbersome method. We look forward to receiving an update on this in 2007/08.

88. We need to be reassured that the core elements of professional behaviour, including integrity, truthfulness and reliability are embedded in the Year 5 curriculum and across the programme, and that the area is coherently monitored and assessed. We will review this in 2007/08.

### **Student health and conduct**

89. We will revisit this area in 2007/08 to confirm that processes and procedures are developing effectively and to discuss ongoing cases.

### **Acknowledgement**

90. The GMC and the Team would like to thank Brighton and Sussex Medical School for its co-operation during the course of the review. Thank you to the staff, students and others involved for the input and co-operation during the QABME visits this year to review Brighton and Sussex Medical School with respect to listing in the Medical Act (1983), in 2008.



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19 December 2007

Dear Alison

**Final Report of QABME Visits to BSMS for 2006/07**

Please find enclosed Brighton and Sussex Medical School's response to the final report of the QABME visits to BSMS for 2006/07.

We look forward to working with the GMC QABME team during 2007/08, and addressing fully the requirements and recommendations laid down in the report.

If you have any queries please do contact me as above.

With best wishes,

Jo-Ann Corbett

**Response to the Final Report of the QABME visits**

**1 Introduction**

Brighton and Sussex Medical School (BSMS) thanks the GMC for the Final Report concerning the quality assurance of BSMS's Basic Medical Education. We are delighted to have been notified that, subject to satisfactorily meeting the requirements outlined, the GMC's Education Committee has confirmed that 'a medical degree awarded by the Brighton and Sussex Medical School will be recognised as a United Kingdom Primary Medical Qualification' and that the Education Committee will recommend to the Privy Council that the University of Brighton and the University of Sussex are included in the Medical Act for this purpose in 2008.

**2 Areas of innovation and good practice**

We pleased to have been commended on the growing cohesiveness and effective working relationships of the core academic management team, an area in which we feel we have made significant progress. In addition we welcome the recognition of the standard of the Year 4 research projects and the new curriculum map.

**3 Requirements**

The requirements of the GMC are to review assessment and progress arrangements in the context of the School's experience to date with particular attention to:

- Reviewing the resit framework to ensure that by the time a student graduates they have demonstrated competence across all outcomes in *Tomorrow's Doctors*.
- Ensuring the timing of module resits in Year 5 allows students to adequately prepare for re-examination.
- 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.
- Providing a targeted programme of revision and remediation assistance for students who do need to resit parts of Year 5.

Progress to date

A revision to the timing of the resits for Year 5 has been agreed by the Joint Approval and Review Board. The revised schedule of resits makes provision for differentiation between students with a generally satisfactory academic record who fail a limited number of assessments by a small margin and students with more significant failures in Year 5. A programme of revision will be provided for students in the first category, who will be required to undertake resits at the end of June 2008. Students in the second category will be asked to

repeat the year (or may be asked to withdraw if the Phase Examination Board determines that the failures are irredeemable) if:

- the result of any assessment is a Grade E
- more than two assessments have been failed
- the combined number of failed assessments in Finals part 1 and part 2 is three or more
- a candidate has failed a practical assessment in both parts of the Finals examination
- the SSM period is required to complete missed clinical attachments

Exceptionally a candidate with significant failures may be permitted a resit opportunity in Surgery, Obstetrics and Gynaecology and/or Paediatrics at the time of the Finals part 1 examination in January/February 2009. Resit examinations for the medical OSCE and ICE will be arranged as necessary in January/February 2009.

The programme, examination and assessment regulations for 2007/08 have been revised, and (subject to overall academic record) students will now be offered a retrieval opportunity if they fail an assessment at first attempt. However, a student will normally be asked to leave the programme if they fail the retrieval opportunity. Any retrieval arrangements will ensure that failed learning outcomes are re-assessed. Introduction of this regulation results in students being permitted to repeat a year or module in Phase 1 and 2 only where mitigating circumstances<sup>1</sup> have been accepted or an extension has been granted, and a resit is permitted as a first attempt.

#### **4 Recommendations**

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

- Discuss with the governing universities whether the credit system can be modified so it is fit for purpose for the study of medicine.
- Implement decisions and recommendations of the Assessment Working Party, and monitor the impact of changes.
- Monitor and review workload and sustainability issues, specifically in regard to:
  - i the workload of students, particularly for Year 5 students completing in-depth cases
  - ii the workload for clinical staff involved in delivery and particularly the marking of course work in Year 5
  - iii the workload of academic management staff.
- Implement its planned review of mechanisms for embedding professional standards in the course and assessing students' competence in this area.
- Revise student progress decision making procedures to separate pastoral support of students from the consideration of mitigating circumstances.

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<sup>1</sup> Due regard will be taken of mitigating circumstances. The rules and procedures for mitigation are made clear to the students within the regulations, and all claims for mitigating will be considered by a panel separate from the Phase Examination Board.

### Progress to date

BSMS welcomes the recommendations of the GMC aimed at enhancing the quality of the programme. A major review of the BM BS programme will take place in 2009/10 as part of the universities' periodic review process and this will include a review of the assessment structure. However, we have already made considerable progress in some areas, particularly:

- Consideration of the issues related to modularisation and the credit accumulation system by the Joint Approval and Review Board and the Curriculum Development and Strategy Group. CDSG agreed that the Medical Education Unit should investigate the suitability of the credit and modular system further, in light of proposed assessment structure changes within the periodic review process, and report back any initial findings in July 2008.
- The schedule for implementation of the Assessment Working Party's decisions and recommendations is outlined in **Annex A**: the Final Summary Review and Report of the AWP.
- The number of assessed cases in-depth Year 5 students need to complete has been reduced to one every two weeks, and this will be reviewed again prior to the academic year 2008/09.
- From February 2008 the Clinical Cases Log (an aid to learning and revision) will be made optional rather than mandatory.
- Named deputies have been identified for academic managers.
- A proposal to separate the student support and mitigating circumstances functions will be progressed through the relevant committees early in 2008, in time for the 2007/08 Phase Examination Boards.
- Students are allocated Clinical Academic Tutors from Year 3 onwards to provide additional support.

### **5 Additional points**

We look forward to working with the GMC during the rest of the academic year 2007/08, and in addition to the points raised above we will work to progress the following areas during the rest of the academic year:

- further consideration of the parameters by which professionalism is assessed, and how we might conduct an annual review
- monitoring SSC levels
- clarifying further the hierarchy of committee accountabilities and reporting structure
- the sustainability of the workloads of Year 5 hospital sub-deans
- further development of the mechanisms to feed back to students on issues they have raised, especially where this had led to changes within the programme
- reinforcing further the need for marking consistency in OSCEs during the examiner briefing.